

AGENDA

Meeting Title	Governing Body Part 1 Meeting	Date	Wednesday 10 November 2021
Chair	Dr John Pepper	Time	1pm
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-21-11.077	Introduction and Apologies	John Pepper	I	Verbal	1:00
GB-21-11.078	Members' Declarations of Interests	John Pepper	I	Enclosure	
GB-21-11.079	Introductory Comments by the Chair	John Pepper	I	Verbal	1:00
GB-21-11.080	Accountable Officer's Report	Mark Brandreth	I	Verbal	1:05
GB-21-11.081	Minutes from previous meetings: <ul style="list-style-type: none"> Shropshire, Telford and Wrekin CCG Governing Body Meeting – 8 September 2021 	John Pepper	A	Enclosure	1:10
GB-21-11.082	Action Tracker and Matters Arising from previous meeting	John Pepper	A	Enclosure	1:20
GB-21-11.083	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	1:30
Assurance Reports					
GB-21-11.084	<u>Quality and Performance</u>	Zena Young / Julie Davies	S	Enclosure	1:40
	Quality and Performance Report				
	<u>Finance</u>				

GB-21-11.085	2021/2022 Month 6 Financial Position	Claire Skidmore	S	Enclosure	1:50
GB-21-11.086	<u>Governance</u> Board Assurance Framework	Alison Smith	S	Enclosure	2:00
BREAK					
Strategic Transformation and other reports					
GB-21-11.087	Integrated Care System Update	Mark Brandreth	S	Verbal	2:20
Decision Making					
GB-21-11.088	WRES Annual Assessment Submission	Alison Smith	A	Enclosure	2:40
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-21-11.089	Finance Committee – 22 September	Geoff Braden	S	Enclosure	2:50
GB-21-11.090	Quality and Performance Committee – 25 August 29 September	Meredith Vivian	S	Enclosure	
GB-21-11.091	Summary of CCG Locality Forum Meetings held on the following dates: Shrewsbury and Atcham – 16 September North Shropshire – 23 September South Shropshire – 2 September Telford and Wrekin – 21 September and 19 October	Claire Parker	S	Enclosure	
GB-21-11.092	Audit Committee – 15 September	Geoff Braden	S	Enclosure	
GB-21-11.093	Primary Care Commissioning Committee – 6 October	Donna MacArthur	S	Enclosure	
GB-21-11.094	Strategic Commissioning Committee – 18 August 15 September	Ash Ahmed	S	Enclosure	
GB-21-11.095	Assuring Involvement Committee – 23 September	John Wardle	S	Enclosure	
GB-21-11.096	Winter Plan 2021/22	Sam Tilley	S	Enclosure	
GB-21.11.097	Any Other Business	John Pepper		Verbal	2:55
	Date and Time of Next Meeting – Wednesday 12 January 2022 time to be confirmed				

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



Dr John Pepper
Chair



Mr Mark Brandreth
Interim Accountable Officer

Members of NHS Shropshire, Telford and Wrekin CCG Governing Body
Register of Interests - November 2021

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	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	
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
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	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								
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 Localty 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 is working as admin staff for CHC Team and is line managed by the CHC Team.	27.1.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
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)	8.7.21	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	8.7.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
				X			Direct	NHS England GP Appraiser	8.7.21	ongoing	Level 2 - Restrict involvement in any relevant commissioning decisions
						X	Indirect	Family member provided evidence to Ockenden Review	8.7.21	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
			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	
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	
				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	Work on a sessional basis for 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	15.1.21		
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 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	
Trenchard	Steve	Interim Executive Director of Transformation	SCC, PCCC, F&PC					None declared	22.1.21		
Vivian	Meredith	Deputy Chair and Lay Member for Patient & Public Involvement (PPI)	Q&PC, RC, AC, PCCC, AIC	X	X		Direct Indirect	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) Wife is a part-time staff nurse at Shrewsbury & Telford Hospital NHS Trust (SATH)	26.1.21 26.1.21	ongoing ongoing	Level 1 - Note on Register 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		

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

Wednesday 8th September, 2021 at 13:30pm
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
Dr Martin Allen	Secondary Care Doctor
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
Mr Steve Trenchard	Interim Executive Director of Transformation
Mrs Zena Young	Executive Director of Nursing and Quality

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 Julie Davies	Director of Performance
Ms Rachel Robinson	Director of Public Health Shropshire Council
Mrs Liz Noakes	Director of Public Health Telford and Wrekin Council
Ms Lynn Cawley	Chief Officer, Healthwatch Shropshire

Mrs Fiona Hammond **Personal Assistant – Transcription of minutes (in attendance)**

- 1.1 Dr Pepper welcomed Governing Body members and 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 Mark Brandreth to his first Governing Body meeting since taking over as the Shropshire Telford & Wrekin CCG Interim Accountable Officer; a role which he combines with his Lead Executive position with the Shropshire Telford & Wrekin ICS. Members were advised that Mr Brandreth brings considerable leadership experience, at both local and national level, including the roll out of the Nightingale Hospital Programme during the Covid 19 pandemic.
- 1.3 Dr Pepper went on to extend his thanks, on behalf of the Governing Body, to Claire Skidmore for stepping into the Interim Accountable Officer role and to Mrs Laura Clare who took on the interim role of Chief Finance Officer prior to the appointment of Mr Brandreth.

Minute No. GB-21-09.052 – Introduction and Apologies

- 2.1 Apologies: Dr Deborah Shepherd.

Minute No. GB-21-09.053 – Members’ Declarations of Interests

- 3.1 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/>

- 3.2 Members were asked to confirm any additional conflicts of interest that they had relating to the agenda items.
- 3.3 There were no further conflicts of interest declared at the time.

Minute No. GB-21-09.054- Introductory Comments from the Chair

- 4.1 These were included during items 1.1 to 1.3 above.

Minute No. GB-21-09.055 – Accountable Officer’s Report

- 5.1 Mark Brandreth extended his thanks to everyone who had given of their time during his transition into his new role. Mr Brandreth went on to outline his keenness to learn and adapt quickly and reported to members on his recent visit to a GP practice (Churchmere Medical Group, Whitchurch) where the aim of his visit had been to gain an understanding (particularly in the context of the pandemic) of what life is like for GP colleagues. Mr Brandreth advised that he had further meetings scheduled with colleagues and expressed his thanks to those who had extended an invitation to host him to date.
- 5.2 Mr Brandreth went on to report to members that he had invited staff to write to him, before starting in his role, asking for feedback on what the CCG did well and what could be done better. In summary, Mr Brandreth advised that it had been a difficult period for the staff, with the pandemic and the management of change process. Mr Brandreth advised that, with Mrs Skidmore at the helm, the staff did feel that communication, involvement and inclusion had improved considerably. Mr Brandreth expressed his thanks to Mrs Skidmore and to her fellow Directors, who had provided support, and advised that he would be looking to build on what had been achieved in preparation for the upcoming management of change process.
- 5.4 Mr Brandreth advised members that this week’s Shropshire Health and Wellbeing Festival was a very engaging programme of work and encouraged members to link to the event. Mr Brandreth advised that TV personality and mental health activist, Ruby Wax, had shared detail on some of her mental health experiences. Mr Brandreth reported to members that, within the system, there are 22,000 health and social care staff and looking after them, within their teams and organisations and also collectively, continues to be an important theme.
- 5.5 Mr Brandreth reported that during September he had been made joint Chair of the System Oversight and Assurance Group, (alongside Mr Nigel Sturrock - Regional Medical Director at NHS Improvement). Members were advised that the Group had responsibility for overseeing the quality improvement work (as well as the wider system work) that Shropshire and Telford Hospitals have been doing for the last period, and their continuing journey to improve their CQC rating. Mr Brandreth advised that this was a good example of the CCG and the system working alongside NHS England/Improvement to drive improvement and there was some evidence of ‘green shoots’ improvement in terms of the work that Louise Barnett and the wider system had been undertaking.
- 5.6 Mr Brandreth went on to mention the sustainability agenda and advised members of on-going work to find a way of improving the underlying financial position and improve services.
- 5.7 Mr Brandreth reported on his links with two patient advocates and advised members that he had received a warm reception from them. Mr Brandreth advised on his shared ambition, with Mr Meredith Vivian, which related to fostering genuine engagement and co-production. Mr Brandreth expressed the view that there was a real responsibility on the CCG to have a macro conversation with our population about the future of health and social care.
- 5.8 Mr Brandreth referred to the changes currently relating to social care funding. Mr Brandreth went on to refer to the change in service provision and the changing needs and demand of the population; for

example, the demand for children and young people's mental health services. Mr Brandreth expressed the view that the CCG should be central to the macro conversation, by both orchestrating it and supporting it on behalf of, and with wider system colleagues. Members were advised that there would be more information on the development of this in the future, and to be assured that work was going on in the background to assess how this can be achieved.

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

Minute No. GB-21-09.056 – Minutes of the Previous Meetings – Shropshire, Telford and Wrekin CCG Governing Body Meeting – 14 July 2021

- 6.1 The minutes of the previous NHS Shropshire Telford and Wrekin CCG Governing Body meeting held on 14 July 2021 were presented and approved as a true and accurate record of the meeting subject to the following amendments:

Item No. 12.3

"In response to a question from Donna McArthur on **Quick** delivery, Laura Clare reported that the detail quoted in the report was guaranteed". To be **replaced with**; "In response to a question from Donna McArthur on **QIPP** delivery Laura Clare reported that the detail quoted in the report was guaranteed".

Remove the following members from the Attendees list as they were not in attendance at the meeting:

Miss Alison Smith	Director of Corporate Affairs
Mrs Fiona Smith	GP/Healthcare Professional Governing Body Member

RESOLVED: Governing Body Members of NHS Shropshire, Telford and Wrekin CCG formally RECEIVE and APPROVE the minutes presented with the amendments outlined above as an accurate record of the meeting of NHS Shropshire, Telford and Wrekin CCG held on 14th July 2021 with the amendments outlined above.

Minute No. GB-21-09-057 – Action Tracker and Matters Arising from previous meetings held on 14th July 2021

- 7.1 Dr Mike Matthee drew members attention to item 11.5 contained within the minutes which related to the MPFT suicide report and concerns about the interpretation of data which was to go back through to CQRM during September and to item 11.12 which related to the provision of waiting times for IAPT to be seen formally so that the waiting times could be better understood.
- 7.2 In response to Dr Matthee's query on IAPT, Mrs Julie Davies advised members that the information had been requested and would be fed back through the Quality and Performance Committee in September.
- 7.3 Responding to Dr Matthee's query relating to the MPFT suicide report and concerns over the interpretation of data, Mr Steve Trenchard advised members that the matter had a meeting between the MPFT Medical Director and Deborah Shepherd to discuss the report and other issues that had happened.
- 7.4 Dr Pepper drew members' attention to the Action Tracker circulated with the agenda and referred to the matters arising from the last meetings on 14 July 2021. Members noted verbal updates (detail shown below) and accepted recommendations to close (as noted below).

10th March, 2021 - GB-21-03.038 – NHS Shropshire CCG and NHS Telford and Wrekin CCG Quality and Performance Report – performance 14 Day rule

- 7.5 It was AGREED that the recommendation to close the action be accepted.

12th May 2021 GB-21-05.015 Niche Consultancy Report

- 7.6 Dr Pepper restated members' disappointment that an updated version of the actions arising out of the recommendations from the NICHE report had not yet been received.
- 7.7 Mrs Young advised that the requested information had been sought for the report but that the information received was not satisfactory. Mrs Young advised that system partners (through the newly formed ICS System Quality Group) had been reminded of their commitment to making sure that the work is fully followed through. Further information is expected to be available for the November meeting.

12th May 2021 GB-21-05.015 Niche Consultancy Report - Mrs Young to share with the Quality and Performance Committee information provided by Mrs Cawley on patients and diabetes not being managed appropriately in hospital settings.

- 7.8 It was AGREED that the recommendation to close the action be accepted.

12th May 2021 GB-21-05.024 Transition to new CCG – Adoption of Key Strategies and Policies

- 7.9 It was AGREED that the recommendation to close the action be accepted.

12th May 2021 GB-21-06.041 – Learning Disability Mortality Review Programme (LeDeR) Report for NHS Shropshire CCG and NHS Telford and Wrekin CCG

- 7.10 Mrs Claire Parker reported that work had progressed through the LDA Board and that the criteria are being worked on.
- 7.11 It was AGREED that the action be closed.
- 7.12 It was further AGREED that the recommendation to close all other actions under this item (12th May 2021 GB-21-06.041) be accepted.

14th July 2021 Minute No. GB-21-07.038 – Accountable Officer's Report

- 7.13 It was AGREED that the recommendation to close all actions be accepted.

14th July 2021 Minute No. GB-21-07.042 – Maternity, including Local Maternity and Neonatal System Update Report

- 7.14 On the matter of the provision of a Gantt chart, showing when Badger Net would be phased into the different practices, Mrs Zena Young advised members that Fiona Ellis is employed by LMNS until 15th October, 2021. Members were further advised that a specific Gantt chart was not available. Mrs Young advised members that the programme roll-out for Badger Net, was in its entirety, and that this had commenced on 9th August, 2021 to any new women booked (irrespective of which practice they are registered with) and as such, the programme is already in all GP practices. Mrs Young reported to members that the lead time for pregnant women is now at week 24. Members were advised that confirmation had been received from SaTH's team that they will be engaging with Locality Forums in due course. Members were informed that the project plan covers initial bookings, moving to triage and on to anti-natal clinics, as these are the touch points where women access services as they progress through their pregnancy.
- 7.15 Dr Martin Allen confirmed that the above provided the clarity he had sought on this matter.
- 7.16 It was AGREED that the action be closed.

14th July 2021 Minute No. GB-21-07.044 – Quality and Performance Report - Tracey Slater to ensure that key points reported to the Quality and Performance Committee on vulnerable adults and children, looked after children and those safeguarded are included on an exception basis in the report to the Governing Body.

7.17 It was AGREED that the recommendation to close the action be accepted.

14th July 2021 Minute No. GB-21.07.046 – Governance – Proposed amendments to the Governance Handbook - Claire Skidmore and Alison Smith to review if the changes agreed to the Scheme of Reservation and Delegation and Strategic Commissioning Committee also apply to the Primary Care Commissioning Committee and to action this under delegated authority by the Governing Body.

7.18 It was AGREED that the recommendation to close the action be accepted.

14 July 2021 Minute No. GB-21.07.047 – Governance - Board Assurance Framework

7.19 It was AGREED that the recommendation to close the actions be accepted.

14th July 2021 Minute No. GB-21-07.050 – Armed Forces Covenant

7.20 Mrs Claire Parker confirmed to members that work on this matter was on-going with Mrs Edna Boambong.

7.21 It was AGREED that the action item be closed.

14th July 2021 Minute Nos. GB-21-07.051(a-f) OTHER / COMMITTEE REPORTS FOR INFORMATION ONLY

7.22 Mr Steve Trenchard confirmed to members that the action to amend the report had been taken.

7.23 It was AGREED that the action item be closed.

Minute No. GB-21-09.058 – Questions from Members of the Public

8.1 Dr Pepper advised members that no questions had been submitted by the public in advance of the meeting.

ASSURANCE REPORTS

Quality and Performance

Minute No. GB-21-09.059 – Quality and Performance Exception Report

- 9.1 Mr Meredith Vivian provided members with a summary of the main items/key features considered at the 26th July, 2021 meeting of the Quality and Performance Committee. Mr Vivian explained that the report was presenting the information in a different format and asked members for their feedback on the style of the paper (circulated in advance of the meeting) and its helpfulness in providing the required assurance.
- 9.2 Mr Geoff Braden reminded members of a number of areas of concern relating to workforce which was reported as an area which has been an issue for a number of years in the wider NHS (primary and secondary care). Mr Braden asked members to consider whether the mitigation was sufficient and what further assurance could the CCG Board get that progress is being made (however small) to address some of the workforce issues.
- 9.3 Mrs Zena Young advised members that workforce is an on-going matter which is kept under close review. Mrs Young went on to report to members on areas where significant plans were underway, including recruitment drives around new midwives and new models of care in midwifery, which will help. Mrs Young reported that whilst there had been some success in the Emergency Department, in terms of recruiting to the nursing workforce, the medical workforce was proving challenging. This was reported as a national issue that is felt keenly in this system (along with the radiology workforce). Mrs Young advised that there was no easy solution, but in terms of mitigation, there are temporary solutions, which allow work to continue.

- 9.4** Mrs Young reported that maternity services had been impacted because of midwifery staffing shortages and that this impact had been seen alongside the Wrekin Midwifery led Unit based at Princess Royal Hospital. Members were advised that the unit had been closed from time to time with a small impact on the ability to deliver home births as a result (so far this has affected just one person). Mrs Young reported that the matter was under daily review.
- 9.5** Mrs Young reported that births are still happening on the consultant led unit at the hospital when the midwifery led unit is closed and that women still have a choice about a midwife led birth experience albeit not in the location expected. Mrs Young advised members that there is a robust identification and escalation process around staffing and it is a matter of continued attention. Members were advised that the Shrewsbury stand-alone midwife led unit had been closed (for almost 2 years) because of estate facilities needing refurbishment and because of the staffing situation. Members were informed that the closure was supported as the proper course of action on the grounds of safety at this time.
- 9.6** Mr Braden acknowledged the work being done to address the issues and went on to outline to members his view that the workforce issues were the 'golden thread' (in terms of a lack of stability) that ran through the majority of issues facing the system. Mr Braden asked for clarity on how we move forward to address the issues, together with the setting of milestones to move towards fixing them.
- 9.7** Mrs Julie Davies reiterated to members that a lot of work is being done on workforce as it relates to the elective recovery plan and in the wider sense through the System People Group etc. Mrs Davies advised that this is something we can consider as we transition from CCG to ICS with a focus on how we get the system position right and provide greater visibility for the CCG Governing Body.
- 9.8** Mr Meredith Vivian expressed the view that the question of workforce extends across everything and that one of the ICS Big 6 tickets is around workforce. Mr Vivien asked members to consider if it would be prudent to invite Victoria Rankin to give a presentation to the Governing Body setting out the overall strategy to address the workforce issues.
- 9.9** Dr Adam Pringle raised a question on maternity policy and the degree of confidence in the data to reflect the real quality issues (given that the latest quality data suggest that performance is within normal parameters in terms of outcomes). Mr Pringle also referred to a recent article in the Shropshire Star which had prompted his concern.
- 9.10** In response, 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 would be shared at a future meeting of the CCG Board.
- 9.11** Mrs Young advised members that the case in the media this week (referred to by Dr Adam Pringle), related to the sad death of a baby boy, Jacob, in 2018. Mrs Young advised members that detail of the matter was not known to the CCG prior to the article appearing in the Shropshire Star and that the Trust had provided a response to the media. Mrs Young reported to members that SaTH had advised that the case was not reported to the CCG at the time and her understanding was that it was dealt with as an internal case review. Mrs Young referred to the Ockenden Review and advised members that the review has 1,862 cases of interest and that case was likely to be one of them. Members were advised that the CCG were not sighted on the full extent of the 1,862 cases but were aware of a much smaller number which had been reported. Mrs Young reported that she would be liaising further with the Trust on this matter.
- 9.12** Mrs Audrey Warren drew members' attention to an extract from the report which stated that '... A&E attendances have gone well beyond pre-COVID levels since June and continue into July to almost 40% higher than February 2019". Mrs Warren expressed her understanding for the difficulties in providing assurance, but went on to ask if the system felt confident that there is mitigation in place in readiness for this winter.
- 9.13** Mrs Julie Davies advised members that some caution had to be taken when making pre-COVID comparisons, as walk in A&E attendances were much higher in the summer than in winter. Mrs Davies advised that attendances had increased and work was underway, looking at NHS 111, to see how alternatives to A&E can be managed. Members were informed that this work was one of the key elements of the work streams for the new Urgent and Emergency Care Improvement Plan that had

recently been signed off by the system. Mrs Davies advised members that there were still pressures within the system and we are all bracing for a challenging winter. Members were advised that the work underway by the dedicated project group meant that everything that could be done was being done to support acute colleagues.

- 9.14** Feeding back on Mr Vivian's paper, Donna MacArthur expressed the view that whilst it was very useful and provided an overview of the work that the Committee undertakes for and on behalf of the Board, the short report had raised more questions. Mrs MacArthur went on to express the view that more depth was required as it was felt that the report did not offer full assurance.
- 9.15** In response, Meredith Vivian advised members that he agreed with the view expressed by Mrs MacArthur and undertook to liaise with Mrs Julie Davies and Mrs Zena Young to discuss how the information can be distilled in future to ensure it is accessible and that the information is available for greater examination.
- 9.16** Mrs Sam Tilley reported to members on the annual winter plan. Mrs Tilley advised members that the plan would come to the Governing Body (having come through the ICS Governance route towards the end of September). Mrs Tilley reported to members that work was also underway on a system surge plan, given the current escalation, exacerbated by workforce issues, a resurgence (albeit lesser) of COVID and the interplay of the elective recovery position. It was reported that this work (being a key strand of the winter planning activity) was being carried out alongside the dedicated winter plan. Mrs Tilley advised members that processes were being utilised alongside learning gained during the COVID waves, when dealing with the unprecedented pressures in the system currently,
- 9.17** Dr Adam Pringle expressed the view that it was likely that the increase in Emergency Department attendances was due to respiratory illnesses and catch up with respiratory illness that people did not get over winter as a result of being isolated. Dr Pringle suggested that it might inform the winter planning if the causes of the increase were known.
- 9.18** Mrs Julie Davies reported to members that both she and Mrs Sam Tilley were using the information, as suggested by Dr Pringle, to inform the winter planning process.
- 9.19** In response to an invitation from Mr Vivian for comment on the report itself, Mr Mark Brandreth expressed his view that the paper was not structured in a way that gives clear assurance. Mr Brandreth suggested that the ICS Board Chair's report format is used which would provide more clarity. Mr Brandreth undertook to liaise with the team to assess if this suggestion would help.
- 9.20** In addition, Mr Brandreth reminded members of the earlier discussion on the people/workforce agenda and expressed the view that it would deepen the debate to move from an old style approach (such as asking Victoria Rankin to report to members on the people agenda) and instead have members debate whether we are sufficiently keyed into the work of the system People Board and the work of System Oversight Group at SaTH. Mr Brandreth expressed the view that key to understanding, was to question how the Governing Body plays into the conversations and how information is reported back to the Governing Body. Mark Brandreth undertook to liaise with the team and discuss how this could be facilitated.
- 9.21** Mr Brandreth went on to remind members that matters relating to Accident and Emergency Departments were a national issue. Mr Brandreth expressed the view that the Governing Body needed help to understand the national issues alongside the local interpretation of them. On a final point for consideration, Mr Brandreth expressed the view that the CCG's Quality and Performance Committee needs to act as the ICS's Quality and Performance Committee to facilitate a practical transition for the 1st April 2022.
- 9.22** Mrs Claire Parker reported to members on the primary care workforce which reports into the Primary Care Commissioning Committee and People Board and advised members' of the importance of considering how assurance is given in the right place as we consider realigning conversations during the transition to an ICS.

RESOLVED: NHS Shropshire, Telford and Wrekin CCG NOTED receipt of the content of the Quality and Performance Exception report for assurance and information.

ACTION:

- 9.10 Mrs Young to provide members with an update on matters relating to data quality.**
- 9.15 Mr Meredith Vivian to liaise with Mrs Julie Davies and Mrs Zena Young to discuss how the information (contained within the Quality and Performance Exception Report) can be distilled in future to insure it is accessible and ensure that the information is available for greater examination.**
- 9.16 Mrs Sam Tilley to present the Annual Winter Plan (including the System Surge Plan) to Governing Body in November.**
- 9.19 Mr Mark Brandreth to liaise with the team to consider utilising the ICS Board Chair's Report format for the Governing Body Quality and Performance Exception Report.**
- 9.20 Mr Mark Brandreth to liaise with the team to discuss how the Governing Body is currently keyed into the work of the system.**

Finance

Minute No. GB-21.09.060 – 2021/2022 Month 4 Financial Position

- 10.1** Mrs Claire Skidmore presented to members a for information paper titled: 2021/22 Month 4 Financial Position which was circulated in advance. Mrs Skidmore advised members that there were no material changes to report this month.
- 10.2** Mrs Skidmore advised members that the system was still operating to a half year 1 plan. Mrs Skidmore reported that, as a H1 plan, the CCG are on track to deliver the position on the plan set out at the start of the year. Mrs Skidmore went on to outline to members some of the current challenges, which included the CHC, which continues to be a concern in terms of the growth and some of the challenges in addressing the backlog of cases, and progressing with work on market management.
- 10.3** Mrs Skidmore advised members that there was some concern over the full year position as it relates to the drivers of recurrent expenditure, which will be on-going, and presented a challenge. Mrs Skidmore advised that the forecast for the efficiency programme was still holding, but that the position still falls far short of the target that was set at the start of the year and that this was another contributor to the difficult underlying recurrent position. Mrs Skidmore highlighted to members that system work was being done on the financial recovery and confirming our view of how we take things forward collectively, as a system, and that this would continue to be developed through the Board and Finance Committee.
- 10.4** Mr Meredith Vivian drew members' attention to paragraph 35 of the report which refers to a lack of investment having implications for quality and safety. Mr Vivian asked for clarification on the risks referred to, who would be affected and in what way. Mr Vivian also asked what is being done by way of mitigation.
- 10.5** In response, Mrs Skidmore advised members that a lot of work was being done to address the financial challenges facing the system and that there were mechanisms in place to tighten the grip on expenditure, but that this tightening is not without its risks, in the broader sense. Members were advised that, in terms of balancing, if decisions are taken not to do something, there is a knock on effect in terms of the potential impact on patient care. Mrs Skidmore stated that patient care and safety remains paramount and is something that we are looking to expand in terms of our current model, to ensure that we are finding that delicate balance between financial control and driving quality and safety with the care that the system provides. Mrs Skidmore went on to report on the existing mechanisms the system has through the Sustainability Committee, the Investment Panel and the triple lock process (which ensures that funding is targeted to the right place). On a final point, Mrs Skidmore advised members that underlying the work of the system is the question relating to what happens when all the transformation work that is being done does not achieve sufficient funding to deliver all of the priorities. Mrs Skidmore assured members that this question was subject to on-going debate across the system

the focus being on not only delivering the services that we have, but also developing them to ensure quality and safety.

- 10.6** In response to a question from Mr Vivian on the possibility of future cuts to services, Mrs Skidmore responded by advising members that there was a general focus on encouraging in-house and system partners to think more creatively about how we develop the financial space to do what we need to do. Mrs Skidmore advised members that there was no intention to make cuts based on not finding the required efficiencies.
- 10.7** Dr Mike Matthee advised members that he was keen that the debate on finance was system wide rather than being focussed on a specific unit. Dr Matthee expressed his concern that some areas would suffer financially at the expense of others and that the debate on service provision and the financial implications must be had as a community. Dr Matthee also raised his concern over limited finances and the ability to invest in services which, over time, would degrade without sufficient on-going funding.
- 10.8** Responding to Dr Matthee, Mrs Skidmore advised members that the system approach would ensure that the whole was looked at rather than the parts, with a focus on building a collectively responsibility and ownership. Members were advised that this focus would not only cover how problems are managed, but also the management of priorities and benefits. Mrs Skidmore affirmed to members that it is the operational model that drives decisions – looking at patient priorities first, with the financial model telling the story of the impact.
- 10.9** Mr Steve Trenchard advised members that currently, responsibility for delivering efficiencies would be out with providers and this posed difficulties for the system. Mr Trenchard went on to advise members on the triple lock system as it applies to section 31 and expressed the view that the system had facilitated creative thinking in terms of problem solving and driving improvements.
- 10.10** Mark Brandreth expressed the view that the system was focussing on the right questions in looking at how we drive value for money for the tax payer and deliver great care. Mr Brandreth advised members that there was no lack of appetite and interest in trying to go faster and be bolder.
- 10.11** Mrs Donna MacArthur thanked Mrs Skidmore for a comprehensive report and went on to express the opinion that the report raised some questions for her; for example, on prescribing costs, the impact of the pay award and an overview of the system's worst case position, the answers to which were not contained within the report.
- 10.12** Mrs Skidmore advised members that on the matter of prescribing costs, further information had been sought and would be available to the Governing Body in the future. On the pay award impact, Mrs Skidmore advised that the impact would be in the region of £ 200,000. This was reported as not being a huge amount, but in a small running cost budget it does impact. Mrs Skidmore undertook to look at the 'worst case' position and build something in to the Finance Report for the next meeting.
- 10.13** Mr Steve Trenchard advised members that, as a direct response to the sense of urgency, there was an escalation report that goes to the Executive team meeting on a weekly basis as part of the Finance update so there is a clear SRO and assurance process.

RESOLVED: NHS Shropshire, Telford and Wrekin CCG NOTED the information contained in this report and the continued need to focus efforts on delivery of the 3% recurrent efficiency target in order to meet the requirements of the sustainability plan.

ACTION:

- 10.12 Mrs Skidmore to provide members with further information on prescribing costs.**
- 10.12 Mrs Skidmore to look at the 'worst case' position and build something into the Finance report for the November meeting.**

Planning & Restoration

Minute No. GB-21.09.061 – Restoration and Recovery Update Report

- 10.1** Mr Julie Davies advised members on the content of the report titled: Elective Recovery Report for June & July 2021 (circulated in advance), which was to keep members up to date with progress against the elective recovery plan.
- 10.2** Mrs Davies provided members with an update on developments since writing the paper, which related to the forecast for the elective recovery framework funding. Members were advised that, based on the important month 5 forecast, it looks that we have hit the 80% target for June. However, members were advised that the achievement of this target would not result in any further elective recovery funding. This was as a result of not exceeding the target.
- 10.3** Members were also advised of the need to adjust the base line because of the transfer of the neurology service out of the system and into the Wolverhampton system. Members were advised that the base line change had been accepted in May and that this change effectively lowers the threshold a little, which could mean more funding in May (with a resultant payment in June). Mrs Davies reminded members that the agreement for funding would not be until end September (3 months in arrears). It was also reported to members that changing the target to 95% in July had hit the system (and other systems) hard and that work, with our regulator colleagues, is continuing. Mrs Davies assured members that the system is doing all it can to improve its forecast and H2 plan for the second half of the year. The aim being to have the draft plan in place in time for the guidance being published on 16th September, at which time the revised plans can be assessed to ensure they meet the guidance.
- 10.4** Mrs Davies went on to advise members on a call with NHSEI regarding elective recovery and whilst we do remain an outlier on our elective recovery (because of the workforce and theatre staffing issues), we are in line with the rest of the region. The efforts being made, by the system, despite some of the challenges, have been acknowledged.
- 10.5** Mrs Liz Noakes expressed her understanding that the report focuses on whether we are achieving against a set plan and the associated revenue thresholds, but went on to express her view that there was a need to understand the impact of the elective recovery plan on patients, and to understand the numbers involved and if there are any disproportionate effects on particular groups within our population (looking at inequalities). Mrs Noakes also brought to members' attention some issues with the visibility of numbers in a section of the report which was difficult to read.
- 10.6** Mrs Julie Davies undertook to recirculate a revised copy of the report to Governing Body members and to ensure that visibility issues were addressed in future reports.
- 10.7** On the matter of the outcomes and inequalities referred to by Mrs Noakes, Mrs Davies advised that one of the key gateway criteria is inequalities, which currently is only partially met. However, members were advised that some significant progress was being made on this and an update will be brought to the November meeting of the Governing Body.

RESOLVED: NHS Shropshire, Telford and Wrekin CCG NOTED the content of the Elective Recovery Report – for June & July 2021 and received partial assurance regarding the STW system's delivery of its H1 elective recovery plan.

ACTION: Restoration and Recovery Update Report

- 10.6** Mrs Julie Davies to recirculate a revised copy of the report to Governing Body members and ensure that visibility issues are addressed in future reports.
- 10.7** Outcomes and Inequalities – Mrs Julie Davies to provide an update to members at the next meeting.

Strategic Transformation and other reports

Minute No. GB-21-09.062 – Integrated Care System Update

- 11.1** Mr Mark Brandreth provided members with a verbal update on the Integrated Care System.

- 11.2** Mr Brandreth reported to members that NHS England has published very helpful guidance in terms of the design and good practice and that this was currently being worked through. Members were advised that receipt of the guidance had taken longer than originally planned. Members were advised of the need to be very pragmatic about where the ICS is going to be on 1st April, 2022. Mr Brandreth advised members that his overarching ambition was to get over the line on 1st April, 2022, so the ICS becomes a statutory body in a manged way and the staff are transferred safely into the new organisation.
- 11.3** Mr Brandreth expressed his thanks to Alison Smith for her work and expertise in bringing the two CCGs together, which had prepared the ground for the transition to the ICS from a single CCG.
- 11.4** Mr Brandreth went on to report to members on the appointment of Mr Neil MacKay as Chair designate of the ICS. Members were further advised that the advert for the post of Chief Executive of the ICS had been published (nationally) with the closing date for application being for end September - interviews would take place during mid to end October. Members were advised that the appointments would underpin the review of the top level structure of the ICS, which will affect the CCG Directors and probably the next layer below.
- 11.5** Mr Brandreth advised members that every effort would be made to make the timetable for change as clear as possible and also to learn from the previous management of change process. Mr Brandreth went on to advise members that the process of designing the Board for the new Integrated Care System was also underway and that talks were also in progress with local authority partners on what the Partnership Board arrangement would look like and assured members that the processes would be as Inclusive possible
- 11.6** Mr Brandreth advised members that many of the CCGs functions will transfer to the place base arrangements and that this work is on-going. Mr Brandreth praised the work of the Chief Executive of Shrop Community Health Trust, Mrs Claire Parker and Mrs Claire Skidmore for their work on this. Mr Brandreth advised of the need to map out how the two places are going to continue to develop, particularly to ensure that the right level of GP leadership existed in both places.
- 11.7** Mr Brandreth advised members that although the ICS which is not yet a statutory body, it is holding its first AGM. Members were advised that this would provide an opportunity to report on progress, particularly on the pledges, the meeting will take place in October. Members were further advised that Owen Patterson MP will present at the AGM on his wife Rose's story and that there would be a focus during the AGM on the zero suicide work. Members were advised that this would continue to be the focus, across the whole health system, for the next period.
- 11.8** In response to a question from Mr Vivian which related to being kept up-to-date on events of interest to Board members, Mr Brandreth advised members on the 'Leaders' Calendar of events which could be useful in this. Mr Brandreth undertook to report to members on relevant events.
- 11.9** Dr Mike Matthee expressed the view that he was uncertain if he felt involved in the ICS at all and expressed uncertainty on which duties were the CCGs and which were going into the ICS. Following discussion, it was agreed that Mr Brandreth will liaise with Mike Matthee and any other Governing Body member with similar concerns directly prior to the November meeting.
- 11.10** Mr Geoff Braden expressed the view that it would be useful for the Executive Summaries for the Board Reports to contain guiding questions and/or challenges that could be used by members to frame the perspective that Mr Brandreth would like the Board to consider on ICS matters. Mr Brandreth thanked Mr Braden for his practical and pragmatic suggestion.

RESOLVED: NHS Shropshire, Telford and Wrekin CCG NOTED the content of the ICS Update Report

ACTION: Integrated Care System Update

- 11.8** Mr Brandreth to keep members informed on 'events of interest' to board members.
- 11.9** Mr Brandreth to liaise with Dr Mike Matthee (and any other Governing Body members with similar concerns) directly, prior to the November meeting.

11.10 Consideration to be given to including guiding questions and or challenges within the Executive Summaries for future Board Reports.

Decision Making

Minute No. GB-21.09.063 – Governance – Digital Strategy

- 12.1** Claire Skidmore provided members with a brief introduction to the CCG Digital Strategy paper which was circulated in advance of the meeting.
- 12.2** Mrs Skidmore reminded members of previous conversations around the work on IT and the desire to formalise some of the things that are being done and to articulate our digital strategy in a way that had not been done before. Members were advised that the strategy had been developed as part of wider system conversations and was a strategy that we can call our own (as Commissioner, at the moment) focussing on what we need to do to support primary care. Members were advised that the strategy formed one 'moving' part of a wider system piece that develops alongside us. Mrs Skidmore advised that national guidance around Digital had been received during the last week and that the work was fully in line national guidelines.
- 12.3** Mr Stephen James echoed the comments made by Mrs Skidmore and advised on the strategic relevance of the document to the Corporate Body. Mr James expressed the view that the strategy would become the ICS's digital strategy as the CCG transitioned into the ICS.
- 12.4** Dr Mike Matthee expressed the opinion that one issue relates to the digital records used in hospitals. Dr Matthee expressed the view that electronic prescribing within hospitals would save time for general practice. As a stepping stone in the right direction, Mr Matthee suggested that the use of EPS within hospitals would be beneficial for everyone.
- 12.5** Mr Stephen James advised members that prescribing posed a significant quality and safety issue which is prone to errors between primary and secondary care. Mr James went on to share the view expressed by Dr Matthee, in that having electronic prescribing in secondary care would be of great benefit to all. Mr James stated that there was a need to bring the level of maturity up for some of the other providers in terms of new patient administration systems, before they can consider prescribing systems.
- 12.6** Mrs Liz Noakes acknowledged the great work of the team for pulling the digital strategy work together. Mrs Noakes went on to express the view that digital first did not mean digital only. Mrs Noakes expressed the view that, in terms of patient access to primary care, there is a need to not just think of it as online and digital only. Mrs Noakes mentioned the Inequalities and Digital Exclusion Agendas and the need for a blended model, acknowledging that one size does not fit all.
- 12.7** Mrs Lynn Cawley expressed her support for the comments made by Mrs Noakes. Mrs Cawley advised that, for those people who do not have access to technology, or are not confident using technology and she Mrs asked members to consider if it is possible for the system to support people to develop the skills to use this technology and also make this technology available within the community. Mrs Cawley also noted that many local people feel there is currently a resistance by clinicians to see patients face to face following Covid 19.
- 12.8** Responding to the comments made, Mr Mark Brandreth expressed the view that whilst strategies are important in setting the direction and vision, what is needed is a plan. Mr Brandreth recommended that the Digital Strategy document should be commended into the ICS when the process for doing so is known. In response to Mrs Cawley's latter point, Mr Brandreth expressed the view to members that there was a need to stand up very clearly in support of our GP and Primary Care colleagues and reinforce that, what is being reported by the media about GPs being resistant to seeing patients face to face, is not accepted and it does not reflect the experience in our area.
- 12.9** Mr Steve James reassured members that digital exclusion had not been forgotten about by the digital teams and was a high priority across the system.
- 12.10** Mrs Claire Parker advised members that from the June 2021 data there were just over 230,000 appointments in GP and primary care with only 74 being video consultations. Mrs Parker further reported that the biggest increase had been seen in telephone triage and there was now a need to review some of the telephone systems available to assess how they can better cope with demand.

- 12.11** Mrs Claire Skidmore, responding to the Mr Brandreth's comments on how the digital strategy is commended to the ICS, advised members that the ICS already has visibility of the strategy. Members were advised that Rebecca Gallimore and her team have a copy of the strategy, which had been developed as a result of conversations that were developed as part of Ms Gallimore's workshops to develop an overall system strategy.

RESOLVED: NHS Shropshire, Telford and Wrekin CCG is asked to ADOPT the attached CCG IT and digital strategy and acknowledge that the strategy will continue to evolve as the system digital strategy and plans for an ICS develop.

Minute No. GB-21.09.064 – Revised Governance For Oversight of the Hospital Transformation Programme

Paper titled: Revised Governance for Oversight of the Hospital Transformation Programme circulated in advance.

- 13.1** Mrs Claire Skidmore reminded members of the existence of a Hospital Transformation Programme Implementation Oversight Group which had been designed to serve a number of purposes. Members were advised that the group had not met for some time due to the pandemic. Mrs Skidmore went on to advise that in the ensuing period the world and the existing governance, had moved on but the IOG terms of reference has not been reflected on and amended to keep up. Mrs Skidmore advised members that a mechanism is needed to change the IOG's Terms of Reference and purpose so that duplication of effort and energy across the system is avoided.
- 13.2** Mrs Liz Noakes raised the matter of Council representation on the IOG. Members were advised that whilst Directors of Public Health were named, there was a need to amend the report to include Council representatives and Directors of Public Health as separate entities.
- 13.3** In response to a question from Mrs Audrey Warren, Mrs Skidmore advised that there were two things that contributed to the group not meeting. The first related to the pandemic and the lockdown, which changed the profile of what was being done; the second was that the programme itself went quiet at SaTH. Mrs Skidmore advised that over the past few months SaTH have brought in some external support to help develop the outline case and the propositions going forward. Mrs Skidmore advised that a need to reinstate some form of communication/conversation/oversight of the programme had been identified.
- 13.4** In response to an observation raised by Mrs Donna MacArthur relating to the lack of representation of primary care, Mrs Skidmore advised that the current membership is focussed on partners who would take an oversight /assurance role – predominantly the commissioners, local authorities and their equivalents in Wales. Mrs Skidmore advised that provider representatives were deliberately taken out but that primary care representation was included in the form of the CCG in its commissioner role. Mrs Skidmore advised members that the decision had been taken so as not to overburden primary care colleagues when their role as clinical commissioners was represented elsewhere.
- 13.5** Mr Brandreth provided some points for further clarity on this matter in terms of the position of this group and went on to assure members on the purpose of the paper.

RESOLVED: NHS Shropshire, Telford and Wrekin CCG Governing are asked to CONSIDER the revised Terms of Reference for the Implementation Oversight Group and give their SUPPORT for these to be adopted. (Note that this information has also been shared with SATH and Powys THB to gain their support as co-sponsors of the group).

Minute No. GB-21.09.065 – WRES Annual Assessment Submission

- 14.1** Dr Pepper advised members that this item is withdrawn as a result of technical issues with the appendices and will be resubmitted for consideration at the November meeting.

ACTION:

- 14.1 Mrs Alison Smith to re-present the Shropshire, Telford and Wrekin CCG Workforce Race Equality Standard (WRES) Annual Data Submission and Action Plan 2021 at the November meeting.**

Minute No. GB-21-09.066 – Auditor Panel Terms of Reference

- 15.1** Claire Skidmore referred members to the paper titled: Auditor Panel Terms of Reference circulated in advance of the meeting. Members were advised that the paper underpinned the requirement for the Governing Body to appoint an auditor panel to facilitate the appointment of internal and/or external auditors.
- 15.2** In response to a question from Dr Pepper, Mrs Skidmore advised that as the Auditor Panel is required to be a sub-committee of the Governing Body and therefore its formation must be sanctioned by the Governing Body.

RESOLVED: NHS Shropshire, Telford and Wrekin CCG NOTED the content of the report and APPROVE the adoption of the Auditor Panel Terms of Reference.

Minute No. GB-21-09.067 – Shropshire, Telford and Wrekin CCG Transition to IC – Due Diligence Approach and Oversight Proposal

- 16.1** Mrs Alison Smith referred members to the paper titled: STW CCG Transition to ICS – Due Diligence Approach and Oversight Proposal which was circulated in advance.
- 16.2** Mrs Smith reported to members that the proposal was for the CCG and ICS Board, in partnership, to undertake a due diligence process which will result in the ICS understanding the assets and liabilities, including staff, it will inherit on 1st April 2022. Mrs Smith advised members that the proposal put forward is based on the recent NHSEI guidance released last week and the good practice that was recognised by NHSEI when the CCG merger process was undertaken.

RESOLVED: NHS Shropshire, Telford and Wrekin CCG NOTE the content of the report and approve the following proposals: 1) Agree the approach proposed for due diligence and delegate the oversight of this for the CCG to the Audit Committee of the CCG; 2) To authorise the Director of Corporate Affairs to seek further independent legal scrutiny of the due diligence process where this is necessary.

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-21-09.068 Finance Committee – 23 June, 2021

Minute No. GB-21-09.069 Quality and Performance Committee – 23 June, 2021

Minute No. GB-21-09.070 Summary of CCG Locality Forum Meetings held on the following dates:

Shrewsbury and Atcham – 15 July
North Shropshire – 25 June
South Shropshire – 7 July
Telford and Wrekin – 20 July

Minute No. GB-21-09.071 Audit Committee – 21 July, 2021

Minute No. GB-21-09.072 Primary Care Commissioning Committee – 4 August, 2021

Minute No. GB-21-09.073 Strategic Commissioning Committee – 23 June, 2021

Minute No. GB-21-09.074 Assuring Involvement Committee – 29 July and 26 August, 2021

RESOLVE: NHS Shropshire, Telford and Wrekin CCG RECEIVED and NOTED for information the Committee Chairs' reports as presented above.

Minute No. GB-21-09.075 Population Health Management Update – 23 June, 2021

- 18.1 It was AGREED that the paper Titled: Population Health Management Update circulated in advance be moved to any other business for discussion.

Minute No. GB-21-09.076 – Any Other Business

- 19.1 Dr Mike Matthee referred members back to the minutes of Governing Body Meeting held on 14th July, 2021: Minute No. GB-21.07.047 – Governance - Board Assurance Framework – point 14.7 which stated:

Following a question from the Dr Pepper on some gaps within the document (particularly on the matter of children and young people – item 5), Claire Skidmore confirmed that the document would be fully populated by the September meeting.

- 19.2 On the above, Mrs Skidmore reported to members that the document in question was the Board Assurance Framework and that the document represented a first draft. Mrs Alison Smith confirmed to members that the document would be considered by the Audit Committee and it was hoped that the completed document would be available for the November meeting of the Governing Body.

Paper Titled: Population Health Management Update Paper circulated in advance.

- 19.3 In consideration of the Population Health Management Update Paper circulated in advance of the meeting, Mrs Donna MacArthur raised the importance of the topic and for members to be sighted on it and expressed the view that it needed more prominence within the agenda. Mrs MacArthur expressed the view that Population Health Management should be included as an agenda item in the future for a more detailed report.
- 19.4 Mr Mark Brandreth, expressed some concern on potential overlap and duplication with reporting on this subject to the ICS Board via the Population Health Management Board (Chaired by Andy Begley, Chief Executive of Shropshire Council). Mr Brandreth undertook to establish the mechanism for facilitating Governing Body members' access to the ICS Board papers to facilitate information exchange.
- 19.5 Mrs Sam Tilley advised members that the paper was very headline in terms of content at this stage, to put a marker down for the Governing Body to be aware that things are in development and progressing. Mrs Tilley went on to advise members that the work will form a fundamental pillar in the way that we will work in the future. Members were advised that teasing out the population health piece, together with the strands of work beneath that, of which population health management is one, is part of developing our understanding of this whole piece of work. Mrs Tilley advised members that a more detailed report would be available for the next Governing Body meeting.
- 19.6 Mr Steve James advised members on his concern that these conversations were going on in the digital world but that there was uncertainty as to whether they were being connected up in the way that they should be albeit that there exists a desire to make it happen.
- 19.7 In response, Mrs Tilley reported to members that she recognised the themes raised by Mr James from conversations she had had this week and that consideration was being given on how to make the needed connections, recognising that the digital and technological work is fundamental to moving the work forward.

RESOLVED: NHS Shropshire, Telford and Wrekin CCG RECEIVED and NOTED the content of the report and support the on-going development of the Population Health Management work stream within the overarching Population Health approach as required.

ACTION:

- 19.4 Mr Brandreth to establish the mechanism for facilitating Governing Body members' access to the ICS Board papers to facilitate information exchange.

19.5 Mrs Tilley advised members that a more detailed report on Population Health Management would be available for the next Governing Body meeting.

Date and Time of Next Meeting

It was confirmed that the date of the next scheduled Governing Body Part 1 meeting is: Wednesday 10 November 2021 – time, venue and modality of the meeting to be confirmed nearer the time.

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

Dr Pepper officially closed the meeting at 16:01 pm.

SIGNED DATE

DRAFT

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.	12 th May 2021 GB-21-05.014 – NHS Shropshire, Telford and Wrekin CCG Quality and Performance Report <u>Performance Report</u>	Dr Davies updated Governing Body members on the new Neurology service that is now live. Dr Davies confirmed she planned to provide an update to the Governing Body in July for assurance on the new service. 14/07/2021 update – Dr Davies provided members with an update on Neurology Services. Members were assured that the new service is bedding in well. No issues/complaints from patients, with positive feedback from some patient groups. Dr Davies advised that the early signs so far were good. Update in November, 2021.	Julie Davies	November Meeting	An update has been taken through SCC in October. A further report will go to SCC in January. Recommend action is closed.
2.	12 th May 2021 Minute No. GB-21-05.015 Niche Consultancy Report	Mrs Young to provide an interim report from the recommendations made in the Niche Report and provide an update at the July Governing body meeting. 14/07/21 Update – Tracey Slater (Assistant Director of Quality) attending in place of Zena Young, provided members with an update. Members were advised that all providers had been asked to look at the recommendation on their behalf and that these were in the process of being collated within the CCG and will be fed into the Learning from Deaths Group that Dr Shepherd is Chairing. Members were advised that the first meeting of the group would be 27 th July, 2021. Action: Further update at September Meeting. 08/09/21 Mrs Young advised that the requested information had been sought for the report but that the information received was not satisfactory. Mrs	Zena Young Zena Young	September Meeting November Meeting	This report update is not yet available – system partners have been reminded to provide the update information in order for this action to progress. The item will be presented at a future meeting. Discussions have been held to agree the best way forward to address the

	Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
		Young advised that system partners (through the newly formed ICS System Quality Group) had been reminded of their commitment to making sure that the work is fully followed through. Further information to be available for the November meeting.			recommendations and Mrs Young and Dr Shepherd will take this forward. The item will be presented to the System Quality Group at a future meeting. Recommend action closed
3.	14 th July 2021 Minute No. GB-21-07.044 – Quality and Performance Report	Tracey Slater to ensure that the work on prevention of falls is taken back to the Quality and Performance Committee for review and that the report headlines would be feed back to the Governing Body	Zena Young/ Tracy Slater	September Meeting	Update: the trust are updating their Falls prevention action plan and will receive this to their internal Quality committee (QSAC) in November. It has been agreed that the reporting and oversight undertaken by QPC will move to the new ICS quality governance arrangement by end Q3. With this in mind, the falls update will be scheduled for the December QPC meeting.
4.	14 th July 2021 Minute No. GB-21.07.046 – Governance – Proposed amendments to the Governance Handbook	Claire Skidmore and Alison Smith to consider if further delegation to the Governing Body committee structure may be necessary to support the development of the ICS.	Claire Skidmore Alison Smith	September Meeting	Director of Corporate Affairs is actively working on this in preparation for transition to ICB and will flag any amendments required prior to transition and manage through the governance structure accordingly.
5.	8 th September 2021 Minute No. GB-21-09.055 – Accountable Officer's Report	Mr Brandreth to report to Governing Body, at the November meeting, on the feedback given by staff on the work of the CCG.	Mark Brandreth	November	To be done verbally at the meeting. Recommend action closed
6.	8 th September 2021 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	Zena Young	Future Meeting	This will be agenda'd at the appropriate time.

	Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
		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.			
		Mr Meredith Vivian to liaise with Mrs Julie Davies and Mrs Zena Young to discuss how the information (contained within the Quality and Performance Exception Report) can be distilled in future to insure it is accessible and ensure that the information is available for greater examination.	Meredith Vivian Julie Davies Zena Young	November	Meeting held and Q&P report amended for November's meeting Recommendation action closed
		Mrs Sam Tilley to present the Annual Winter Plan (including the System Surge Plan) to Governing Body in November.	Sam Tilley	November	
		Mr Mark Brandreth to liaise with team to consider utilising the ICS Board Chair's Report format for the Governing Body Quality and Performance Exception Report.	Mark Brandreth	November	Under consideration Recommend action closed
		Mr Brandreth to liaise with the team to discuss how the Governing Body is currently keyed into the work of the system.	Mark Brandreth	November	ICS Board papers shared. ICS update at Governing Body Recommend action closed
7.	8 th September 2021 Finance Minute No. GB-21.09.060 – 2021/2022 Month 4 Financial Position	Mrs Skidmore to provide members with further information on prescribing costs.	Claire Skidmore	November	Referenced within the finance report. Recommend action closed
		Mrs Skidmore to look at the 'worst case' position and build something into the Finance report for the November meeting.	Claire Skidmore	November	This has been included within the finance report. Recommend action closed
8.	8 th September 2021 Planning & Restoration Minute No. GB-21.09.061 – Restoration and Recovery Update Report	Dr Julie Davies to recirculate a revised copy of the report to Governing Body members and ensure that visibility issues are addressed in future reports.	Julie Davies	Immediate	Report circulated. Recommend action closed
		Outcomes and Inequalities – Dr Julie Davies to provide an update to members at the next meeting.	Julie Davies	November	Included within the Q&P report. Recommend action closed

	Agenda Item	Action Required	By Whom	By When	Date Completed/ Comments
9.	8 th September 2021 Strategic Transformation and other reports Minute No. GB-21-09.062 – Integrated Care System Update	Mr Brandreth to keep members informed on 'events of interest' to board members. Mr Brandreth to liaise with Dr Mike Matthee (and any other Governing Body members with similar concerns) directly, prior to the November meeting.	Mark Brandreth Mark Brandreth	On-going November	Covered at informal update meetings Recommend action closed Email sent Recommend action closed
10.	8 th September 2021 Minute No. GB-21.09.065 – WRES Annual Assessment Submission	Miss Alison Smith to represent the Shropshire, Telford and Wrekin CCG Workforce Race Equality Standard (WRES) Annual Data Submission and Action Plan 2021 at the November meeting.	Alison Smith	November	Item on the November agenda. Recommend action closed
11.	8 th September 2021 Minute No. GB-21.07.047 – Any other business	Miss Alison Smith confirmed to members that the document would be considered by the Audit Committee and it was hoped that the completed document would be available for the November meeting of the Governing Body. Mr Brandreth to establish the mechanism for facilitating Governing Body members' access to the ICS Board papers to facilitate information exchange.	Alison Smith Mark Brandreth	November November	Item on the November agenda. Recommend action closed Papers in the public domain from October Recommend action closed

REPORT TO: NHS Shropshire, NHS Telford and Wrekin CCG Governing Body meeting held on 10th November 2021

Item Number:	Agenda Item:
GB-21-11.084	Quality & Performance Report September and October 21

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		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>Performance</p> <p><u>Urgent and Emergency Care (UEC)</u></p> <p>Nationally UEC pressures remain, STW is no exception to this, however they do remain stable. SATH Type 1 provider is currently ranked 19/20 in the region and 98/114 Nationally for the 4hr standard. Previously reported concerns relating to ambulance handover also sees SATH in the top 10 worst performing Acute Provider Nationally. Work is underway to reduce crowding, improving all UEC metrics and ambulance handover timelines. A Successful implementation of a referral pathway direct to Same Day Emergency Care went live at the start of October and the review of pathways open to 999 and 111 services have all been clinically tested</p> <p><u>Planned Care</u></p> <p>UEC pressures are still impacting upon planned care recovery. Diagnostic tests within six weeks of referral remain an outlier but are on target to meet the national standard by March 22. Referral To Treatment eighteen weeks is consistently around 61%, a dedicated System Elective Delivery Programme Steering Group is currently being established by SaTH, which will drive through delivery of the recommendations and efficiencies suggested by the Midlands Elective Delivery Programme (MEDP). Through its intended operational efficiencies, this work is also an enabler in supporting the recovery of waiting lists and sustained improvement</p>

of RTT delivery & performance.

Cancer

Cancer wait 28-day faster diagnosis and two week wait from urgent referral to first appointment are narrowly missing national targets, but benchmark considerably well against other regions. Local transformation work and support with the Cancer Alliance and additional community Breast service should see a considerable positive shift in recovery over Q3 & Q4 of this financial year. The sixty-two day from urgent referral to cancer treatment although below the standard is broadly in line with other ICS's/Regions as pressure continues across oncology and radiology services, local improvement work across Skin and Breast pathways will have a positive impact upon this metric.

Mental Health

IAPT recovery rates have previously exceeded the 50% national target but have dipped below target this month due to a seasonal drop in activity. IAPT referral to first treatment activity is below both national and locally commissioned targets, although activity is expected to increase during quarters 3 and 4 based on historic trends. 2021/22 national targets will not be met in year but service re-design and additional planned funding in 2022/23 should then see national targets achieved during Q1. Dementia Diagnosis Rates among over-65s in primary care have dipped slightly but remain above the national average and a recovery plan is in place and expected to deliver improvement by year end.

ERF

Elective Recovery Framework (ERF) gateway reporting is overseen by the Planned Care Operational Group, reporting to the Planned Care Operational Board. The latest submission to NHSE/I shows the STW ICS as 'Met' across 4/5 gateways (G1 – Clinical validation, waiting list and long waits, G3 – Transforming Outpatients & G5 – People Recovery & G4 – System led recovery) G2 – Addressing Health Inequalities as partially met. ERF activity has dropped below expectations for Day Case, Elective, Out-Patients and Diagnostics, this is broadly in line with operational constraints/loss in productivity

Quality

SaTH- Falls, pressure ulcers and response time for complaints remain a focus for the trust.

Maternity - There were two maternity related SIs reported during September 2021, both related to harm caused to the baby. The trust maintains good timeliness of response RCA reports and action plans. The Maternity and Neonatal Dashboard exceptions are included in the main body of the report.

RJAH – the trust has undertaken a review of the harms policy. Update on the outbreak of MRSA reported by the trust in July involving 10 of 13 patients; no further patients have tested positive for MRSA on the ward. There was one Never Event reported by the trust during September.

MPFT -have reported via CQRM that they are continuing to undertake a scoping exercise of lessons learned from incidents, this is now being undertaken as a PMO function.

Safeguarding Numbers of children that are coming into care continues to rise. Free prescriptions for care leavers have been approved by the Executive Team.
Serious Case Review 'G' has been published.

IPC A number of concurrent outbreaks of Covid-19 has been reported by local trusts.

Primary care

Severn Fields Medical Practice CQC inspection report published with overall rating of requires improvement.
Brown Clee Medical Practice CQC inspection report published with overall rating of Good

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 are asked to note the content of the report and the actions being taken to address the issues identified.

1 Key Performance Challenges

1.1 Urgent Care

KPI	Latest month	Measure	Target	Is this a challenge?	Current	2021/22 FYH	2022/23 FYH	Aug 21	Variance Previous Month	1SD Variance	Variance with Peer
Number of A&E Attendances (type 1-type 3)	Sep 21	12848	-		13615	75488	76251	12712	3.31%	1.67%	16.73%
Number of Ambulance Arrivals	Sep 21	3253	-		3574	22344	21827	3302	7.02%	0.53%	6.54%
Ambulance Delays >15 minutes	Sep 21	2534	-		2257	14882	14823	2366	-1.43%	3.63%	13.24%
Ambulance Delays >15 minutes %	Sep 21	78.7%	-		61.2%	61.3%	67.6%	72%	4.84%	6.13%	15.54%
Ambulance Delays >60 minutes %	Sep 21	26.2%	0.2%		7.6%	4.1%	16.3%	3.9%	3.80%	12.52%	18.62%
A&E 4 hour Performance (All type) %	Sep 21	68.1%	65.0%		70.0%	71.3%	68.5%	61%	-3.39%	-4.51%	-11.67%
A&E 4 hour Performance (All type) %	Sep 21	68.1%	65.0%		70.0%	71.3%	72.3%	68%	-1.78%	-4.01%	-8.23%
A&E Minor Performance %	Sep 21	68.4%	65.0%		70.3%	65.8%	62.5%	61%	-2.43%	-7.24%	-4.59%
Total Number of 12 hour DTA breaches	Sep 21	132	0		64	18	364	69	61.80%	1922.12%	190.37%
Number of Emergency Admissions via A&E	Sep 21	2754	-		2708	17341	17042	2821	-4.32%	-1.74%	3.63%
% Patients seen within 15 minutes for initial assessment	Sep 21	26.5%	-		66.9%	73.9%	45.5%	48%	13.33%	25.37%	40.47%
Mean Time in ED Non-Admitted (mins)	Sep 21	135.5	-		182.7	283.1	135.2	252	38.2%	-3.72	40.37%
Mean Time in ED Admitted (mins)	Sep 21	527.5	-		361.5	381.5	400.9	448	81.88	10.02	34.74%
No. Of Patients who spend more than 12 Hours in ED	Sep 21	8.0	-		452	25.24	3132	863	27.34%	26.03%	50.58%
12 hours in ED Performance %	Sep 21	0.0%	-		3.0%	3.3%	4.0%	3%	1.43%	0.63%	7.72%

The key challenge remains managing the front door activity, in particular at Royal Shrewsbury. Minor injury and the Urgent Treatment Centre Capital work is now complete, this should reduce crowding and help with improving flow/the UEC standards. There is a National Drive to introduce 'Re-direction' from the front door, SaTH has been reluctant to introduce the tool without full engagement with the CQC, but will now commence this from December 2021.

It is really good to see that the mean time in the department for admitted and non-admitted patients has reduced significantly in September, the Total time in department (12 hours in ED performance %) has also come back in line with National expectations.

1.2 Elective Care

KPI	Latest month	Measure	Target	Variation	Absolence	Mean	Lower process limit	Upper process limit
Number of incomplete waits at month end	Aug 21	45647	33500			41730	38807	44671
Incomplete waits below 18 weeks	Aug 21	02%	92%			02%	02%	09%
Number of STW patients waiting (SeTH)	Aug 21	26269	0			23753	21517	25990
Number of STW patients waiting (RIAH)	Aug 21	9447	0			8642	6947	8444
Diagnostics more than 6 weeks after referral	Aug 21	20.2%	1.0%			43.5%	30.3%	56.2%
New patients added to RTT wait list	Aug 21	10953	0			10516	6786	14444
Incomplete waits at month end (ophthalmology)	Aug 21	4652	0			6291	5499	7093
Incomplete waits at month end (gen. surgery)	Aug 21	5089	0			4245	3762	4728
Incomplete waits at month end (T&O)	Aug 21	11479	0			5151	3264	10099
Clock stops (admitted)	Aug 21	146%	0			1054	409	1699
Clock stops (non-admitted)	Aug 21	913%	0			8287	5689	10885

As much activity as clinically appropriate is being delivered virtually, this is helping the rate of recovery. Routine referrals from Primary Care remain around 30% lower than pre-Covid levels, although there is evidence of recent increases back to 2019-20 levels.

Overall numbers of waiters have not increased as rapidly as first feared, but an increasing proportion of longer waits will continue to be a feature. Priority continues to be given to those in the highest clinical urgency categories, including cancer.

The STW system is managing its P2 and P2C clearance times to levels better than the regional averages but due to capacity constraints (theatre staff/beds) is struggling to make progress with its P3 and P4 numbers. The system is currently developing its reporting on its waiting list, including the shape of the waiting list profile and the long waits in line with emerging requirements from NHSEI. The admitted waiting list continues to be clinically prioritised.

1.3 Cancer Care

KPI	Latest month	Measure	Target	Variance	Assurance	Mean	Lower process limit	Upper process limit
Urgent referral to first OPA (2WVW)	Aug 21	87%	83%			88%	81%	96%
Breast symptom referral (2WVW)	Aug 21	83%	93%			83%	18%	97%
Diagnosis to first treatment (31d)	Aug 21	94%	96%			97%	93%	101%
Urgent referral to treatment (50d)	Aug 21	64.3%	85.4%			71.7%	54.0%	89.4%
Screening to treatment (62d)	Aug 21	65%	90%			71%	16%	126%
104 day breaches of 62 day RII pathway (SaTH)	Aug 21	13	0			9	3	20
Subsequent treatment - surgery (31c)	Aug 21	87%	94%			83%	73%	100%
Subsequent treatment - drugs (31c)	Aug 21	100%	96%			100%	96%	101%
Subsequent treatment - radiotherapy (31d)	Aug 21	90%	94%			98%	92%	106%

Referrals decreased substantially during the Covid-19 peak but have since risen to almost normal levels. An issue affecting most pathways is pressure on radiology access, in particular CT, with the team putting in place streamlined pathways to make sure that the most urgent are seen first. This continues to be a severe problem for SaTH and they are exploring all avenues to recruit staff and get short term cover. Low referral levels remain a concern in lung: the CCG and SaTH are working together to understand what more can be done to encourage referrals. The lack of walk-in chest x-ray previously reported is now being explored as the new guidance on social distancing and infection control has now been published; significant capacity issues in diagnostics (due to workforce) has impacted routine elective performance but cancer and other urgent cases are given priority.

1.4 Mental Health & LD Care

Area	Indicator	Target	Latest	Issues and actions
Mental Health	IAPT: Access to Psychological Therapies (YTD figure from MPFT)	100% (6180)	73% (4498)	National target numbers increased in 21/22, although local commissioned (funded) targets are lower due to insufficient funding this year. The measure is now in absolute expected numbers but performance is shown as a percentage for ease of reporting. The CCG will not achieve the national target overall in 21/22 but ambition is to achieve in 22/23, but we are expecting to achieve the locally commissioned levels. This is indicative performance to August, until official figures are

				published.
IAPT: Patients moving to recovery (from MPFT: Q2)	50%	49.1%		Recovery rates overall have exceeded monthly, except for a deterioration in May and now in this month. In particular of note, BAME recovery rate in Shropshire is low at 31% in September (of 16 patients completed treatment, 5 recorded as moving into recovery). Further detail is sought from the provider around the impact of this low number moving into recovery and what actions are being taken to address the impact. This is indicative performance only, until official figures are published.
EIP: patients with first episode of psychosis wait <2 weeks for package of care (from MPFT)	60%	100%		Performance continues to be above target; The numbers of patients being seen in this service are small; MPFT performance report states that total of 32 patients have entered the service in the period April to September. Un-validated figures from MPFT show that there were 7 patients in September, all of whom received their care package on time.
Inappropriate Out of Area Placements (PICU/ Acute, from MPFT)	0	1		At the end of September there was one inappropriate Out of Area placement, down from 5 last month. Short term agreement is now in place via MPFT for 4 PICU beds at Cheadle Royal which is operational from September; this agreement will follow continuity of care principles and will monitor length of stay and bed utilisation. This should minimise, if not eradicate all inappropriate out of area placements from next month. Further work is needed to agree longer term provision and review along the whole pathway.
Inpatient Health Checks: physical health assessment within 24 hours of admission (M06 provisional, from MPFT)	98%	87%		Local data provided from MPFT. Provider explanation that this is a very challenging target to meet as often on admission patients are too poorly and challenging to attempt to get all 6 core checks within a 24-hour timeframe. They do endeavour to carry out all checks when able to do so. This performance will be closely monitored every month. Assurance has been given that health checks are carried out as soon as clinically possible and there is no harm.
Care Programme Approach: Patients on CPA followed up within 7 days of discharge (MPFT)	95%	90.3%		Performance has deteriorated month on month since April 2021. Investigation into this has been requested from the MH provider in respect of this deterioration as to the cause and impact and expected recovery of performance
SMI: Annual health checks in primary care for those with Serious Mental Illness (12 months to June	60%	26.1%		A steering group has been set up to identify solutions to increase number of health checks carried out across Primary care, along with an increased focus across practices to undertake health checks in the system, and combat any inequalities with regards to access for patients for this important preventative service. Historically health checks have been performed in the last quartile of the year, therefore it is anticipated that the target will be met by year end, this will be monitored

	2021 - official)			closely with further updates regarding forecast in December's paper.
Perinatal Mental Health	Perinatal MH: appointment within 6 weeks of referral for anyone meeting the criteria (from MPFT)	95%	100%	A total of 127 qualifying patients have been referred in months 1-5: all were seen within 6 weeks. Performance data provided locally from MPFT.
Children and Young People (CYP)	CYPED: routine Eating Disorder referrals lead to treatment within 4 weeks (Q1 official)	95%	100%	At present, there are just a small number of children referred to the service, and most are seen within the target time. However, the small numbers mean that if any patient is treated beyond the one- or four-week deadline then the percentage target could be failed. In Q1, 4 out of 16 urgent referrals had a wait of over a week, and 1 out of 63 children waited over 4 weeks to start treatment. Provisional figures from MPFT suggest that in Q2 there have been very few referrals, with all being seen on time. Despite the performance overall above target there are children in the system awaiting Tier 4 beds, some of whom for an Eating disorder. There is a draft business case from MPFT with a remedial action plan to be agreed to expand the existing service to support these children.
	CYPED: urgent Eating Disorder referrals lead to treatment within 1 week (Q1 official)	95%	100%	

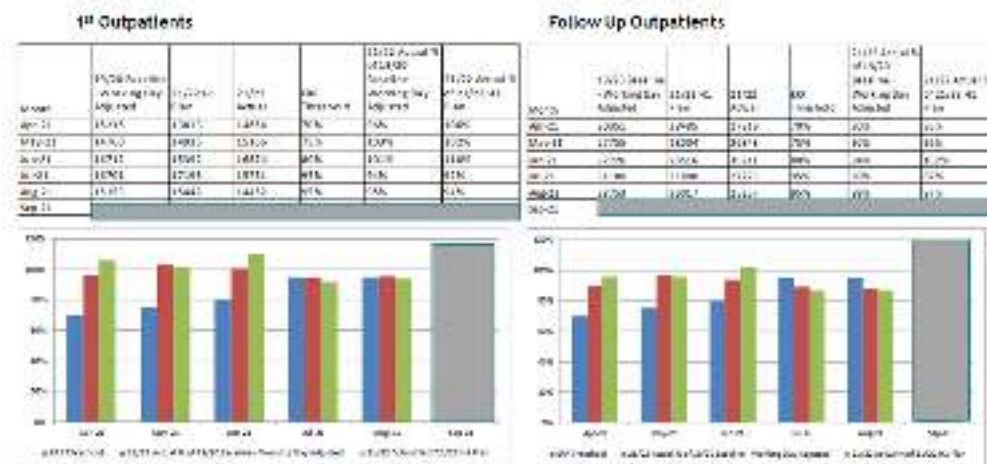
1.5 ERF

Redacted information is currently unvalidated.



Day Cases July to September are 8-9% below plan and do not exceed the 95% ERF threshold due to capacity issues, but showing no current deterioration.

Elective June to September has been under plan and fell quite short of the ERF thresholds. Performance against plan appears to be deteriorating; this is due to escalating bed pressures and theatre staffing.



First Out-patient appointments usually exceed or are close to plan. Follow up appointments July to September they have been 10 -13% below plan and do not exceed the 95% ERF threshold it is understood that the deterioration has been due to the holiday period/social distancing and prioritising lists as previously reported.

System Self-Assessment	People's Experiences	Operational Performance
System 1 - Patient and Family, including the overall experience	Good	Good
System 2 - Inpatient and Outpatient Experiences	Good	Good
System 3 - Inpatient and Outpatient Experiences	Good	Good
System 4 - Inpatient and Outpatient Experiences	Good	Good
System 5 - Inpatient and Outpatient Experiences	Good	Good

(NHSE/I agreed with our self-assessment)

The September submission to measure progress against the gateway has been submitted this week. We have met 4/5 gateways with only Addressing Health Inequalities as 'partially met'. Our providers have done a full analysis of their waiting lists with respect to deprivation and ethnicity, and this is being reviewed and reported regularly as part of the internal governance processes to provide assurance that these inequalities are not made worse during the period of recovery. Data quality remains an issue both locally and nationally which is expected to improve over time.

There is also a requirement for all systems to do work on a further five inequalities;

1 – Blood pressure detection

2 – Cancer diagnosis and screening

3 – Chronic Obstructive Pulmonary Disease

4 – Annual Serious Mental Illness Checks

5 – Maternity continuity of carer

This work is being progressed in conjunction with both Local Authorities and being reporting via the System Population Health Board.

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.

- There were 38 mixed sex breaches during July 21. These are largely arising from delays to discharge from critical care units. While this is not good for patients it presents as a symptom of a local health economy wider issue relating to delays in transfer of patients from critical care to the wards and the competing priorities for ward beds and potential risk of reducing access to critical care for patients.
- The response time for concerns remains unsatisfactory, with work underway to reduce delays in the process. An improvement trajectory aligned to the actions is being developed and will be monitored via CQRM

Falls:

- The number of falls in July 2021 has reduced slightly to 109 (111 June 21) against a target of 89. The number of falls continues to remain an area of focus for the trust. The falls per 1000 bed days remains above target for improvement; however the falls with harm per 1000 bed days is low.
- The Falls Prevention Programme continues; daily monitoring of patients who have had lying and standing blood pressure undertaken, has seen a significant improvement in compliance. At the time of writing the CCG are awaiting an updated overarching falls action plan.
- There was one fall resulting in moderate harm or above in July 2021.

Pressure Ulcers:

Wards that have seen an increase in category 3 pressure ulcers have additional support from the Tissue Viability Nurse. Improvement work includes:

- Ongoing assessment and documentation improvement work.
- Compliance with turn regimes.
- Oversight of care provided by HCAs by the RNs accountable for the care
- TV training is now mandatory for all wards.
- All Category 2 and above pressure ulcers have an RCA and are presented at Pressure Ulcer Panel, NIQAM (CCG present) and SIs are shared.

Stroke Improvement Plan Update

- From April to June 2021, the Trust recorded Sentinel Stroke National Audit Programme (SSNAP) performance as Level B, which is a significant improvement on performance attained prior to the implementation of the Improvement Plan, which was Level D. It is difficult to predict whether the Trust will retain the B or move to a Level C for subsequent quarters due to the complicated algorithms used to predict performance.

- The improvement plan has been in place for some time, but concentrated work on the plan has been challenged due to work pressures from COVID.

Update in relation to the CQC Section 31 conditions imposed following the CQC inspections:

- During July 2021, the CQC have inspected a number of areas in the Trust and the trust is actively working to address the feedback and await the formal reports from these visits. A well-led review took place in August, 2021.

Emergency Department: (metrics monitored via CQRM)

Sepsis:

- Sepsis screening was completed for 95% of patients in August 2021
- On average in August, 88% of the patients had appropriate action taken and implemented within the 60 minute target (improvement from 77% in July).

Triage Time & Triage within 15 minutes

- Previously, performance has been consistent around 80%-85% since October 2020, but since March 2021 the results have started to show a decline in compliance with the 15 minute standard with an overall average for the 4 week period in August of 63%. The number of paediatric attendances (and attendances overall, in particular, walk-ins) has surged during the last 5 months and now exceeds pre-Covid levels. The increase in attendances is multifactorial and SATH ED team are analysing trends to see if any of this activity can be better signposted in the wider health economy, and whether discussions will need to be held across the wider health economy to address this significant increase.

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

Maternity

Maternity Serious Incidents (SIs): There were two maternity related SIs reported during September 2021, both related to harm caused to the baby.

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

- Bookings less than 12+6 week gestation still remain below 90 % target at 82.9%. 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.
- Induction of Labour (IOL) rates remains consistently above the NMPA 2019 standard of 29.2% rates at 34.9% but has decreased from the last reporting period. IOL rates have increased nationally since the introduction of the SBLCBv2.
- Smoking at time of delivery rates are reported at 12.4 % which remains above the national target of 6% or less by end of 2022. Further detail was requested from the Trust along with a plan to address this disparity given that smoking in pregnancy is a preventable cause of neonatal morbidity and the STW system is an adverse outlier for this outcome metric. A specialist midwife has been appointed at SaTH to focus on this work and LMNS has approved investment into this work stream, working with the Local Authorities.
- Caesarean Section rate (all categories) is 28.4% which is above NMPA 25% however this is not felt to be of significant concern as a recent peer review has provided a view that SATH are not an outlier in respect of C-section rates. An in depth audit of cases will be presented to a future meeting.
- There was an increase in the number of staffing red flags reported (when staffing levels do not meet the acuity/activity on labour ward); this risk is being mitigated by twice daily senior management huddles in place within SATH Maternity where the situation is discussed with members of the SATH maternity senior management team (SMT). This is increased to 3 times daily when acuity (the level of women's and babies' needs) and staffing needs closer monitoring. SaTH expect around 20 new midwives to join the trust over the next few weeks. There have been no adverse incidents or poor outcomes as a result of the staffing challenges and Wrekin MLU is open for intrapartum care.
- There were no neonatal exceptions reported however data is limited at present. It is anticipated that forward neonatal representation at PNQSG will increase, with the appointment of a new NNU matron this month and the development of the neonatal section of the dashboard.
- There is a high level of service user satisfaction noted in Patient Experience surveys; there is a lower response rate in post-natal 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.

- Skin to skin contact for mother and newborn within 1 hour – there has been a drop in compliance in August 79.3% with additional assurance work being completed.
- Maternity Led Units Update – All of the MLUs across the county are operational, however some are not providing intrapartum care in line with risk assessments. Wrekin MLU has remained closed throughout August although women have had access to low risk care from MLU midwives on delivery Suite. The MLUs in other hospital settings (Ludlow, Bridgnorth, Oswestry) are currently suspended pending outcome of an MLU review but continue to provide antenatal and postnatal services. The Shrewsbury MLU based at Royal Shrewsbury Hospital at Copthorne Building required work for fire safety regulations and has not been operational for intrapartum care since this time – we do not have a current confirmed date for resuming intrapartum care. They still provide antenatal, postnatal, ultrasound scanning and consultant antenatal clinics from the Mytton Oak Building. There is a plan to have the Wrekin MLU operational for intrapartum care in November as the staffing challenges reduce.

2.2 Robert Jones and Agnes Hunt Orthopaedic Hospital

Quality of care – Following lessons learned from serious incidents over the last 2 years, the number of specialist nurses appointed has increased. In collaboration with Staffordshire University, a number of apprentices have been appointed to train as Healthcare Assistants.

RJAH has undertaken a review of the harms policy. The scope of the review included: Neuromuscular; Paediatric Orthopaedics; Rheumatology; Spinal Injuries; Tumour. Outcomes include:

- Patient contacts are planned that will highlight harms.
- RJAH recognised a need to prioritise and have proposals and plans for addressing the priority areas.
- The process change will be closely monitored and reported to the Outpatient Transformation Board.

Serious incidents: There was one Never Event reported by the trust during September, this was a Surgical Error whereby a small prosthesis was implanted instead of a medium sized one. At the time of writing the investigation is being undertaken by the trust

IPC: The action log relating to the outbreak of MRSA is progressing and will continue to be monitored through attendance at IPC committee. RJAH reported at their September IPC committee an increase in surgical site infections (SSIs). The trust have undertaken a review of each case to include risk factors, themes and trends and held an internal multidisciplinary meeting, they will now be classed as an outlier and will receive a formal letter from PHE. The CCG IPC team will monitor through attendance at IPC committee.

2.3 Midlands Partnership FT

Quality of care -Incident reporting trend for the Care Group has remained consistently within both the upper and lower control limits over the last 24 months. The CCG have undertaken a Quality assurance visit to Redwoods to review provision of physical health and safeguarding. This was a positive visit. The trust is working with SCHAT regarding management of patients with Diabetes in the community.

IPC: Beech ward at the Redwoods centre was closed in September due to a patient testing positive for Covid-19 and the requirement to isolate 13 patients who were close contacts, none of which became positive.

2.4 Shropshire Community Healthcare NHS Trust

Quality of care – It has been raised with the CCG that the attendance at strategic safeguarding meetings which is usually undertaken by the 0-19 service (SCHAT) has declined. Written submissions are still presented but there is a responsibility for health representation. At a meeting it was identified that a short term solution has been agreed between SCHAT and MPFT to provide cover whilst a longer term plan can be implemented.

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

IPC: The trust have appointed to a shared IPC and Safety Lead post following the departure of the Head of IPC. The Deputy Director of Nursing will support the IPC team until the successful applicant takes up the post in January 2022.

The trust has reported outbreaks of Covid-19 at two of their community hospitals involving patients, IMT meetings have taken place and the trust shares a daily update with the CCG.

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

There are no significant quality concerns to report by exception.

2.6 Primary Care

CQC carried out an announced inspection at Severn Fields Medical Practice on 14 June 2021 with a report published on the website on 30th August 2021. Severn Fields Medical Practice inspection report published with overall rating of requires improvement.

CQC carried out an announced inspection at Brown Clee Medical Practice on 16th August 2021 with a report published on the website on 5th October 2021. Overall rating for Brown Clee Medical Practice is Good

Senior quality lead and LD Team Leader, MPFT have commenced quality audit pilot for Learning Disability Annual Health Checks with 4 Practices across Shropshire, Telford and Wrekin. Once pilot completed to review process and next steps to roll out to other Practices.

2.7 West Midlands Ambulance Service (WMAS)

There are no significant quality concerns to report by exception.

2.8 Care Homes

There are no significant quality concerns to report by exception.

2.9 Independent Providers

There are no significant quality concerns to report by exception.

3.0 Safeguarding

Looked After Children (LAC):

- Numbers of children that are coming into care continues to rise.
- Free prescriptions for Care Leavers has been approved by the CCG Executive Team for this financial year, work continues at pace with the Finance Team and both Local Authorities to ensure a robust process is in place as soon as possible. Approval has now been gained from IG and the process will commence this month.

Safeguarding children:

- Engagement continues in respect of the S31 notice; oversight of children continues for children admitted to Redwood or the 136 suite.
- A safeguarding resource pack is being updated for Primary Care.
- Multi-agency case file audit on Domestic Abuse work in progress.
- Family Safeguarding Model in Telford implemented with support 2 & 3 year health provision.
- Child G Neglect case of 5 children in which Serious Case review completed with Independent Author. Multi-agency Publication September 2021 on Shropshire Children's Safeguarding Partnership (SCSP) website with summary briefing for all agencies:
<http://www.safeguardingshropshireschildren.org.uk/media/1388/g-children-serious-case-review-summary-september-2021.pdf>

Safeguarding Adults

- The CCG still awaits the publication of the key documents pertaining to the Regulations and Code for the implementation of the Liberty Protection Safeguards.

- The CCG is now a member of the national Clinical Reference Group for LPS and has received notice that NHSE have made a bid of £16m to support the creation of 7 regional implementation teams to support LPS.
- NHSE have issued a state of preparedness audit for CHC and LPS, it is envisaged that this will act as a prompt for further work as implementation plans accelerate on receipt of the national guidance. Completion date is 25.09.21.

3.1 Infection prevention and control

The CCG IPC team hosted a Winter Preparedness Forum for care homes and domiciliary care agencies across Shropshire Telford and Wrekin. A total of 70 staff attended the online forum which covered; preparing for seasonal outbreaks including Norovirus and Influenza along with an update on Respiratory Syncytial Virus and Covid-19. Discussion took place in relation to national IPC guidance, influenza and Covid-19 vaccination and hydration of residents during the winter. Attendees were able to have their IPC questions answered.

3.2 Patient Experience

Nothing to report by Exception with all key themes and outcomes to be captured in the Q2 2021/22 Insight Report scheduled to be presented at the November 2021 QPC meeting.

3.3 Harm Review report

A report on harm reviews was presented to QPC in August meeting.

The report provided a summary of the harm reviews that had been submitted to STWCCG by the four main local providers over the course of Q4 (2020/21) with specific focus on:

- 104 day cancer delays – SaTH and RJAH report via the CCG contracting route and subsequently shared with CCG Quality Team.
- 12 hour trolley breaches - reported directly to the CCG Quality team via the identified reporting process.

- Serious Incidents relating to delayed diagnostics; severe harm due to delayed diagnosis is managed via the NHSE Serious incident process

This report was generated as a stand-alone report during 2020 to provide additional focus at the time that services were being stood down and subsequently restored incrementally due to the Covid-19 pandemic measures. The number of harms subsequently reported has been minimal and the CCG Quality team sought approval from QPC to stand this down as a separate report and include in the monthly Quality Report by exception.

The ICS is undertaking work to agree clinical prioritisation of elective recovery and to standardise harm review processes across providers.

3.4 Serious Incident Report

- A report on serious incidents was presented to QPC in September QPC meeting.
- During Q1 2021/2022 there were a total of 57 Serious Incidents (SIs) including two Never Events, reported by the 4 main providers for Shropshire, Telford and Wrekin patients.
- The CCG has a 20 working day turnaround for review of the completed reports. These are not necessarily closed down within 20 days as some additional work may be required by providers.
- The CCG Quality team can give assurance to Governing Body that all SIs submitted are tracked and monitored to completion and currently there are no overdue SIs awaiting CCG action.

REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body
Meeting held on 10th November 2021

Item Number:	Agenda Item:
GB-21-11.085	2021/22 Month 6 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		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)
N/A		

Executive Summary (key points in the report):
<p>The financial performance reported in this paper is for month 6 of 2021/22.</p> <p>H1 - M6: The CCG position at M6/H1 overall is currently showing a £5.820m adverse variance to the planned surplus of £1.251m, i.e. a deficit of £4.569m. This includes a £6m deficit position against the system adjustment and a very slight improved position on the CCG.</p> <p>The slight improvement in the CCG position is due to non recurrent benefits offsetting the Individual Commissioning overspend originally flagged as a risk in the H1 plan submission.</p> <p>The position for the CCG incorporates the following current forecast variances:</p> <ul style="list-style-type: none"> • (£2.8m) overall adverse variance on Individual Commissioning (including Mental Health and offsetting COVID funding shown in other); • £0.3m non recurrent underspend on acute expenditure mostly due to the delay in the neurology service move; • £0.1m non recurrent underspend on community services • £2.0m non recurrent underspend on primary care due to prior year benefits mainly in Prescribing and QOF; • £0.5m overall improvement on Other (excluding the covid underspend offsetting Individual Commissioning) relating to a cost pressure in the Telford BCF which is more than offset by underspends in the patient transport contract due to reduced activity levels and non recurrent pay due to vacancies; • £0.1m non recurrent underspend on running costs due to vacancies in the early part of the year

and a prior year benefit in relation to the redundancy provision;

The year to date position includes delivery of efficiency plans in H1 of £3.984m (£1.512m better than plan).

H2

Guidance, system financial envelopes and planning templates have recently been released by NHSEI. The system is currently working through the guidance to submit a H2 system finance plan for the deadline of 16th November 2021. The draft H2 plan will be reviewed at the private session of the Governing Body meeting on 10th November 2021 in order that members have had chance to review and comment on the CCG position prior to its submission. This will also be circulated to Finance Committee members beforehand for any comments/queries. The final submitted version will then be presented at finance committee at the end of November 2021.

Due to the date of the planning submission, budgets for the second half of the year will therefore not be uploaded until Month 8. In terms of national reporting at Month 7, NHSEI will be making a manual adjustment to CCG positions to make plan and allocation equal to month 7 spend. It is proposed therefore that the Month 7 report to Finance Committee will focus on expenditure run rate at Month 7 and the development of the H2 plan submission rather than traditional variance against budget.

System Sustainability and Underlying Position

The CCG recurrent expenditure control total in the system sustainability plan for 2021/22 is expenditure on non system providers of £460.145m. Based on the information that we currently have on underlying recurrent expenditure the CCG is currently £2.5m away from delivering that control total. This is due to two main reasons:

- a recurrent overspend position of £0.3m on CCG running costs
- a £2.2m recurrent cost pressure relating to the regionally commissioned WMAS contract. This pressure on both NHS 111 and 999 services is being discussed at regional Chief Executive and Director of Finance meetings.

There are also a number of other risks to this position which are shown in the risk and mitigation section of the report.

Delivery of this year's CCG efficiency plan remains a priority as well as the identification of deliverable schemes for the coming months and years.

Recommendations/Actions Required:

The Governing Body is asked to:

Note the information contained in this report and the need to continue to focus effort on delivery of the recurrent efficiency target in order to meet the requirements of the sustainability plan.

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

	<i>Yes, implications to the financial position and longer term financial sustainability of the CCG are described throughout the report</i>	
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>	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:

<i>Table 1: Financial Performance Dashboard - Key Indicators</i>	<i>4</i>
<i>Table 2: H1 M6 YTD Position.....</i>	<i>5</i>
<i>Table 3: Forecast performance against sustainability non system expenditure control total</i>	<i>7</i>
<i>Table 4: Risk and Mitigation</i>	<i>8</i>

Graphs included in this report:

No table of figures entries found.

2021/22 Month 6 Financial Position

Introduction

1. The financial performance reported in this paper is for Month 6 - September 2021.

Summary Financial Performance

Financial Performance Dashboard

2. The CCG financial performance dashboard against its key targets is shown in Table 1.

Table 1: Financial Performance Dashboard - Key Indicators

Target/Duty	Target	Actual	RAG
H1			
Statutory duty to break-even	Break-Even	£5.820m deficit	
Control Total (exc System adjs)	£4.749m deficit	£4.569m deficit	
Control Total (inc System adjs)	£1.251m surplus	£5.820m deficit	
Sustainability Plan			
Statutory duty to break-even	Break-Even	£2.500m deficit	
Control Total (non-system expenditure total)	£460,145k	£462,645k	
Cash	<=1.25% of monthly drawdown	0.74%	G
Better Payment Practice within 30 days (Number of invoices)	>=95%	99%	G

3. The CCG is on track to deliver its element of the H1 plan but this does breach our statutory duty to break even and when the system adjustment element is added in, we do not meet the plan requirement. This predicted £6m deficit for the system in H1 was flagged to NHSEI in the plan submission and it was agreed by the system to be held by the CCG in terms of reporting.
4. 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 6.
5. The Better Payment Practice targets were also met in Month 6 as over 95% of invoices were paid within 30 days.

H1 Year to Date Position

Table 2: H1 M6 YTD Position

Category	YTD		
	M6 Budget	M6 Actual	M6 variance
	£'000	£'000	£'000
Allocation:			
Programme	426,818	426,818	0
Running Costs	4,590	4,590	0
Co commissioning	38,513	38,513	0
HDP/ERF	5,420	5,420	0
Planned surplus	(1,251)	(1,251)	0
Retrospective HDP expected	816	816	0
	474,906	474,906	0
Expenditure:			
In system:			
SaTH	178,997	178,998	(1)
RJAH	24,671	24,671	(0)
Shropcomm	37,153	37,156	(3)
In system total	240,821	240,825	-4
Out of system:			
Acute	37,824	37,534	290
Community	7,182	7,081	102
Individual Commissioning/ Mental Health	78,379	81,617	(3,238)
Primary Care (inc Co Commissioning)	94,764	92,732	2,032
Other	17,350	16,474	876
Running Costs	4,591	4,463	128
Unidentified QIPP	0	0	0
Out of system total	240,091	239,901	189
System Affordability Gap	(6,005)	0	(6,005)
TOTAL	474,906	480,726	-5,820

- Year to date financial performance is an overspend of £5.820m against the planned surplus of £1.251m, i.e. an overall £4.569m deficit. However, this reflects a YTD system affordability gap of £6.005m meaning that CCG performance reflects an improved position against plan of £0.185m.
- This position includes anticipated year to date allocations in relation to the Hospital Discharge Programme of £816k, £471k relates to HDP expenditure within individual commissioning and £345k relates to HDP expenditure repayable to the Local Authorities. If this funding is not approved this will deteriorate the financial position. £2.89m of HDP income in relation to prior months was received in July. The funding programme changed for discharges from 1st July to provide only four weeks cover, rather than six weeks.
- The year to date slight underspend against plan is due to a number of non recurring benefits offsetting the Individual Commissioning overspend flagged as a risk in the H1 plan submission.
- The overall underspend on the acute budget is made up of a significant overspend in Non contracted activity due to increases seen in private provider activity, offset with underspends due to a delay in the start date (From April to May) of the new neurology service transferring from SATH to Royal Wolverhampton and due to contracts falling outside of the de minimus value for block contracts in the arrangements for H1.
- There is a small favourable variance in Community expenditure due to reduced spend against the Powys contract.
- The Individual Commissioning (including Mental Health) overspend shown above is partially due to lower budget phasing in H1 compared to the sustainability plan, an increase in TCP patients in Month 4 & 5 and increased activity within Broadcare. There is also a cost pressure due to COVID spending continuing for Scheme 1 patients that are no longer funded through the HDP process. As the backlog of assessments reduces, this pressure should be addressed.

12. The primary care underspend is mainly due to the release of prescribing prior year benefits following validation of the 2020/21 M11 and M12 Prescribing cost data. Primary care reserves offset the planned H1 overspend on the co-commissioning allocation. Co Commissioning itself is also benefitting from a prior year benefit in relation to QoF (Quality Outcomes Framework) payments to GP practices which can be released now that all claim data has been received.
13. The underspend on Other includes a cost pressure in the Telford BCF which is more than offset by an improvement on the patient transport contract due to a reduced block contract arrangement and favourable CCG pay costs due to vacancies. The COVID budget is also underspending on this line but offsets some of the COVID pressure seen in Individual Commissioning. Additional costs to cover NHS111 and 999 pressures with WMAS have also been reflected in the year to date position.
14. The running costs underspend relates to the release of prior year redundancy provisions exceeding additional staff costs and unbudgeted agency usage, the majority of which is non recurrent. Although on a non recurrent basis spend will be within budget there is a significant recurrent pressure if all vacancies were to be recruited to on a permanent basis.
15. In year efficiency plans are currently delivering above the YTD plan with recurrent savings so far of £3.984m.
16. Due to the current financial regime NHSEI are currently asking for H1 reporting only with no full year forecast requirements. From M7 reporting will incorporate H2 and full year forecast.

Sustainability and Underlying Position

17. 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 £6m deficit against the H1 envelope this position remains in line with the system sustainability plan projected expenditure for 2021/22.
18. Internal and system reporting will focus on the underlying position of the CCG and system performance against the sustainability expenditure control totals.
19. The current YTD CCG recurrent expenditure control total in the system sustainability plan is expenditure on non system providers of £230.073m. Based on the information that we currently have on recurrent expenditure the CCG is £1.3m away from delivering that control total. This is primarily due to a £1.1m recurrent hit on NHS 111 and 999 and £0.2m recurrent hit on running costs.
20. The full year CCG recurrent expenditure control total in the system sustainability plan is expenditure on non system providers of £460.145m. Based on the information that we currently have on recurrent expenditure the CCG is currently £2.5m away from delivering that control total. This is 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 £0.3m recurrent cost pressure on Running Costs. This position has improved since previous months due to an assessment of contractually committed expenditure that will transfer into the new organisation i.e an assumption that current vacancies will not be recruited to and fixed term posts will not be extended. These assumptions will need to be monitored as the organisational structure for the Integrated Commissioning Board emerges.

Table 3: Forecast performance against sustainability non system expenditure control total

Category	Recurrent FOT	Sustainability Plan	Variance
	£'000	£'000	£'000
Acute	79,565	78,975	(590)
Community	12,687	13,088	401
Individual Commissioning/Mental Health	154,898	154,902	4
Primary Care (inc Prescribing and Co	176,892	177,051	159
Other	29,150	26,952	(2,198)
Running Costs	9,502	9,178	(324)
TOTAL	462,693	460,145	(2,548)

21. The M12 Budget shown in table 3 agrees to the CCG non system element of the sustainability plan which has been developed in line with system partners. We have excluded intra system payments from the above as they are still being agreed as part of the Intelligent Fixed Payment system and will be net neutral for the system overall. Some of the categories of spend values have also changed since the original plan due to identified efficiency moving up from the unidentified line and some minor coding changes between categories.
22. The M12 recurrent actual columns show the full year underlying forecast position including full year effect of any efficiency plans that have been agreed and developed.
23. The full year sustainability plan originally incorporated a 3% efficiency target for the CCG of £13.580m. This has now been amended in the control totals to reflect realistic delivery of plans. For the CCG this is a total plan of £7.1m that needs to be delivered to meet the control total shown above.
24. Table 4 demonstrates how the existing plans are expected to deliver across each of the Departments.

Table 4: FYE net savings

	Recurrent full year effect net savings £m
Medicines Management	2.184
Individual Commissioning	3.755
Primary Care	0.250
Estates	0.307
Contracts	0.450
Commissioning	0.146
Other	0.080
Total	7.172

25. Further efficiency plans continue to be identified and developed and are summarised in a weekly Executive dashboard which lists the key achievements and risks by area.
26. The CCG will continue to focus all efforts on improving the overall system position thus improving our ability to invest in key priorities by aiming to deliver further efficiencies towards the original 3% target. Future years schemes are also being identified as part of the longer term plan. The transformation team and the programme management office are currently working up further schemes and a detailed report is provided to Finance Committee on a monthly basis.

Risk and Mitigation

27. The forecasts in this report are based on the most up to date information available but at this stage in the year the data is still limited in some areas. There is therefore inherent risk around the position until we have further monthly data to review.

28. Known 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 while the issue is investigated and actions are put in place. If these increased activity levels prove to be recurrent this will deteriorate the overall financial position.
- c. Prescribing growth risk if the average increase seen in April- July continues throughout the year. The level of risk has reduced since last month as July data was more favourable than the position seen between April and June.
- d. A potential cost pressure in the Phlebotomy service is currently being discussed and worked through.
- e. A potential cost pressure in the Non Patient Transport service across the system is being discussed and worked through.

Table 5: Risk and Mitigation

	Full year/underlying Risk (£m)	Full year/underlying mitigation (£m)
Individual Commissioning	3.7	-
Acute NCA pressure	2.6	-
Prescribing	1.1	-
Phlebotomy	0.3	-
Non patient transport	0.1	-
	7.8	-

29. Although there will be a requirement to break even in 2021/22, we expect to be measured primarily on our underlying position given that our aim as a system is to stabilise expenditure this year.

30. The CCG has very little mitigation to offset the risks outlined in Table 5 if they materialise as it does not hold a contingency reserve. The only potential mitigation is through additional efficiency schemes coming on board between now and the end of the financial year though at this point, no firm plans have been identified.

31. If all of the risks highlighted in Table 5 were to materialise the 'CCG only' underlying position would see a £7.8m additional hit to the current sustainability plan forecast adverse variance of £2.5m. (i.e. total adverse variance of £10.3m). This is demonstrated in the 'worst case' underlying position below.

Best Case (£m)	Most Likely (£m)	Worst Case (£m)
£2.5m adverse	£2.5m adverse	£10.3 m adverse

H2

32. Formal guidance for the second half of the financial year has now been issued. As expected similar arrangements to those in H1 will operate, and a return to published allocations will be delayed until April 22.

33. Allocations will operate on a similar basis to H1 with system support and COVID funding as well as block contract arrangements although there is an additional efficiency requirement for the system in H2 and COVID funding is being reduced.

34. Detailed planning discussions are now taking place and submissions being developed for review across the various System groups prior to a formal submission on 16th November. The draft H2 plan is being reviewed at the private session of the Governing Body meeting on 10th November 2021 in order that

members have had chance to review and comment on the CCG position prior to its submission. This will also be circulated to Finance Committee members beforehand for any comments/queries. The final submitted version will then be presented at Finance Committee at the end of November 2021.

35. Due to the date of the planning submission, budgets for the second half of the year will therefore not be uploaded until Month 8. In terms of national reporting at Month 7, NHSEI will be making a manual adjustment to CCG positions to make plan and allocation equal to month 7 spend. It is proposed therefore that the Month 7 report to Finance Committee will focus on expenditure run rate at Month 7 and the development of the H2 plan submission rather than traditional variance against budget.

Long Term Financial Plan

36. The first draft of the system long term financial plan covering the next 10 years was shared with the Finance Committee last month as part of a paper on the developing System Financial Framework. Feedback from the committee has been shared with the System Sustainability Group and will be shared with the Governing Body (in private session due to it being an early working draft) for consideration. .

Conclusion

37. In H1 the CCG has delivered within the H1 plan with the exception of the system wide adjustment of £6m which was a risk flagged at a system level when the plan was submitted.
38. For the underlying sustainability plan the CCG expenditure is currently £2.5m away from the recurrent plan. The two main reasons for this are the overspend on running costs and the regional cost pressure around the NHS 111 and 999 services. Action needs to be taken to address these overspends and offset unavoidable overspend areas with increased efficiency delivery wherever possible. Delivery of the recurrent efficiency target also remains a priority of all CCG teams.

REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body
meeting on 10th November 2021

Item Number:	Agenda Item:
GB-21-11.086	Board Assurance Framework (BAF) 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	15 th September 2021	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 September 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 documents.</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 (PCCRR) 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, with appendix B outlining the CCG's</p>

risk matrix criteria.

The BAF was updated by the strategic risk owners during September 2021 as part of the routine bi-monthly review cycle. 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 in September and is the Committee recommends the BAF with the highlighted changes as attached.

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 appropriately captures and reports the strategic 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 (BAF) and Directorate Risk Register 2021/22

Governing Body: 10th November 2021

Author: Alison Smith, Director of Corporate Affairs

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

Board Assurance Framework

Risk 1 – Patient and Public Involvement – amendments to the narrative reflecting the Assuring Involvement Committee beginning to meet and transact business.

Risk 2 – ICS Transition – amendments to both the risk score decreasing from 20 to 16 due to the ICS Transition Steering Group now meeting and national guidance has begun to be released and an approach to due diligence is being taken to CCG Governing Body and ICS Board for approval.

Risk 3 – CCG Workforce – decrease in risk score from 25 to 20 due to; CCG having mapped fully secondments, vacancies etc., agreeing with partners embedding of vaccination work as business as usual which will allow CCG staff to return to their substantive roles and health and wellbeing support for staff being introduced.

Risk 4 – Financial sustainability – some narrative amendments.

Risk 5 – Inability to delivery long term sustainability plan – some narrative amendments.

Risk 6 – Quality and Safety – risk has been reviewed and revised with more detailed narrative. Safeguarding has now been recognised as a separate risk – see risk 9 below and a separate risk has now been added to the DRR around SaTH quality risks specifically.

Risk 7 – Restoration of Services Post Covid – some narrative changes to reflect new controls and new assurance mechanisms.

Risk 8 – Population health needs – some narrative changes.

Risk 9 – Capacity of Safeguarding workforce in the system – addition of a new risk.

The Governing Body is recommended to:




- Review the BAF and DRR 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.



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

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 o r i t y	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	Amendment s: name and date
1	1 and 3	A Smith	Patient and Public Involvement There is a risk that the CCGs 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.	To ensure that service redesign and ransformation is informed by consistent and robust involvement of patients and the public	Interim Communications and Engagement Strategy for STW CCG approved by Governing Body Communications and Engagement teams working jointly across CCG, ICS and Providers providing more capacity and expertise in planning and delivery Reports to Governing bodies/Committees require section completing on Patient involvement Substantive ICS Director of Comms and Engagement now appointed and overseeing both ICS and CCG functions Presence of Healthwatch for both areas at Governing body meetings and Quality Committees Lay Member for PPI and Lay Member for PPI - EDI in place on Governing Body to act as specific check and balance with reagrd to patient involvement AIC now meeting and transacting business	IAF Engagement Rating of Outstanding for T&W and Good for Shropshire retained for 2019/20 Reporting to Assuring Involvement Committee 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 receeiving comms and engagement plans from commissioners	Gaps in controls: 1) ICS Communications and Engagement Strategy yet to be developed 2) Reporting on interim CCG Comms and Engagement Strategy to AIC yet to start 3) Communications and Engagement proceses being reviewed by new ICS Communications and Engagement Director and Interim Assistant Director Gaps in assurance: None	likely x major = High 16		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) New AIC has been appointed. Reporting yet to start. 3) The Interim Director and Assistant Director have established processes with their new-look team and are now developing a forward plan of activity.	Unlikely x major = Moderate 8	E Boampong	C Hudson	AIC	AS 24.05.21 AS 21.06.21 CH 30.06.21 EB 02.09.21
2	5	A Smith	Transition to a statutory ICS There is a risk that the CCG does not have sufficient capacity and capability to 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 idnetified by ICS Some nationaal guidance has been released on ICS Design Frawework and employment commitment ICS and CCG have now appointed an inetrim CEO/AO for both the iCS and CCG Transition group overrseeing transition plan and due diligence. Work is being shared between ICS/CCG and providers, with key leads being identified	ICS Shadow Board. Regular reports to CCG Governing Bodies. Programme Boards of the ICS reporting to the ICS Shadow Board. ICS Transition Group involves CCG ED for F, ED for Quality and Nursing, D of Partnerships and Director of CA	Gaps in controls: 1. Capacity within the system. 2. Transition Plan to move functions and assets of CCG to an ICS/ICP Gaps in assurance: 3. ICS Governance structure and reporting requirements still being defined 4. Due diligence approach to be agreed between the ICS and CCG	Likely x major = High 16		1. National guidance is now being released which will assist in determining any gaps in capacity. 2. Transition Group - detailed discussions taking place to scope transition requirements around workforce, finance, governance and legally mandated requirements 3. Guidance on model constitution and place and ICB structures has been rreleased. Discussions ongoing with ICS partners on what "place" will look like in ICB end of August and ongoing which will inform the transition plan. 4. Due diligence approach being presneted to CCG GB, CCG Audit Committee, ICS Board and ICS Audit and Risk Committee in September for approavl	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
3	All priorities	A Smith	CCG Workforce There is a risk that due to the number of secondments, staff vacancies and sickness that the resilience of our workforce (including capacity and capbability) is unable to meet the demands of ongoing secondnmnt requirements of the Covid Vaccination Centres, the growing expectation of the new ICS operational structure, and expectation to freeze vacancies given the ICS process resulting 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 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 crital role process in place to fill vacant positions either temporarily or in exceptional circumstances substantively	2. Directors sharing directorate risk at Exec meeting weekly, audit of training compliance,	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		1a. CCG initiated HWB staff group and new health and wellbeing survey and action plan Sept/Oct 2021 1b. Ensure workforce are aware of the STW system TRiM psychological support offer. Sep/Oct 2021 1c.. Effective prioritisation of workload to system Big 6 priorities and other quality and safety priorities. ongoing 2. HR to capture overview of capacity issues across whole CCG for onward assurance to Audit Committee Nov 2021	Possible x Moderate = Moderate 9	A Smith	A Smith/ L Kelly	Audit/GB	AS 24.05.21 AS 02.09.21

4	3 and 4	Laura Clare	Finan cial 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% efficiency savings delivered on a recurrent full year basis by the end of 21/22.	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 directorate to help leads to develop efficiency programme and accurately monitor progress and delivery.	Regular CCG and System level financial reporting to CCG finance committee and Governing Body. Sustainability working group within CCG chaired by Director of Transformation to ensure efficiency programme is mature and realistic. Detailed efficiency programme reporting to CCG finance committee from transformation directorate.	Gaps in Controls: 1) Full CCG recurrent efficiency target of 3% not yet identified and needs to be urgently addressed. 2) CCG staff resource issue to deliver all plans Gaps in assurances: None	Almost Certain x Catastrophic = Extreme 25		1) Sustainability working group set up to meet monthly chaired by DoT to increase pace and deliverability of efficiency schemes. PMO team now in place for CCG and system scheme development and reporting. A 12 week plan has been developed for Programmes that are in development to help provide further pace of delivery. Weekly Dashboard presented to Executives setting out the current status of plans highlighting the unidentified gap and any risks in the development of new plans. FYE and 22/23 plans to be in place by Sept 21. ST Sept 21 2) Staff resource mapping to internal and system plans to be completed to identify gaps ST July 21	likely x major = High 16	Laura Clare	Laura Clare Steve Trenchard/ Kate Owen	Finance	Laura Clare 26.5.21 28.6.21 Kate Owen 20.08.21
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 c£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 task and finish group to ensure that investments 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.	Gaps in controls: 1) Detailed financial model behind the sustainability plan currently in place for 21/22 with organisational expenditure control totals established. Further work now to be done across the system on the longer term financial plan including modelling key assumptions and working through financial implications of the transformational projects. 2) System transformational projects ('big 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 to be drafted and agreed across the system to ensure collective ownership of risk and mitigation.	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 due to be presented to system in September , to include delivery of 'big 6' transformational projects. LC Sept 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. modelling to be presented to the system in July 21. CCG resources mapped to each of the 'big 6' projects and further projects being prioritised. ST August 21 3) System risk management framework first draft discussed at system board workshops in July/August, revised draft to be discussed at chief execs late August and system board workshop in September. Final version to be presented to ICS board/sustainability committee during September in first draft and being discussed at both system DoFs and system CEOs. LC/CS Sept 21	likely x major = High 16	Laura Clare	Laura Clare Steve Trenchard/ Kate Owen	Finance	Laura Clare 26.5.21 28.6.21 20.8.21 Steve Trenchard 26.8.21
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. if we fail to commission safe, quality, services for our populations then there is a risk that patients will come to harm, that regulatory action or commissioning decisions will result in closure of services. There is a risk that our population may have less locally accessible services, with a risk of adverse publicity and public loss of confidence in our services.	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	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	Possible x Major = High 12	Z Young EDoN&Q	T Slater	QPC	ZY: 03/09/21 Revised risk. Additional assurance/controls/actions added.

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.
--	---	--	---	---	---

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG Governing Body**
Meeting held on 10 November 2021

Item Number:	Agenda Item:
GB-21-11.088	Shropshire, Telford and Wrekin CCG Workforce Race Equality Standard (WRES) Annual Data Submission and Action Plan 2021

Executive Lead (s):	Author(s):
Alison Smith Director of Corporate Affairs alison.smith112@nhs.net	Lisa Kelly HR Business Partner, MLCSU

Action Required (please select):										
A=Approval	<input checked="" type="checkbox"/>	X	R=Ratification	<input type="checkbox"/>	S=Assurance	<input 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)
Not applicable		

Executive Summary (key points in the report):
<p>The purpose of the report is to provide the CCG Governing Body with the Workforce Race Equality Standard (WRES) Annual Data Submission and draft Annual Action Plan for approval for 2021.</p> <p>The Governing Body is asked to note:</p> <p>1) that the data is submitted on behalf of NHS Shropshire CCG and NHS Telford and Wrekin CCG separately as the data is drawn on the 31st March 2021 when the two CCGs were still in existence.</p> <p>2) the action plan sets out some key areas for focus, however this will be limited by the fact that post March 2022 the CCG will no longer exist and therefore will not have a full year in which to complete these actions.</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?	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? The collection of Workforce Race Equality Standard data is a legal requirement for NHS organisations	Yes
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

--	--	--

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> Ensuring the CCG has a diverse staff profile will indirectly contribute to this priority.	Yes
2.	To identify and improve health outcomes for our local population. <i>(If yes, please provide details of the improved health outcomes).</i> Ensuring the CCG has a diverse staff profile will indirectly contribute to this priority.	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> Ensuring the CCG has a diverse staff profile will indirectly contribute to this priority.	Yes
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

Recommendations/Actions Required:
<p>NHS Shropshire, Telford and Wrekin CCG Governing Body is recommended to:</p> <p>1) Note the WRES data submission made to NHSE/I at the end of August 2021 for NHS Shropshire CCG and NHS Telford and Wrekin CCG.</p> <p>2) Approve the draft action plan attached to this report that seeks to respond to the areas highlighted by the data submission.</p>

Item Number:	Agenda Item:
GB-21-11.088	NHS Shropshire, Telford and Wrekin CCG Workforce Race Equality Standard (WRES) Annual Data Submission and Annual Action Plan 2021

1. Introduction

The purpose of the report is to provide the CCG Governing Body with the Workforce Race Equality Standard (WRES) Annual Data Submission and draft Action Plan for approval.

2. Report

2.1 Workforce Race Equality Standard (WRES) is made up of nine indicators and is mandated by NHS England (NHSE). From 2019 onwards, CCGs are expected to submit their annual WRES data to NHS England by the end of August annually. The CCG submitted the data for both Shropshire CCG and Telford and Wrekin CCGs by 31st August 2021.

2.2 The main purpose of the NHS Workforce Race Equality Standard (WRES) is to:

- Help local and national NHS organisations (and other organisations providing NHS services) to review their data against the relevant indicators.
- Produce action plans to close the gaps in workplace experience between relevant groups of staff, and
- Improve BME representation at the Board level of the organisation.

2.3 As NHS organisations the CCG is required to:

- Collect data on their workforce - this includes both workforce data and staff survey data with analysis of data for each of the relevant metrics.
- Produce an annual report and action plan – the report should show the results of the staff survey and workforce data for internal analyses and indicate the steps being taken to improve performance against the relevant indicators, and
- Publish the annual report and action plan - CCGs will need to give consideration to how such data is published and what conclusions are drawn.

2.4 The indicators of the standard are intended to highlight and reflect:

- The overall representation of black or minority ethnic (BME) staff in the CCG, across the pay structure.
- The relative likelihood of BME candidates being shortlisted and appointed.
- BME staff entering the formal disciplinary process.
- Uptake of non-mandatory training.
- Staff experience of bullying and harassment.
- Staff experience of whether the organisation provides equal opportunities, and
- Board representation.

2.5 The set of indicators highlight any differences between the experience and treatment of BME, with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.

- 2.6 An action plan to address issues highlighted by the data is required and this is given at Appendix 1.
- 2.7 There are nine WRES indicators. Four of the indicators focus on workforce data, four are based on data from the national NHS Staff Survey questions and one indicator focuses upon BME representation on Boards. The WRES highlights any differences between the experience and treatment of white staff and BME staff in the CCG with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time.
- 2.8 The WRES defines BME based on ethnic categories defined Office of National Statistics (ONS) and used in the 2011 Census. BME excludes A, B, C and Z in the table below. The category C 'Any other white background' contains minority groups including white European.

A – White -British
B – White -Irish
C – Any other white background
D – Mixed White and Black Caribbean
E – Mixed White and Black African
F – Mixed White and Asian
G – Any other mixed background
H – Asian or Asian British -Indian
J – Asian or Asian British -Pakistani
K – Asian or Asian British - Bangladeshi
L – Any other Asian background
M – Black or Black British -Caribbean
N – Black or Black British -African
P – Any other Black background
R – Chinese
S – Any other ethnic group
Z – not stated

- 2.9 The findings highlighted from each data submission appended to this report are summarised below and suggested actions to address these issues are contained in the appended draft action plan:

2.9.1 NHS Shropshire CCG

- Proportion of staff self reporting is above 95%.
- Percentage of BME staff employed by the CCG has increased slightly but is still comparable to the BME population in Shropshire.
- The data for the percentage of BME staff appointed from shortlisting has decreased but due to the small numbers of BME staff this should be treated with caution.
- No BME staff have entered the disciplinary process.
- The CCG does not record non mandatory training centrally. This will be explored with HR to see what options are open to the CCG to address this gap in information.
- Indicators 5 – 8 have not been completed because the CCG does not take part in the National NHS Staff Survey that takes place annually due to the small numbers of staff and the likelihood of identifying individuals. This means that collecting this data has to be done on a local basis which has been disrupted due to staff management of change and Covid. The HR department is currently investigating inclusion of the CCG in the national staff survey, as the numbers of staff will be large enough.
- The BME representation on the Governing Body as compared to the overall BME staff numbers is greater and static when compared to last year's position. It should be noted that this is based upon the Governing Body composition as of 31st March 2021. There have been further changes to the Governing Body post April 2021 which would impact on BME composition but which are not reflected in this report.

2.9.2 NHS Telford and Wrekin CCG

- Proportion of staff self reporting is above 95%.
- Percentage of BME staff employed by the CCG has increased slightly but is more comparable to the BME population in Telford and Wrekin.
- There is an increase in the percentage of BME staff being appointed from shortlisting.
- No BME staff have entered the disciplinary process.
- The CCG does not record non mandatory training centrally. This will be explored with HR to see what options are open to the CCG to address this gap in information.
- Indicators 5 – 8 have not been completed because the CCG does not take part in the National NHS Staff Survey that takes place annually due to the small numbers of staff and the likelihood of identifying individuals. This means that collecting this data has to be done on a local basis which has been disrupted due to staff management of change and Covid. The HR department is currently investigating inclusion of the CCG in the National staff survey, as the numbers of staff will be large enough.
- The BME representation on the Governing Body as compared to the overall BME staff numbers has decreased further based on last year's position. It should be noted that this is based upon the Governing Body composition as of 31st March 2021 and that as a result of a management of change process for Governing Body member part year in August 2020, composition of the Governing Body changed significantly which would explain the significant change in the data. There have been further changes to the Governing Body post April 2021 which would impact on BME composition but which are not reflected in this report.

3. Recommendations

NHS Shropshire, Telford and Wrekin CCG Governing Body is recommended to:

- 1) Note the WRES data submission made to NHSE/I at the end of August 2021 for NHS Shropshire CCG and NHS Telford and Wrekin CCG.
- 2) Approve the draft action plan attached to this report that seeks to respond to the areas highlighted by the data submission.

Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)



Template for completion

Name of organisation

Shropshire Clinical Commissioning Group

Date of report: month/year

August

2021

Name and title of Board lead for the Workforce Race Equality Standard

Alison Smith

Name and contact details of lead manager compiling this report

Alison Smith alison.smith112@nhs.net

Names of commissioners this report has been sent to (complete as applicable)

n/a

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

n/a

Unique URL link on which this Report and associated Action Plan will be found

<https://www.shropshiretelfordandwrekinccg.nhs.uk/about-us/equality-diversity-and-inclusion/>

This report has been signed off by on behalf of the Board on (insert name and date)

Alison Smith - 31 August 2021

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Some data relies on completion of the national NHS staff survey which the CCG is unable to participate in due to its low numbers of employed staff. The CCG has run its own staff survey every two years but due to Covid 19 and staff management of change this has been postponed.

The CCG does not record non mandatory training centrally.

All other data is taken from casework information and ESR (electronic staff record) declared data by Human Resources at Midlands and Lancashire Commissioning support Unit.

b. Any matters relating to reliability of comparisons with previous years

None

2. Total numbers of staff

a. Employed within this organisation at the date of the report

161

b. Proportion of BME staff employed within this organisation at the date of the report

2.48%

Report on the WRES indicators, continued

3. Self reporting

a. The proportion of total staff who have self-reported their ethnicity

96.27

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

No as the focus for the CCG over the last 6 months was responding to the Covid 19 pandemic and progressing the management of change process

c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity

Yes - reminders will be issued to staff regarding accessing and updating their personal details

4. Workforce data

a. What period does the organisation's workforce data refer to?

2020/2021

Staff in post at 31.03.21

Recruitment: April 2020 - March 2021

Report on the WRES indicators, continued

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below - the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	Narrative - the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	For each of these four workforce indicators, <u>compare the data for White and BME staff</u>				
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	2.48% BME as compared to 93.79% White	2.04% BME as compared to 93.87% White	Small increase on last years data and slightly above the percentage total of BME in the Shropshire population of 2.1%	Explore with HR, Engagement and STW STP BAME Network colleagues how links to our recruitment on NHS Jobs could be shared with local BME networks.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	9.09% BME compared to 26.32% white	33.33% BME as compared to 38.78% White	significant decrease in percentages but numbers are small so should be cautious when interpreting figures.	As part of OD support to become a single strategic commissioner work with HR colleagues to ensure there is robust recruitment training provided to recruitment managers that addressing unconscious bias and focusses on values based recruitment.
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	0% BME as compared to 0% White	0% BME as compared to 0% White	No BME staff have entered the disciplinary process	
4	Relative likelihood of staff accessing non-mandatory training and CPD.	Information is not available	Information is not available	CCG does not record non-mandatory training centrally	Explore with HR how line managers could utilise the Easy HR system to record non mandatory training for staff

Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	Narrative - the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BME staff.</u>				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White <input type="text"/> BME <input type="text"/>	White <input type="text"/> BME <input type="text"/>	Data is not available as the CCG runs its own staff survey and this has not been completed due to staff management of change processes during 2019/20 which have been postponed due to Covid 19	As part of work to become a single strategic commissioner with Shropshire CCG, adopt the NHS staff survey.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White <input type="text"/> BME <input type="text"/>	White <input type="text"/> BME <input type="text"/>	Data is not available as the CCG runs its own staff survey and this has not been completed due to staff management of change processes during 2019/20 which have been postponed due to Covid 19	As part of work to become a single strategic commissioner with Shropshire CCG, adopt the NHS staff survey.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White <input type="text"/> BME <input type="text"/>	White <input type="text"/> BME <input type="text"/>	Data is not available as the CCG runs its own staff survey and this has not been completed due to staff management of change processes during 2019/20 which have been postponed due to Covid 19	As part of work to become a single strategic commissioner with Shropshire CCG, adopt the NHS staff survey.
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White <input type="text"/> BME <input type="text"/>	White <input type="text"/> BME <input type="text"/>	Data is not available as the CCG runs its own staff survey and this has not been completed due to staff management of change processes during 2019/20 which have been postponed due to Covid 19	As part of work to become a single strategic commissioner with Shropshire CCG, adopt the NHS staff survey.
	Board representation indicator For this indicator, <u>compare the difference for White and BME staff.</u>				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	2.3% difference between BME Board voting and overall BME workforce	2.3% difference between BME Board voting and overall BME workforce	Information remains static	The CCG will continue to advertise Board positions and invite applications from different communities as vacancies arise.

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

Report on the WRES indicators, continued

6. Are there any other factors or data which should be taken into consideration in assessing progress?

None

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

See attached

Click to lock all form fields
and prevent future editing



Workforce Race Equality Standard

REPORTING TEMPLATE (Revised 2016)



Template for completion

Name of organisation

NHS Telford and Wrekin CCG

Date of report: month/year

August

2021

Name and title of Board lead for the Workforce Race Equality Standard

Alison Smith

Name and contact details of lead manager compiling this report

Alison Smith alison.smith112@nhs.net

Names of commissioners this report has been sent to (complete as applicable)

n/a

Name and contact details of co-ordinating commissioner this report has been sent to (complete as applicable)

n/a

Unique URL link on which this Report and associated Action Plan will be found

<https://www.shropshiretelfordandwrekinccg.nhs.uk/about-us/equality-diversity-and-inclusion/>

This report has been signed off by on behalf of the Board on (insert name and date)

Alison Smith – 31st August 2021

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

Some data relies on completion of the national NHS staff survey which the CCG is unable to participate in due to its low numbers of employed staff. The CCG has run its own staff survey every two years but due to Covid 19 and staff management of change this has been postponed.

The CCG does not record non mandatory training centrally.

All other data is taken from casework information and ESR (electronic staff record) declared data by Human Resources at Midlands and Lancashire Commissioning support Unit.

b. Any matters relating to reliability of comparisons with previous years

None

2. Total numbers of staff

a. Employed within this organisation at the date of the report

116

b. Proportion of BME staff employed within this organisation at the date of the report

10.35%

Report on the WRES indicators, continued

3. Self reporting

a. The proportion of total staff who have self-reported their ethnicity

98.28%

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

No as the focus for CCG over the last 6 months was responding to the Covid 19 pandemic and progressing the management of change

c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity

Yes - reminders will be issued to staff regarding accessing and updating their personal details including equality data

4. Workforce data

a. What period does the organisation's workforce data refer to?

2020/2021

Staff in post at 31.03.2021

Recruitment: April 2019 - March 2021

Report on the WRES indicators, continued

5. Workforce Race Equality Indicators

Please note that only high level summary points should be provided in the text boxes below - the detail should be contained in accompanying WRES Action Plans.

	Indicator	Data for reporting year	Data for previous year	Narrative - the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	For each of these four workforce indicators, <u>compare the data for White and BME staff</u>				
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	10.35% BME as compared to 87.93% White	9.83% BME as compared to 85.25% White	Broad representation of BME staff at all grades from 2 - VSM Small increase on last years data and slightly below the percentage total of BME in the Telford and Wrekin population of 10.5%	Explore with HR, Engagement and STW STP BAME Network colleagues how links to our recruitment on NHS Jobs could be shared with local BME networks.
2	Relative likelihood of staff being appointed from shortlisting across all posts.	18.18% BME as compared to 31.71%	5.00% BME as compared to 25.00%	Gap between this years data and last years has been reduced	As part of OD support to become a single strategic commissioner work with HR colleagues to ensure there is robust recruitment training provided to recruitment managers that addressing unconscious bias and focusses on values based recruitment.
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	0% BME as compared to 0% White	0% BME as compared to 0% White	No staff have entered the disciplinary process.	
4	Relative likelihood of staff accessing non-mandatory training and CPD.	information is not available	information is not available	CCG does not record non-mandatory training centrally	Explore with HR how line managers could utilise the Easy HR system to record non mandatory training for staff.

Report on the WRES indicators, continued

	Indicator	Data for reporting year	Data for previous year	Narrative - the implications of the data and any additional background explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality Objective
	National NHS Staff Survey indicators (or equivalent) For each of the four staff survey indicators, <u>compare the outcomes of the responses for White and BME staff.</u>				
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White <input type="text"/> BME <input type="text"/>	White <input type="text"/> BME <input type="text"/>	Data is not available as the CCG runs its own staff survey and this has not been completed due to staff management of change processes during 2019/20 which have been postponed due to Covid 19	As part of work to become a single strategic commissioner with Shropshire CCG, adopt the NHS staff survey.
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White <input type="text"/> BME <input type="text"/>	White <input type="text"/> BME <input type="text"/>	Data is not available as the CCG runs its own staff survey and this has not been completed due to staff management of change processes during 2019/20 which have been postponed due to Covid 19	As part of work to become a single strategic commissioner with Shropshire CCG, adopt the NHS staff survey.
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White <input type="text"/> BME <input type="text"/>	White <input type="text"/> BME <input type="text"/>	Data is not available as the CCG runs its own staff survey and this has not been completed due to staff management of change processes during 2019/20 which have been postponed due to Covid 19	As part of work to become a single strategic commissioner with Shropshire CCG, adopt the NHS staff survey.
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White <input type="text"/> BME <input type="text"/>	White <input type="text"/> BME <input type="text"/>	Data is not available as the CCG runs its own staff survey and this has not been completed due to staff management of change processes during 2019/20 which have been postponed due to Covid 19	As part of work to become a single strategic commissioner with Shropshire CCG, adopt the NHS staff survey.
	Board representation indicator For this indicator, <u>compare the difference for White and BME staff.</u>				
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	-5.6% difference between BME Board voting and overall BME workforce	-3.2% difference between BME Board voting and overall BME workforce	The percentage has decreased slightly since last year	The CCG will continue to advertise Board positions and invite applications from different communities as vacancies arise.

Note 1. All provider organisations to whom the NHS Standard Contract applies are required to conduct the NHS Staff Survey. Those organisations that do not undertake the NHS Staff Survey are recommended to do so, or to undertake an equivalent.

Note 2. Please refer to the WRES Technical Guidance for clarification on the precise means for implementing each indicator.

Report on the WRES indicators, continued

6. Are there any other factors or data which should be taken into consideration in assessing progress?

None

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a Plan would normally elaborate on the actions summarised in section 5, setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level, such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

See attached

Click to lock all form fields
and prevent future editing



Shropshire CCG and Telford and Wrekin CCG – WRES Action Plan 2021/22

WRES Indicator	Metrics	Recommended Actions	Responsible Officer	Target Completion date
1. Percentage of staff in each of the AFC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff	<p>TWCCG 10.35% BME as compared to 87.93% White</p> <p>SCCG 2.48% BME as compared to 93.79%</p>	Explore with HR, Engagement and STW ICS BAME Network colleagues how links to our recruitment on NHS Jobs could be shared with local BME networks to widen knowledge of and opportunity to apply for vacancies advertised on NHS Jobs.	A Smith/ L Kelly/ S Smith	31 March 2022
2. Relative likelihood of staff being appointed from shortlisting across all posts	<p>TWCCG 18.18% BME as compared to 31.71% White</p> <p>SCCG 9.09% BME as compared to 26.32% White</p>	<p>Work with HR colleagues to ensure there is robust recruitment training provided to recruitment managers that addressing unconscious bias and focusses on values based recruitment.</p> <p>As part of refreshing the CCGs recruitment policy, there will also be a requirement to ensure that panel interviews and stakeholder panels for senior appointments are as diverse as possible</p>	A Smith/ L Kelly	31 March 2022
3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year	<p>TWCCG 0% BME as compared to 0% White</p> <p>SCCG 0% BME as compared to 0% White</p>			
4. Relative likelihood of staff accessing non-mandatory training and CPD.	Information not available	Explore with HR how line managers could utilise the Easy HR system to record non mandatory training for staff	A Smith/ L Kelly	31 March 2022

5. KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Information not available	Adopt the NHS Staff survey or alternatively ensure that future staff Health and Wellbeing surveys include these questions.	A Smith/ L Kelly	31 March 2022
6. KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Information not available			
7. KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	Information not available			
8. Q17. In the last 12 months have you personally experienced discrimination at work from any of the following) Manager/team leader or other colleagues	Information not available			
9. Percentage difference between the organisations' Board voting membership and its overall workforce	<p>TWCCG -5.6% difference between BME Board voting and overall BME workforce.</p> <p>SCCG 2.3% difference between BME Board voting and overall BME workforce.</p>	The CCGs will continue to advertise Board positions and invite applications from different communities as vacancies arise, although this will be limited due to the likely dissolution of the CCG in March 2022.	A Smith/ L Kelly	31 March 2022

**REPORT TO: NHS Shropshire, NHS Telford and Wrekin CCG Governing
Body meeting on 10th November 2021**

Item Number:	Agenda Item:
GB-21-11.089	Summary Report of the Shropshire, Telford and Wrekin CCG Finance Committee held on 22 nd September 2021

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		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"> Executive Director of Finance gave an update on the financial work currently taking place up to month 5 and the CCG position being broadly on target, namely a £6 million system deficit. 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. This is a focus of the regional DOF's as not just impacting STW. Work continues to progress on the System plan along with the Big Six, but these will have very limited impact in 2021/22, potentially towards the end of H2. 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 £7.4m, which has been improved 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 3% and Finance committee requested that continued to be addressed with the executive team. Update was received on the STP Finance plan for approval, which was also taken

by all the partner Committees and Boards. This provided an opportunity to understand where we currently are, next steps and gain commitment/involvement. A number of recommendations including the affordability gap, financial modelling, workforce plan and capital strategy and in particular that engagement be a core requirement now and going forward.

The committee welcomed this report and felt it was a great first step. The Finance plan was reviewed and approved, with recognition of the financial control totals.

- It was confirmed that the GBAF has been updated and to thank the executive team for the ongoing progress to close the CGG of £13.5m efficiency savings plan.

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 on 10 November 2021**

Item Number:	Agenda Item:
GB-21-11.091	Quality and Performance Committee held on 25 th August 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 CCG Quality and Performance Committee meredith.vivian@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)
Full minutes approved at the Shropshire, Telford and Wrekin CCG Quality and Performance	29 September 2021	A

Executive Summary (key points in the report):
<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 25th August 2021 meeting.</p> <p>Performance</p> <ul style="list-style-type: none"> During the ongoing pandemic situation, the scope and detail of reported data continues to be limited due to suspension of some of the data flows. Performance against certain indicators is expected to deteriorate during this recovery period (for example, RTT waiting lists). Recovery is now underway but is increasingly at risk due to increasing Covid demand and non-elective pressures. The CCG still awaits the formal guidance for H2 for the formal planning for the remainder of 21/22. The key performance measures related to the Urgent and Emergency Care (UEC) environment locally remain challenging in particular in relation to the 4 hour treatment standard for A&E. Following an increase in attendances from c.8000 to c.13500 between Feb '21 and May '21 they have now stabilised for the last 3 months at around 13,600. Corresponding increases in ambulance conveyances, major presentations and higher conversion rates for admission remains the biggest challenge. The number of 12-hour DTA breaches has continued to increase along with the number of Ambulance handover delays in excess of 1 hour. The UEC plan has been signed off by the

UEC board which pulls together all the actions planned under the urgent and emergency care programme to deliver improvement in our UEC performance, the NHSEI 'must dos' and address our local challenges e.g. demand & workforce. Workstreams have been identified and executive leads have been appointed to support delivery of the UEC plan. It is expected that now this improvement structure is in place the system will start to see improvement in our key areas of challenge over the coming weeks & months.

- This was the first month that the Making Data Count methodology was used for the reporting of waiting times indicators. Elective activity at local providers is now recovering steadily across the system. The delivery of activity against the new system recovery plan is being monitored at the monthly System Elective/Cancer Recovery meeting. The system achieved above the 70% threshold in April, 75% threshold for May and latest data indicates we are just under the 80% threshold in June for activity & revenue but the system continues to ensure it has all the activity data (including IS) flowing through SUS to maximise our chances of achieving the target.
- The STW system continues to manage its P2 and P2C clearance times to levels better than the regional averages but due to capacity constraints (theatre staff/beds) is struggling to make progress with its P3 and P4 numbers. Also in July the national threshold for the activity/revenue measure was increased from 85% to 95%. This is currently not achievable for the STW system due to workforce and non-elective demand pressures reducing the number of elective beds available at SaTH. The system is currently developing its reporting on its waiting list, including the shape of the waiting list profile and the long waits in line with emerging requirements from NHSEI.
- The admitted waiting lists continue to be both clinically and administratively prioritised. The diagnostic waiting list (already clinically prioritised locally) is being now being reported in line with the national prioritisation codes D1- D6 from the end of July as per the national timetable. This will enable comparative reporting on diagnostic waits by priority from August onwards. Overall numbers waiting in imaging have risen since May but the >6wks is continuing to fall but at a slower rate. This is as a result of several factors – loss of modular capacity, increase in demand as patients need second scan having waited a long time since their first scan and workforce challenges.
- In general, cancer performance has held up comparatively well during the pandemic as the providers have continued to prioritise query cancer and cancer activity. The two week performance is the one that has struggled most mainly due to issues in the breast pathway. That service is currently dating at day 9 but could not quite hit its recovery trajectory of July due to equipment failure. The team are now working to a new recovery date of October '21. There is an ongoing risk to the local cancer performance due to significant workforce issue in radiology. This has been escalated to the system people group and business cases are in progress for interim staffing solutions. Two week referral rates are now back to pre COVID levels with the exception of lung which, although now increasing, is still around half what it was pre pandemic. This is in line with regional and national levels. There has been a significant increase in skin referrals.
- IAPT referrals are continuing to increase and are back to pre-COVID levels and the full capacity of the service is back in place. The metric for this has changed in 21/22 and is now based on actual numbers seen as a percentage of the expected proportion of the local population calculated by NHSEI. Q1 has been below target as current levels of funding are not sufficient to meet the new targets. The expected gap to target for the full year is currently being modelled with MPFT, the outcome of this work and the deep dive into actual time to treatment which is now underway will report back to the Q&P committee in September.

Quality

SaTH:

- The trust continues to experience workforce issues, notably shortages in senior midwifery in Maternity services: during August the Wrekin Midwifery Led Unit (MLU) located at PRH and Home Birthing services within the county were intermittently affected, especially out of

hours.

- An increase in the number of pressure ulcers was seen at the end of Quarter 4
- Steady progress is being made with improved standards of care as reported to CQC, however:
 - Performance in relation to patients screened as 'high risk' having had the appropriate action taken as per Sepsis 6 remains below the target.
 - Paediatric triage has decreased in June 2021 to an average of 62% at RSH and 43% at PRH
- CQC have inspected the Trust over a period of 3 weeks in July 2021, visiting Maternity, Medicine, End of Life Care, Endoscopy and ED services and draft reports are with the trust for factual accuracy.

Maternity:

- Four maternity SI's were reported as occurring in July 2021. Two incidents were identified following SaTH internal retrospective review of maternity cases and are reported now as they were judged to meet the SI reporting criteria that 'significant learning' could be identified. The Trust should be noted for this positive approach for ensuring learning.

MPFT:

- The trust has seen an increase in the number of Serious Incidents reported across Shropshire Care Group during June 21.

RJAH:

- There has been a MRSA Outbreak declared on a spinal surgery ward at RJAH. NHSE/I undertook an announced IPC visit to RJAH and identified a number of concerns. Following the visit the trust rating was overall escalated (deteriorated) from Green to Red on the NHSEI internal IPC tracker. NHSEI are offering bespoke intensive support to the trust to aid improvements.

IPC:

- NHSE/I undertook an announced visit to SaTH on Tuesday 20th July 2021 following the visit the trust rating was overall reduced (improved) from Red to Green on the NHSEI internal IPC tracker. CCG review of RSH ED rated the department as 'Amber'.

Safeguarding:

- Numbers of children coming into care continue to rise.
- The CCG Safeguarding Internal Audits will commence in August 2021. The final report will then be presented to Audit Committee.

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:

The Governing Body is asked to note for assurance and information.

REPORT TO: **NHS Shropshire, NHS Telford and Wrekin CCG Governing
Body meeting to be held on 10 November 2021**

Item Number:	Agenda Item:
GB-21-11.091	Quality and Performance Committee held on 29 th September 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 CCG Quality and Performance Committee meredith.vivian@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)
Full minutes approved at the Shropshire, Telford and Wrekin CCG Quality and Performance	27 th October 2021	A

Executive Summary (key points in the report):
<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 29th September 2021 meeting.</p> <p>Performance</p> <ul style="list-style-type: none"> Performance against certain indicators is expected to deteriorate during this recovery period (for example, RTT waiting lists). Recovery is now underway as Covid demand continues to be at low levels although higher numbers of admissions than planned c.20% which has had an impact upon Planned care recovery with the reduction in available bed/ward space. The STW final recovery plans for the first half of 21/22 (referred to as H1) have been submitted to NHSEI and initial feedback has been positive as it achieved all the national requirements. There are some minor concerns re volume of cancer activity and our rate of use of advice and guidance but the system continues to work to further improve these via the System Recovery Group and the Out-Patient transformation project. It is not clear yet how and when the performance reporting will fully recover and how the elective recovery will be routinely monitored by NHSEI. The CCG will of course adapt its reporting to meet the regulator requirements. The key performance measures related to the Urgent and Emergency Care (UEC) remain challenged, in particular the decision to admit <4hr standard, and Ambulance handover >15minutes with excessive delays >60minutes attracting political/regional interest.

Attendance numbers are broadly in line with 2019; however productivity is significantly reduced due to social distancing and split pathways for COVID/Non-COVID patients which is impacting upon other key metrics and quality indicators with the main concerns around initial assessment and treatment.

- Elective activity at local providers is now recovering steadily across the system. The delivery of activity against the new system recovery plan is being monitored at the monthly System Elective/Cancer Recovery meeting. The system is consistently above the threshold for activity. Day case rates continues to be strong with in-patient (revenue) remaining at risk. The STW system is managing its P2 and P2C clearance times to levels better than the regional averages but due to capacity constraints (theatre staff/beds) is struggling to make progress with its P3 and P4 numbers. The system is currently developing its reporting on its waiting list, including the shape of the waiting list profile and the long waits in line with emerging requirements from NHSEI. The admitted has been clinically prioritised and the diagnostic list (already clinically prioritised locally) is now being submitted to region.
- Cancer performance has held up comparatively well during the pandemic as the providers have continued to prioritise query cancer and cancer activity. The two week performance continues due to capacity issues in the breast pathway. Workforce and capacity constraints (action plan) now complete, impact upon trajectory will be seen from October, with additional funding sourced from West Midlands Cancer Alliance to set up and run community based breast symptom clinics (x2 (Shropshire and Telford)) for women presenting with breast pain. These should take up to 30% of capacity out of the breast symptomatic pathway once fully up and running, with an expected start date of November.
- Gynaecology has seen a drop in performance due to radiology support for the Post-Menopausal Bleeding (PMB) pathway, to mitigate the service is adapting/reviewing the current 'one stop shop' for 2ww referrals is currently viable and needs to be changed to meet the current patient demand.

Skin referrals: financial agreement received to increase Health Harmonie capacity due to significant increase in referrals as well as a middle grade joining the SaTH team Funding agreed for an additional band 7 nurse as a secondment.

IAPT:

- The historical set up of two STW IAPT services is not able to deliver the quality and performance required. A review is underway to address the inequity, capacity and structural changes needed to ensure that STW can meet both national expectation in terms of performance targets, and also deliver the quality improvements needed to achieve good patient care and recovery. The capacity and demand work lead by NHSE is a key part of ensuring that the new model is structured to meet the therapeutic demand in Shropshire and that the workforce is developed to meet that demand at the appropriate therapeutic steps within IAPT model.

Dementia:

- The National target for Dementia Diagnosis rates is set at 66.67% by NHS England/Improvement, however Shropshire, Telford & Wrekin is falling below this figure at a local rate of 64.3%. (Nationally reported 62.1%). Current data from GP practices and PCNs shows that there is wide variation in rates of dementia diagnosis referrals. In order to achieve the national target it requires all those practices to achieve 4.2% diagnosis rate of their over 65 year old population (NB dementia prevalence is not calculated at practice level but only at CCG level therefore this is a proxy measure). A recovery action plan is being put in place with the actions to be undertaken, the impact of those actions and timescales.

Quality SaTH:

- Work is being undertaken by the Trust following three Category 3 Pressure Ulcers. The trust are undertaking a deep dive of pressure ulcers and will report via CQRM September 21.

- The Number of falls in June 2021 has increased; in July 2021 one fall resulted in serious harm.

MPFT:

- They are continuing to undertake a scoping exercise of lessons learned from incidents, this is now being undertaken as a PMO function and detail of actions is required at September CQRM.

RJAH:

- RJAH has undertaken a review of the harms policy. Update on the outbreak of MRSA reported by the trust in July involving 10 of 13 patients on the spinal injuries ward; no further patients have tested positive for MRSA on the ward.

IPC:

- The Director of Nursing at SaTH approached the CCG IPC team to undertake a review of IPC standards and practices on ward 25 following a number of confirmed and suspected outbreaks involving three different organisms on the ward.

Safeguarding:

- Numbers of children that are coming into care continues to rise.
- Free prescriptions for care leavers have been approved by the Executive Team.
- Internal Safeguarding Audit for both Adult and Child has been completed; the report is being finalised.
- Engagement continues in respect of the S31 notice; oversight of children continues for children admitted to Redwood or the 136 suite.

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:

The Governing Body is asked to note for assurance and information.

REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body
Meeting held on 10th November 2021

Item Number:	Agenda Item:
GB-21-11.091	Locality Chairs Summary Report (November 2021)

Executive Lead (s):	Author(s):
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	September and October 2021	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 September and October.</p> <p>CCG Chair's update:</p> <ul style="list-style-type: none"> A role was still available for a GP or healthcare professional to sit on the Governing Body from Telford and Wrekin until 31st March 2022. Updates were shared regarding elective recovery and targets for secondary care, discussions that had taken place at Strategic Commissioning Committee regarding waiting lists for ADHD, and the CCG's forecast financial position. Updates were also provided regarding spinal surgery work currently being undertaken with regional commissioners, ongoing work around the outline business case for the hospital transformation plan, and the transition from the CCG into the Integrated Care System (ICS) from April 2022. An Assuring Involvement Committee had been set up to ensure the CCG has appropriate public involvement, which had met as a joint committee for the first time in August. An ICS workshop was scheduled to take place on 15th September. <p>Locality Chair updates included:</p> <ul style="list-style-type: none"> Provision of local Covid figures and Covid booster vaccination plans. Update regarding the development of a 'Virtual Ward'. Ongoing discussions regarding primary care input into the ICS. <p>Primary Care updates were given on phlebotomy, the global blood bottles shortage, winter capacity planning and funding, NHS111, and diabetic foot screening. Updates on changes within the Primary Care team were also provided.</p> <p>An update was provided regarding place development and primary care involvement within the ICS, with</p>

these discussions to remain a regular discussion item.

Regular updates were provided with regard to mental health and medicines management. Shared care for dementia drugs was one area to be picked up for further discussion. Mental health access was raised, as well as a request for more information to be communicated back to the GP.

A presentation was given to all localities on the new Breast Pain Community Service that is due to go live on 1st November 2021.

The Community Pharmacy Consultation Scheme was presented to the Shrewsbury Locality.

Updates on the cancer strategy, pulse oximetry and new maternity notes (BadgerNet) were provided to the North Locality.

Mark Brandreth attended the September meetings in the North, South and Telford Localities to introduce himself and update on some key areas of work within the ICS.

Common issues of concern raised at the meetings included ambulance waiting times and base closures, with assurance given about CCG engagement in the system work re ambulance waiting times. Concerns were raised in regard to the new digital pathway into maternity, and assurances about the ability to refer via previous non-digital routes where required were given by the provider, as well as a commitment to recirculate this information back to Primary Care. There were some individual areas of concern raised about commissioned services which were subsequently shared with the Transformation and Contracting teams for investigation and resolution.

The public perception and messaging in the media regarding patients not being able to access face to face GP appointments was discussed, with further local communications planned.

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, NHS Telford and Wrekin CCG Governing
Body meeting held on 10th November 2021**

Item Number:	Agenda Item:
GB-21-11.092	Summary Report of the Shropshire, Telford and Wrekin CCG Audit Committee held on 15 th September 2021

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"> BAF and Directorate Risk Register was presented and agreed with up to date risks and mitigation to address. The committee noted and recognized the work currently being done to review and align on the safety and quality of SATH services. Assurance was provided that the strategic and operational risks had been identified and mitigation was presented. The Audit committee has taken delegated oversight of the due diligence process to transition to the ICS The committee received the 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 considered and approved for adoption. Raising Concern (whistleblowing) Policy Annual Report was noted with no concerns raised by staff in the CCG in 2020/21. 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. Further updates will be received at future Audit Committees. An update was received around cyber security and its key risks and issues. Staff training and awareness being the current key areas of focus. Policies for Overtime, Job Evaluation and Volunteer were considered and approved. The Audit Committee noted that the Policy alignment and in particular the alignment of Quality and Safeguarding policies had been completed by the Quality & Performance committee and further work was planned on the Court of Protection update at the end of H1. 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.

- 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.
- Internal Audit Progress was received with a very positive and full assurance given on Financial Governance. The committee welcomed and recognized the Finance team on the report and work against very tight timescales.
Reports on Performance Outcome Measures and KPI's were received and engagement has taken place.
Internal Audit Progress report showed progress was on track.
- External Audit the Annual reports for both CCG's and the concern of the financial sustainability for both CCG's and the subsequent single organization. Many positives were discussed around governance and processes but the performance of SATH being the key outstanding and challenging issue.
- Draft Counter Fraud workplan and report was received and details discussed. With no issues raised from National Fraud Initiative 2021 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.

REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body
Meeting held on 10 November 2021

Item Number:	Agenda Item:
GB-21-11.093	Primary Care Commissioning Committee (PCCC) Summary Report (October 2021)

Executive Lead (s):	Author(s):
Ms Claire Parker Director of Partnerships NHS Shropshire, Telford and Wrekin CCG	Steve Ellis Associate Director of Primary Care NHS Shropshire, Telford and Wrekin CCG

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	06/10/2021	

Executive Summary (key points in the report):
<p>The detail below provides a short summary of the items, discussion and actions from the Primary Care Commissioning Committee held on 6 October 2021.</p> <p>Whitchurch Full Business Case:</p> <p>The Full Business Case for the Pauls Moss development, extra care housing and Medical Centre in Whitchurch was presented to committee. Some of the commercially sensitive information contained in the business case had previously been discussed in the confidential section of PCCC. Committee confirmed the decisions made in the confidential section with regard to:</p> <ul style="list-style-type: none"> • payment of the recurrent costs outlined in the Business Case for which the CCG will be liable • payment of the non-recurrent costs outlined in the Business Case for which the CCG will be liable • confirm approval being given by Committee for the project to proceed to the build phase (subject to final approval being given by NHS England) • Agreed to receive regular updates as the project progresses <p>Finance Update:</p> <p>At the time the report was produced, the Finance team were still only working to a half year position. However, the H2 guidance had now been received and the CCG had been given an allocation for the remainder of the year. The Finance team are currently mapping the CCG's Month 6 position and considering the H2 allocation figure. The delegated budget is as anticipated and spend for the first half of the year is forecast to be very close to the allocation.</p> <p>The Committee were aware from previous discussions of the underlying recurrent position where there is an over-commitment which must be reviewed. With regard to non-delegated spending – mainly the Prescribing budget – the CCG will conclude Month 6 with an under-spend, predominantly driven by the release of accruals provided for last year that do not need to be utilised this year.</p>

Estates Update:

Shawburch new practice building – The project has commenced on site with completion expected in 2022.
Shifnal new practice building – Land has now been secured and a Full Business case is expected in December 2021.

GP Flexible Pools

National funding has been provided by NHSE/I to procure a digital booking platform, initially for Locums. Discussions are ongoing with a potential provider in partnership with Shropdoc, who would carry out some of the administrative work. PCCC agreed to enable the Primary Care Operation Group to make the final decision to ensure that a timely decision was made.

eDec (Electronic Declaration)

The annual summary of the self-declaration of practice adherence to contractual requirements was presented to PCCC. A couple of anomalies were noted and were being followed up by practices. It was agreed that spot checks of the declarations would be made on future practice visits.

Rebranding of Stirchley Medical Practice

Following the merger 18 months ago of Stirchley and Sutton Hill Medical Practices, the practice wished to change their name to relate to all the neighbourhoods covered rather than just one (Stirchley). They have proposed renaming the practice to be Silkin Health as a much more inclusive name for the area. This change was supported by committee.

Other Matters

The risk register was circulated and reviewed.

It was agreed that GP Access would be an agenda item for December's meeting.

Recommendations/Actions Required:

Board representatives NHS Shropshire, and Telford and Wrekin CCG are asked to receive this paper 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

CHAIRS REPORT OF STRATEGIC COMMISSIONING COMMITTEE at 12:30pm on Wednesday 15th September 2021 (Part 1)

Shropshire Telford and Wrekin Local Care Transformation Programme Update

This paper highlighted the progress on Local Care Transformation Programme, including the vision, transformation and operational delivery outcomes, and programme governance and reporting arrangements. A number of imperatives were explained in terms of progressing with some of the alternatives to hospital admission projects. Rapid Response, case management and respiratory were identified as key priority areas for the system. The Local Care Transformation Programme will strive to empower residents and communities, by building community confidence and will be an essential requirement to reducing health inequalities. It was explained that by the end of year 2 the STW system will have the following priorities and new models of care co- designed, tested and implemented:

- Proactive Prevention model - adopted for all interactions and interventions with residents/patients, with the workforce provided with the necessary tools and information to support residents build on their strengths and fulfilling their short medium and longer term aspirations
- Case management approach - embedded and aligned to a comprehensive risk stratification needs based model.
- Rapid Response service - embedded across the county of STW
- New Community Respiratory model - which will include virtual ward and IV Therapy

The SCC noted the Local Care Transformation programme visions, divisional governance and the transformation and operational delivery outcomes as presented in the report

Medicines Management Clinical Focus Project: Atrial Fibrillation Perfect 21/22

This paper was in respect of the Cardiovascular Focus Project: Atrial Fibrillation (AF)-Perfect 21/22. A number of schemes would be rolled out in Primary Care from start of October 2021 to March 2022 and that the Atrial Fibrillation Perfect Project was the first scheme. This scheme would act as a follow-on scheme from the work undertaken in Telford & Wrekin as part of the Healthy Heart programme which was focused on Hypertension and Lipid Management.

There were numerous areas around Atrial Fibrillation Project and that its aim was to reduce the risk of Atrial Fibrillation related strokes and death by optimising anticoagulation therapy with either Warfarin or DOACs for stroke prevention. This would be done with improved anticoagulation prescribing for the prevention of stroke in patients with AF through implementation of the latest recommendations in [NG196](#), emphasising on use of DOAC for patients, as monitoring requirements were substantially less. Ms Mitchell-Harding clarified that this project was not to be confused with the Protect Project.

The SCC supported the proposed Clinical Focus Project for Atrial Fibrillation Project and associated financial investment and acknowledged the impact of increased prescribing spend on anticoagulation as a result of the new NICE guidance for Atrial Fibrillation

CCG Medicines Management Prescribing Development Scheme Part 2 and 3: Lipid Management and Respiratory 21/22

This was a follow up to Part 1 of the scheme, which was presented to the Committee in May 2021.

The Prescribing Development Scheme Part 2 and 3 for 2021/22 aimed to act as clinical catch-up schemes for practices in ST&W by undertaking follow up programmes in the clinical areas which the respective areas had previously focussed on. The scheme would reduce inappropriate inhaled corticosteroid use, with focus on lower carbon footprint inhalers.

The SCC supported the proposed PDS Parts 2 and 3 and associated financial investment

Learning Disabilities and Autism programme 3-year roadmap

It was noted that ST&W system had developed a 3-year road map to describe the investment and work that would be undertaken to improve the offer to individuals with a learning disability and autistic people. It was noted that the programme was an all-age programme and had been developed with the involvement of all partners, including service users, carers and advocates.

Implementation of the plan was overseen by the LD&A Board with the delivery group ensuring allocation of projects and receiving regular updates. In addition, progress on the plan would be reported quarterly to NHSEI Regional Team

The SCC received the LDA programme 3-year roadmap and noted that this implementation would be overseen by the LD&A Board

CMHT Transformation Presentation

A brief presentation was given on the implementation of the Community Mental Health Transformation (CMHT) Programme, which would be taking place over the next three years. The key principle behind the programme was to create closer working relationship between Primary Care and Secondary Care Mental Health Services, moving from the current care pathway operated by MPFT into more hub-based model. The expected benefits from the transformation programme, which included shorter waiting times, closer working relationship with PCNs and GPs, seamless care pathways, addressing wider social determinants of mental health. As part of the model expansion of psychological therapies, removal of referral processes supported by shared patient records and digital enabling would improve working with primary care, social care and the voluntary sector. The focus was on ensuring that population health management data was in place and looking at the outcomes to inform the model as this would be key in terms of design and co-production with PCNs around the size and structure of each hub. During the last quarter of this year, it was expected to move into operational implementation and drew Members' attention to the four proposed Community Mental Health Hubs and how these related to practices/PCNs.

The SCC received and noted the presentation on the implementation of the Community Mental Health Transformation (CMHT) Programme

MINUTES OF STRATEGIC COMMISSIONING COMMITTEE - Part 1

At 12:30 pm on 18th August 2021

Patients Group Directions (PGDs)

Four Patient Group Directions (PGDs) were presented for approval that were part of the Public Health England PGD standardised template which had lapsed. Approval was sought from the Committee to bring the new PGD's into effect and that a main approver be nominated.

The SCC received and approved the PGD's as presented

Hydroxychloroquine retinopathy screening

An 'options' paper was presented to consider increasing the testing standard for retinopathy and introducing treatment with Hydroxychloroquine, following changes to practice from the Royal College of Ophthalmology.

The Committee discussed the paper and noted that the process may require a full Business Case and that the CCG would need to understand the financial implications associated with it.

The SSC approved Option 2 as a short-term solution for patients currently in treatment. Work would then be undertaken with the hospital specialist eye service to develop an integrated retinal screening pathway (Option 4) as part of a wider transformation plan.

Adult ASD

It was pointed out that demand had outstripped capacity and that over the past few years, there had been 500 people on waiting list for adult autism diagnostics. It was proposed to commission increased activity in order to meet the pre COVID demand and buy out the waiting list so that people were not waiting longer than 12 months. Residual risks were pointed out, one of which was in relation to patient choice and patients going out of the area.

The SCC agreed to the proposal to buy out both wait lists to a 12-month level by increasing activity in both services by 100% in order to meet pre Covid referral rates.

Board Assurance Framework and Directorate Risk Register 2021/22

The Board Assurance Framework (BAF) highlighted the designated risks that were the responsibility of the Committee. Members were asked to confirm that they were satisfied that the mitigations in place were adequate and to consider if anything further needed to be added, in view of the meeting discussion and previous conversations.

The SCC received and considered the BAF and Directorate Risk Register, for those falling within its remit and noted that:

- 1: There were no additional assurances necessary and that the risks to the strategic objectives were being properly managed,
- 2: There were no additional risks or amendment to risks required.

Investment Case Decision Log

This paper provided an overview of the Business Cases and decisions presented to the Investment Panel, which in turn makes recommendations to the Sustainability Committee.

The decision log was presented to the Strategic Commissioning Committee for information to enable the CCG (through the SCC) to be able to have oversight and full awareness of all changes, models of care being agreed through this system process.

It was noted that further work was underway to ensure all monies flowing into the STW system from NHSEI were accurately logged, assessed for future financial risk (and sustainability if recurrent funding required) and held in one place. The decision log and register of all such investments had been developed by the CCG's Finance Team.

The SCC received and noted the Investment Case Decision Log for information

REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body
Meeting held in Public on 10th November 2021

Item Number:	Agenda Item:
GB-21-11.095	Assuring Involvement Committee (AIC) Chair's Report from the meetings held on 23rd September 2021

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>The Committee met in late September.</p> <p>It had been anticipating an update on progress with the Communications and Engagement Plan relating to the proposed Health and Wellbeing Hub in Shrewsbury but due to a need for clarification on some aspects this was postponed to a later meeting.</p> <p>The Committee were given presentations on two topics.</p> <p>The Committee was given an insight into the CCG Dementia Strategy and the vision for a new model of care. Committee members were able to feed back their views on the proposed plans, and in particular, the need to involve patients from our local Asian and Caribbean communities in Shropshire, Telford & Wrekin in preference to using data available from neighbouring CCGs.</p> <p>The second presentation covered the Musculoskeletal Communications and Engagement Plan. Several committee members were aware of previous slow progress on this. The Committee was heartened to hear of the progress now being made. The committee fed back their views that a greater amount of patient involvement was required in the service design - public engagement was more than just informing them of plans. When this topic comes back to the committee, it will be expecting to see a significant amount of patient engagement. One specific area identified was the consultation with patients as regards pain management services.</p> <p>The Committee meeting planned for 28th October was cancelled due to insufficient items to table for discussion due to delays in both the Cancer Strategy and the Wellbeing Hub Communications and Engagement Plan.</p>

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. <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>	No

REPORT TO: **NHS Shropshire, Telford and Wrekin CCG Governing Body**
Meeting held on 10 November 2021

Item Number:	Agenda Item:
GB-21-11.096	Shropshire, Telford and Wrekin Winter Plan 2021/22

Executive Lead (s):	Author(s):
Sam Tilley Director of Planning Sam.tilley2@nhs.net	Sam Tilley Director of 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 Development of this plan has been managed via the system Planning and Performance Group and it was presented to the ICS Board in October	October 21	A

Executive Summary (key points in the report):
<p>The purpose of the paper is to present to the System Winter Plan 21/22 for approval</p> <p>In order to ensure the right preparations are carried out for the likely increase in service demands over the winter it is customary for a specific Winter Plan to be developed. We have endeavoured as a system to bring the process forward this year in recognition that this planning is often completed quite late in the summer/ winter cycle and also in recognition of the likely scale and complexity of the challenges we will face this winter</p> <p>The purpose of the winter plan is to set out the Shropshire, Telford and Wrekin system approach for winter, the specific pressures that winter presents for our system and how we intend to mitigate them. The scope of the winter plan includes primary care, community care, urgent and emergency care and elective care. It also includes plans, policies, procedures, protocols and actions that are not winter specific but would be enacted or enhanced over the winter period to provide support to the system if the situation renders them necessary.</p> <p>Winter 2021/22 will see an unprecedented set of challenge across the NHS and locally for the Shropshire, Telford and Wrekin (STW) system. These will include a set of distinct but interdependent issues including: The ongoing impact of Covid19, the expected resurgence of other infectious diseases, recovery of services and addressing the elective backlog, workforce capacity pressures and an already emergent increase in demand on all services. This plan also identifies key issues that our system has faced over previous winters with the aim of targeting our limited resources to managing these collective pressures.</p> <p>The Plan is iterative and whilst it sets out key programmes of work these will continue to evolve and be refined as winter develops and as the challenges and their independencies themselves evolve. In</p>

particular the Surge element of the plan is subject to further development and refinement. It currently represents a set of principles agreed as the basis from which further more detailed work to be undertaken to address what may be set of difficult choices the system may have to make in extremis.

As a system plan, the Winter Plan was presented to the ICS Board in October and approved. The Governing Body is asked to note the content of the plan and support its implementation.

Recommendations/Actions Required:

The Governing Body are asked to note the content of the report

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>Additional resource has been identified and allocated to support specific winter schemes outlined in the paper</i>	Yes
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>There has been clinical input into the development of this plan and the approval of winter schemes</i>	Yes
7.	Is there a patient and public engagement requirement?	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.	No
2.	To identify and improve health outcomes for our local population. <i>The Winter Plan put in place a range of mitigations to address winter pressures and to ensure service provision and quality is maintained at times of high demand</i>	Yes

3.	To ensure the health services we commission are high quality , safe, sustainable and value for money. <i>As for No. 2</i>	Yes
4.	To improve joint working with our local partners, leading the way as we become an Integrated Care System. <i>Partnership working will be key to the effective implementation of our Winter Plan</i>	Yes
5.	To achieve financial balance by working more efficiently.	No

Shropshire, Telford and Wrekin Winter Plan 2021/22

Version History

Author:	Sam Tilley Director of Planning Angela Parkes Deputy Director of Planning
Date:	
Version:	0.6

Table of Contents

1	Background	4
1.1	Introduction	4
1.2	Aims and Objectives.....	4
1.3	Shropshire, Telford and Wrekin Context.....	6
1.4	Lessons Learnt from previous years.....	7
2	What does winter look like for our system?.....	9
2.1	Data Analysis	9
2.2	Covid-19 Context.....	11
2.3	Critical Care capacity	15
2.4	Elective Care Recovery	15
2.5	Bed Modelling	16
2.6	Summary of Risks for Winter	20
3	Mitigation of Challenges	20
3.1	General Hospital Surge	20
3.2	Adult Critical Care Surge Plan	23
3.3	System Surge Planning	24
3.4	Paediatric Respiratory Syncytial Virus	30
3.5	Paediatric Escalation Policy	31
3.6	Elective Recovery and bed gap	31
3.7	Winter schemes	32
3.8	Admissions/Attendance Avoidance	33
3.9	Urgent and Emergency Care	39
3.10	Resource Planning	44
3.11	Infection Prevention and Control	46
3.12	Winter Immunisation.....	48
3.13	Comms and Engagement.....	49
4	System Escalation.....	51
4.1	Escalation Framework	51
4.2	CSU Support for Escalation.....	51
5	System Governance	52
6	Summary.....	52

1 Background

1.1 Introduction

The purpose of the winter plan is to communicate the Shropshire, Telford and Wrekin system approach for winter, the specific pressures that winter presents for our system and how we intend to mitigate them. The scope of the winter plan includes primary care, community care, urgent and emergency care and elective care. It also includes plans, policies, procedures, protocols and actions that are not winter specific but would be enacted or enhanced over the winter period to provide support to the system if the situation renders them necessary.

Winter 2021/22 will see an unprecedented set of challenge across the NHS and locally for the Shropshire, Telford and Wrekin (STW) system. There will still be an impact of Covid-19 including the national requirements to continue to rollout the vaccination programme. In addition, other infections and viruses that were not prevalent last winter are expected to experience a resurgence, e.g. influenza and pneumonia. The elective care backlog created as a result of the response to Covid-19 is an unprecedented issue facing our system as well as most others. Due to the pressures facing elective care waiting lists following the Covid-19 pandemic, the system needs to balance the requirements of elective recovery with the pressures winter brings to urgent and emergency care.

The modelling the system has undertaken to date indicates that there will be more demand on urgent and emergency services than the available capacity which would result in a bed gap in our acute trust.

The system has been challenged in relation to workforce for a number of years and continues to work to address issues around recruitment and retention. The availability of workforce that meets the needs of the system will continue to create pressure over the winter period for a combination of reasons including; annual leave, sickness absence, Covid19 isolation and recruitment and retention issues. The expected impact of rising infection rates will also affect availability of healthcare staff across the system. All of these potential workforce issues must be considered as part of any plans.

An additional factor is the influx of refugees who have arrived in the county following the situation in Afghanistan. The impact of this additional requirement is difficult to forecast but is likely to require input from all areas of health.

This plan identifies key issues that our system has faced over previous winters and aims to target our limited resources to managing these additional pressures. The Plan is iterative and whilst it sets out key programmes of work these will continue to evolve and be refined as winter develops and as the challenges and their independencies themselves evolve.

1.2 Aims and Objectives

The aims of the 2021/22 Winter Plan are:

- To set out the key challenges the STW system will face during winter
- To identify priority areas for focus during the winter period to mitigate the identified challenges
- To increase resilience through the winter period

- To set out how we will provide safe, effective and sustainable care for the population
- To enhance system capacity
- To promote prevention and support for self-care
- To support flow out of hospital care
- To increase capacity in primary and community care
- To reduce demand within the health and social care system
- To clarify the system escalation process for the winter period

The winter plan will contribute to the delivery of key priorities within the system Urgent and Emergency Care Plan with a particular focus on the following priorities:

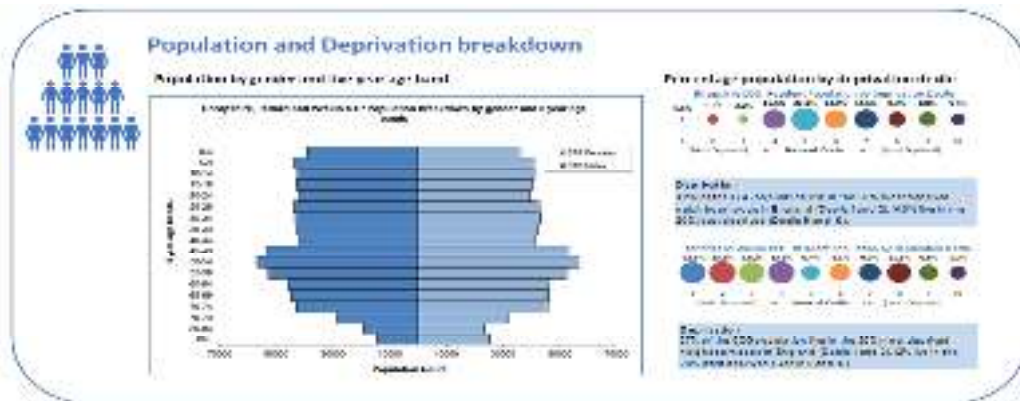
- Prevent inappropriate A&E attendances
- Improve timely admission to hospital from A&E
- Reduce length of stay in hospital
- Ensuring the use of 111 as the primary route to access urgent care
- Improving discharge procedures

Table 1: Objectives that the system will use to deliver the aims of the winter plan

Objectives	Aims to be delivered
To utilise learning from previous winters locally to target our winter response	To identify priority areas for focus during the winter period
To implement a range of targeted winter schemes effectively in a timely manner	To increase resilience through the winter period To provide safe, effective and sustainable care for the population To enhance system capacity
To monitor delivery against the identified schemes to ensure early identification of issues and facilitate successful delivery and maximise impact	To support flow out of hospital care To reduce demand within the health and social care system To increase capacity in primary and community care
To maximise vaccination programmes across the population	To promote prevention and support self-care To increase resilience through the winter period
To communicate with our patients to ensure they know where to go for help	To promote prevention and support self-care To reduce demand within the health and social care system
To have clarity on system escalation processes during the winter	To clarify the system escalation process for the winter period

1.3 Shropshire, Telford and Wrekin Context

The Shropshire, Telford and Wrekin area has a population of 481,000 which is dispersed over the 14th largest geographical area in England. It is categorised by significant variation in social, health and deprivation profiles. There are both rural areas and large urban centres experiencing deprivation and difficulty in maintaining sustainable services.



Life expectancy within Shropshire is higher than the England average while within Telford and Wrekin life expectancy is lower than the England average. Across both areas there is a significant difference between life expectancy in the most deprived areas compared to the least.

Children and young people within the county experience health inequalities. Sixteen percent of children under 16 are living in low income households and in Telford and Wrekin this rises to 21% which is significantly worse than the national average. The level of GCSE attainment is worse than the England average in Telford. Over 20% of year 6 children in Telford and Wrekin are classed as obese and almost 17% of those in Shropshire are. Both areas have issues with the rate of alcohol specific stays for those under 18.

Areas of the county have a large percentage of over 65s and it is expected that 3% of these will have severe frailty, 12% will have moderate frailty and 35% will have mild frailty. The rates of hip fractures within Telford and Wrekin are worse than the England average. The winter plan needs to consider the impact on this cohort of patients over the winter period.

For adults both areas have issues with alcohol related harm hospital stays and Telford and Wrekin also has issues with self-harm related hospital stays. Shropshire is worse than the England average for adult excess weight while Telford and Wrekin is worse for adult physical activity. Rates of early deaths from cancer and CVD are both better than average in Shropshire and worse than average in Telford.

There are significantly higher rates of women with non-psychotic but severe and complex mental illness particularly in those aged 15 to 24. There are similar rates for males and females for ongoing psychotic episodes with the highest female rate aged 45 to 64 and the highest male rates aged 15 to 44. There are higher rates of psychotic crisis in males over the age of 16. A&E attendances for self-harm is strongly associated with those in more deprived areas within the county.

1.4 Lessons Learnt from previous years

In early 2021 the STW system commenced on a piece of work to improve our approach to winter planning, utilising independent expertise (via Prism Improvement) supported by NHSE. This work focused on a range of areas including: our use of data within the urgent care arena, our governance and decision making processes, our escalation processes and our approach to developing winter schemes in order to maximise their impact and clarify the outcomes we wanted to achieve.

As part of the process of developing our approach to winter schemes, we undertook a review of system member's experiences of previous winters within Shropshire, Telford and Wrekin and the success of previous plans to identify what lessons the system can learn to improve this year's winter plan. We identified a clear set of objectives by which we could evaluate winter schemes and established that the system was keen to ensure our winter planning was done earlier in the year.

As a system we were able to identify a number of important themes:

What worked well?

- Weekend discharges helped to maintain flow
- Early pull and utilisation of discharge lounges helped to create capacity to enact A&E transfers
- Additional community beds to support discharge
- Improved discharges pre-noon
- Flexed criteria for community hospitals and opportunity for evening transfers supported discharge flow from acute
- Care home MDT service supporting patients to be maintained in their own home

What were the areas for improvement?

Table 2: The areas for improvement identified during the lessons learnt review and the mitigating actions

Area for improvement	Mitigating actions
No system wide governance process in place Schemes agreed but no feedback on progress	Monitoring of winter proposals will be via the UEC Group and Board at each meeting . Updates will also be provided to the Systems Planning and Performance group on a monthly basis. Issues will be escalated though the UEC Operational Group and Board.
Schemes started too late to enable effective implementation Plans developed in short timescales with not enough emphasis on what is needed during the winter months	Process started in quarter one with schemes agreed first week in August and mobilisation plans completed by the end of September Amended process focussed on emphasising why needed during winter.
Tried to implement too many schemes	System agreed to focus on schemes that built on existing service rather than implementing new schemes
Ability to evidence achievement of outcomes and whether schemes were successful. Being unclear about what trying to deliver and	Expected benefits were provided as part of the initial scheme proposals. Each scheme will have an agreed set of metrics by which the achievement of outcomes will be

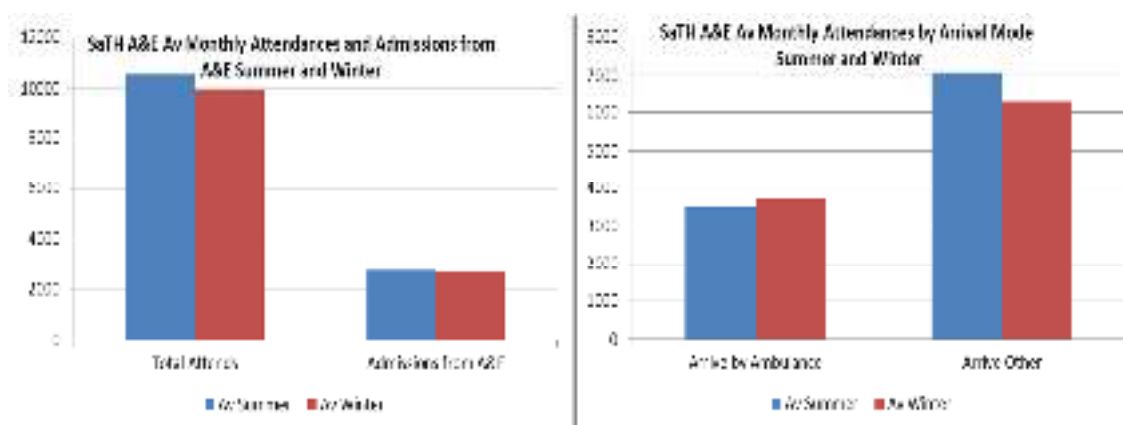
Area for improvement	Mitigating actions
<p>address</p> <p>Plans based around reducing bed usage but are unclear if they will work</p> <p>No clear monitoring process for schemes</p> <p>No clear baseline to measure success</p> <p>YTD spend information not available or not consistent</p> <p>Missing information, data to enable tracking and monitoring</p> <p>Not always clear what the schemes were targeting and if this was transformational or winter specific</p> <p>Limited metrics/impact and reporting measures</p>	<p>monitored</p> <p>Amended process includes agreement of baselines, development of KPIs, monitoring schedule and evaluation process at the start of the planning.</p> <p>Monthly monitoring against all schemes will be mandatory and include YTD spending as well as KPI and activity monitoring.</p>
<p>Schemes submitted but should have been year round schemes</p> <p>Implemented schemes that were not winter specific which resulted in no exit arrangements</p> <p>Plans for winter schemes went beyond winter</p>	<p>Process changed to ensure supported schemes were winter specific and had exit plans</p>
<p>Difficult to withdraw from winter schemes but no funding to continue after winter</p>	<p>Exit arrangements a key part of the amended process</p>
<p>Data sharing was challenging</p>	<p>Any data sharing concerns to be raised as part of the planning and mobilisation process</p>
<p>Some schemes addressed unmet need</p>	<p>The plans for schemes are more focussed which should reduce the impact of unmet needs. Schemes are focused around established service enhancement rather than untested proof of concepts</p> <p>Communications will be used to reinforce appropriate services.</p> <p>Any risk of unmet need will be picked up via regular monitoring and meetings. Real-time position and impact will be available.</p> <p>Potential impact of unmet needs being addressed by the schemes will be included in the risk section.</p>
<p>Difficulty influencing and challenging long established practices</p>	<p>Communications with system partners to be used to support in challenging behaviours and practices.</p> <p>Clinical engagement to be utilised to promote to others.</p> <p>System wide work relating to culture change being undertaken.</p> <p>Targeted comms through Place based</p>

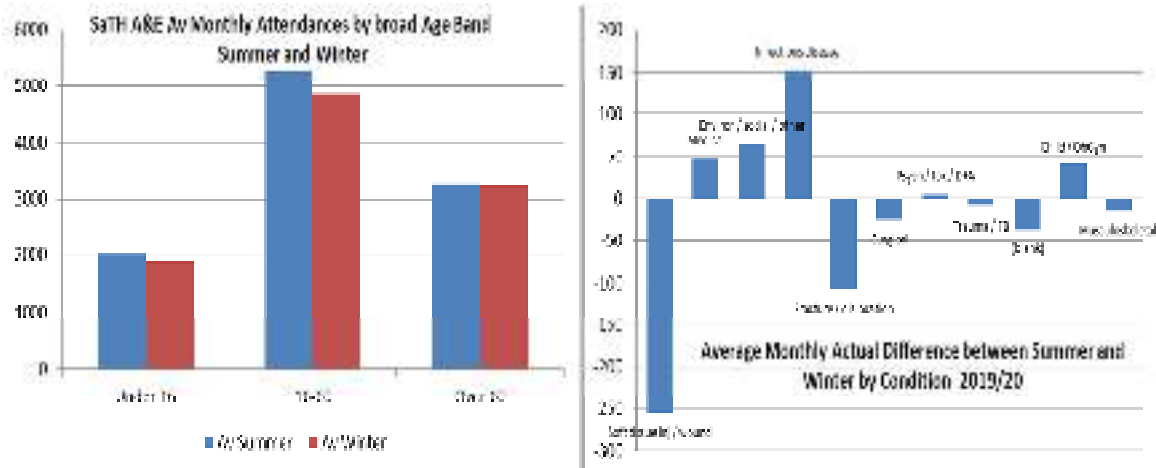
Area for improvement	Mitigating actions
	groups and third sector to change patient behaviours. Better management of access points into urgent and emergency care
Recruitment challenges due to short turnaround times Using care staff to work additional hours proved challenging Staff transferred from wards to support escalation which impacted on service quality on wards	Scheme identification and mobilisation carried out much earlier this year. Planning for schemes will include recruitment actions and will be formally monitored monthly. Any recruitment risks and concerns will be escalated via the system governance route. Workforce section included in winter plan narrative to explicitly outline any expected mitigating actions.
Escalation into DSU which impacted on elective delivery	Further bed modelling to be undertaken to understand the scope and the impact. Elective recovery plans are outlined in section 3.2
Under-utilisation of IV slots	Use senior leadership to understand and challenge the reluctance to refer. Provide clarity on IV slot provision and pathways
7 day working not consistent across all agencies which impacted on transition	Early discharge planning and the use of the IDT will contribute to mitigating the risks associated with all agencies not offering 7 day working.
Risks and mitigations not escalated early No escalation process or formal monitoring	Any risks and concerns will be escalated via the system governance route.

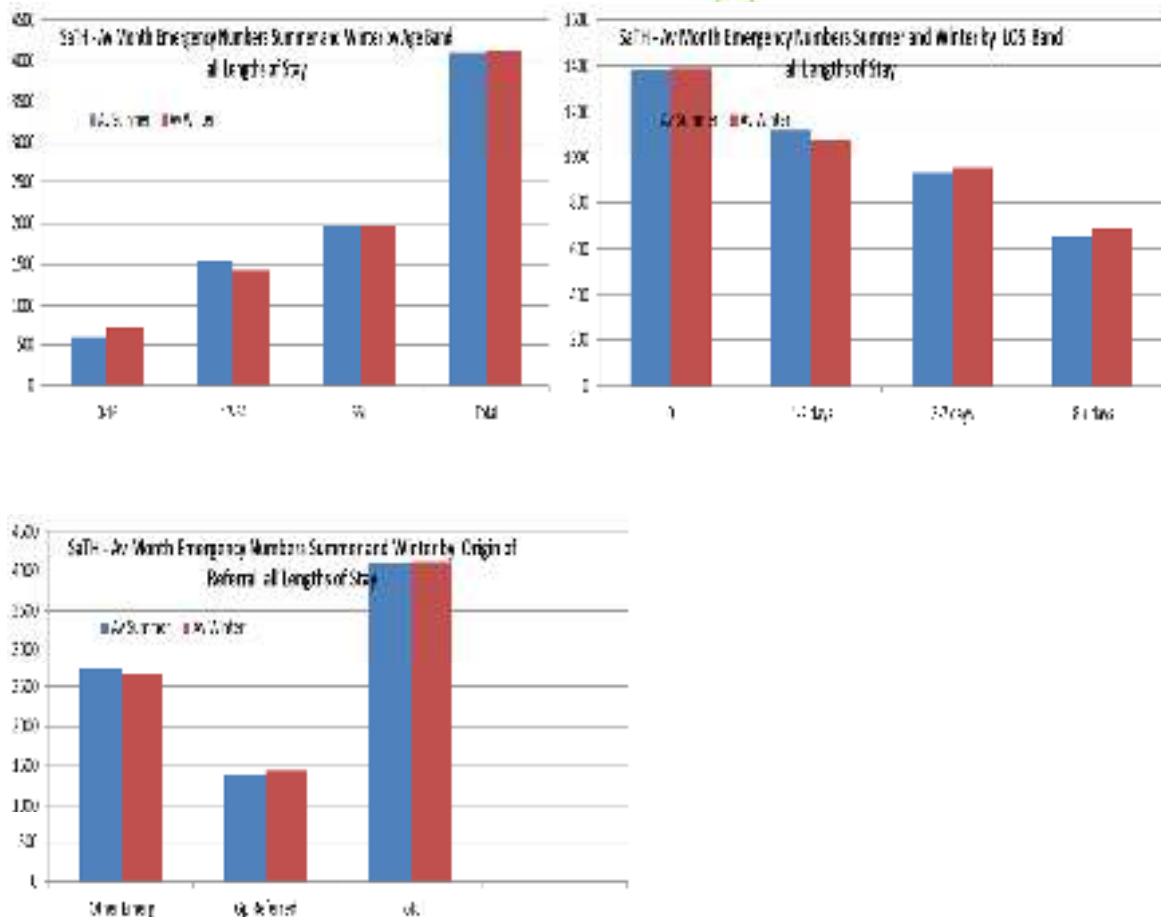
2 What does winter look like for our system?

2.1 Data Analysis

For the purposes of this winter plan winter has been defined as October to March and due to Covid-19 implications of last winter 2019/20 has been used as a baseline year (following an adjustment for March 2020). The data was analysed to identify what looks different for A&E and emergency activity when comparing summer and winter.







For emergency admissions the key findings are:

- Respiratory conditions increase for both adults and children
- More children are admitted in winter than in summer
- Admissions direct from primary care increase
- People admitted experience longer lengths of stay

The analysis of the data indicates that the winter plan should include a focus on:

1. Respiratory conditions for both adults and children
2. Supporting families of children and young people to avoid A&E attendances and admissions
3. Providing alternatives for keeping patients away from A&E
4. Increasing capacity in primary care to prevent patients accessing A&E

2.2 Covid-19 Context

The effect of the Covid-19 pandemic continues to play a significant role in the planning of health and care service delivery across the STW system. The pandemic has had a major impact on the system's collective capacity and capability to respond to the known health and care needs of the STW population. However, the system has gained a considerable amount of experience in managing Covid19 alongside the delivery of other services during winter 20/21 and this has helped to shape our approach to winter planning for 21/22. System partners recognise the

importance of having a robust winter plan to support the Acute Trust in managing not just the normal increase in winter demand but also the potential for a surge in Covid-19 cases.

The management of the Covid-19 response will continue to be via a system approach and infrastructure. The system will work in tandem across the West Midlands region and beyond via Mutual Aid opportunities and will be guided by our Regional and National NHSE/I colleagues in relation to the implementation of guidance to best effect, as it emerges. The infrastructure of Silver and Gold Command will be utilised over the winter period as needed and the associated work streams will manage and co-ordinate our system response as required for:

- PPE and Supply Chain
- Testing
- Vaccination programmes
- Communication and Engagement
- Care Sector
- IPC
- Transport
- Demand and Capacity
- Mental Health, Learning Disabilities and Children
- Primary Care
- Community and Discharge

Local provider organisations will also utilise their own internal incident command structures as necessary.

Strategically our winter planning has been carried out within the context of a number of key Covid-19 specific challenges:

- Reduction in service delivery capacity and productivity due to social distancing requirements, PPE use, the impact of swabbing requirements on ED pathways, bed capacity, diagnostics and outpatient pathways.
- Workforce capacity challenges due to illness, self-isolation and the accumulation of annual leave
- Estates capacity challenges exacerbated by social distancing and IPC requirements
- Staff resilience
- Maintaining Covid-19 response infrastructure whilst balancing restoration of services and a growing backlog
- Escalation of Flu vaccination requirements and an ongoing Covid-19 vaccination programme
- Uncertainty regarding how Covid-19 will behave in winter, its interrelationship with Flu and the potential for further waves as well as the resurgence of other infectious diseases (such as RSV in children) that were largely absent from circulation in winter 20/21

A number of these interdependencies and our approach to mitigating the impact on service delivery over winter are set out in subsequent sections of this plan.

All local providers have maintained stringent arrangements regarding use of PPE, implementation of IPC requirements, visiting regimes and social distancing. Where necessary and appropriate Covid19 and Non-Covid19 pathways have been maintained and Covid19 patient testing regimes remain in place. These actions will continue over the winter period to support the management and safety of patients, visitors and staff.

Shrewsbury and Telford Hospital NHS Trust (SaTH) will retain Red (high risk) and Amber (medium risk) pathways for non-elective patients attending Emergency Departments, Acute Medical Units, Surgical Assessment Units and wards. Green capacity will be provided for elective activity. This will enable the trust to maintain the safety of patients, visitors and staff. Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJA) will maintain a Green pathway.

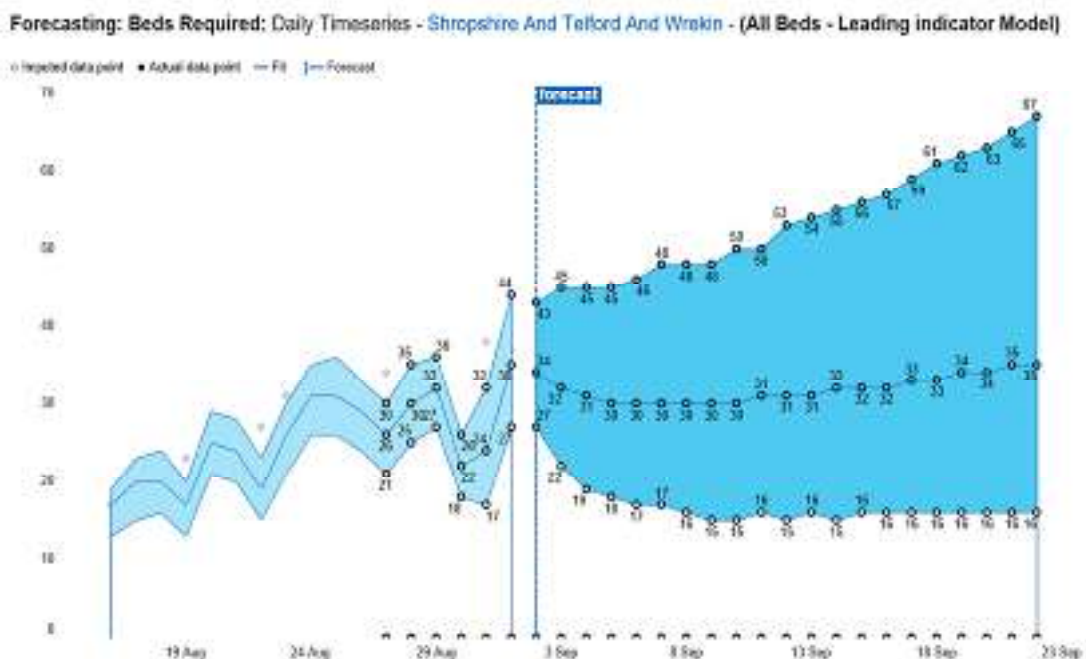
One of the positive steps that was accelerated as a result of the Covid-19 pandemic was the increase in the use of technology to deliver health services. Primary, community and secondary care within the system embraced the use of virtual ways of interacting with patients initially to ensure safety but these will now be maintained wherever possible to improve the efficiency of the use limited resources within healthcare.

Covid related modelling

The following modelling information has been used to inform Covid19 capacity planning

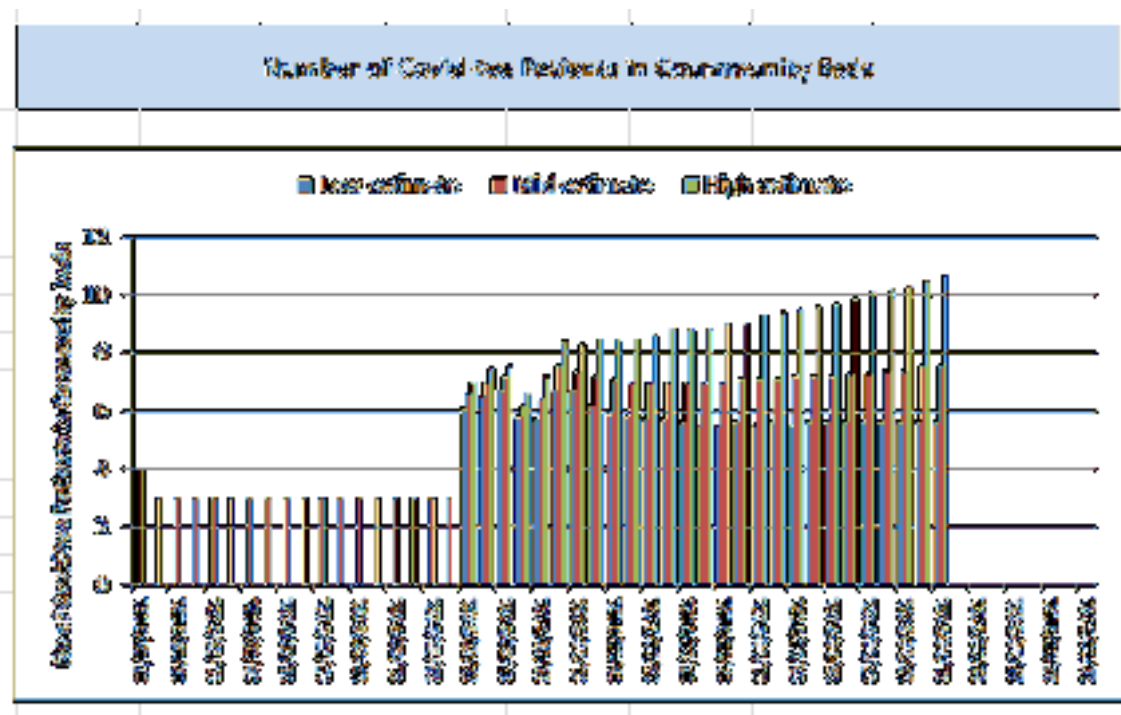
Inpatient modelling

The following bed forecasting data sets out a range of potential Covid19 bed requirements from 16 as the best case and 69 as the worst case at any one time using the available data up to 23rd September 21.



Comparing this with real time data as it emerges, as set out below, bed capacity has initially been set at 30 Covid19 beds. Section 3.3 of this Plan sets out how this capacity will be increased should it be needed.

Similarly, modelling has been carried out on the likely requirement for Covid19 designated beds within our community provision, based on available data the modelling looks at the likely scenario up to mid October as being the requirement for 7 Covid19 community beds. On this basis a model of Designated Covid19 bed provision used in early Covid19 waves is being scoped to be stood up as required.



2.3 Critical Care capacity

Critical care capacity is a regional pressure and all units have been asked by NHSE/I to hold at least 100% capacity and support the network which creates additional pressures within the system and beyond. Covid-19 presents an extra challenge in provision of critical care services as patients are required to be managed in three different types of area due to the need to segregate positive, negative and suspected infectious cases. SaTH have developed an Adult Critical Care Surge Plan that outlines how SaTH will increase capacity during any prolonged periods of increased need for Level 2 or 3 beds.

Although SaTH have not been able to add additional physical capacity 'Bioquell' pods have now been introduced in Critical Care to assist with isolation and IPC segregation. The service surge plan has been updated and contains options for additional capacity as well as:

- The role of Adult critical care network in managing capacity across collaboratives (e.g. SATH/UHNM) and wider West Midlands footprint
- Role of ICS staffing mutual aid in higher levels of surge

Estates work is underway at SaTH to address physical capacity constraints. However, due to the timing of completion dates this will have a limited impact for winter 21/22

2.4 Elective Care Recovery

During the height of the Covid-19 pandemic most elective surgery that was not related to cancer was paused to enable the hospitals to cope with the increased pressures. This has resulted in a significant backlog of patients who are waiting for their treatment. During the winter period the two main hospitals within the system will aim to continue to provide some elective surgery to minimise any potential impact on waiting lists. There is recognition that this will be a challenge due to the large bed gap (set out below) that has been identified through the demand and capacity modelling. The demand for elective care in conjunction with the attempts to reduce the waiting lists will exceed the available capacity for elective care appointments and interventions which will also limit the rate of elective care recovery.

NHSE/I have asked trusts to maintain the Priority 2 (P2) and cancer cases, which creates additional pressure within the system. SaTH are already 4.5 theatres down due to staffing and elective orthopaedic activity has already ceased on site. This means that, as at the beginning of September 2021, SaTH are already only undertaking P2, cancer and very long waiters so there is little room for manoeuvre when activity surges further.

The system will continue to implement the System Escalation Policy which on OPEL level 3 and 4 requires a review of elective care activity to ensure there is sufficient capacity to meet the non-elective demand. As part of this review, electives relating to cancer treatment or that are clinically urgent will be prioritised and providers will aim to maximise this activity through existing capacity.

The system has also fully scoped the use of independent sector capacity both in and out of area (due to the limited capacity within the local system) and this is being presented to the system CEOs before going to regional colleagues at NHSEI by the end of September. This additional capacity also covers the volume of in-reach external capacity the system may have access to, to maximise the use of its theatres and available beds.

2.5 Bed Modelling

One of the key issues that has faced the system for a number of years is the gap between demand and capacity within our acute trust. The system has historically been unable to implement mitigating actions that fully bridge this bed gap. The system has undertaken demand and capacity modelling for 2021/22 to identify the potential bed situation over the winter period.

21/22 Bed Model Summary - SaTH

SaTH Bed Model 2122 v0.6 - Extract.xlsx

Occupancy Target %	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Core Bed Base (Adult)	679	679	679	679	679	679	679	679	679	679	679	679
Social Distancing	- 8	- 8	- 8	- 8	- 8	- 8	- 8	- 8	- 8	- 8	- 8	- 8
Covid Cohort Wards	- 30	- 30	- 30	- 30	- 30	- 30	- 30	- 30	- 30	- 30	- 30	- 30
Occupancy Target @ 92%	- 51	- 51	- 51	- 51	- 51	- 51	- 51	- 51	- 51	- 51	- 51	- 51
Beds Available to meet patient demand (exc Covid)	590	590	590	590	590	590	590	590	590	590	590	590
Average Beds Requirement to deliver forecast Activity												
Non Electives (exc Covid)	535	551	550	539	540	546	642	600	623	644	612	612
Memo: Assumed NEL Recovery %	96%	92%	95%	95%	95%	95%	100%	100%	100%	100%	100%	100%
Elective Activity (per ERF)	21	22	27	36	36	39	33	38	37	32	38	38
Average Beds required to deliver forecast activity	556	573	577	576	575	585	675	638	661	676	650	649
Average Shortfall in Beds per Month	34	17	13	14	14	5	- 86	- 48	- 71	- 87	- 60	- 59

*Shortfall = negative

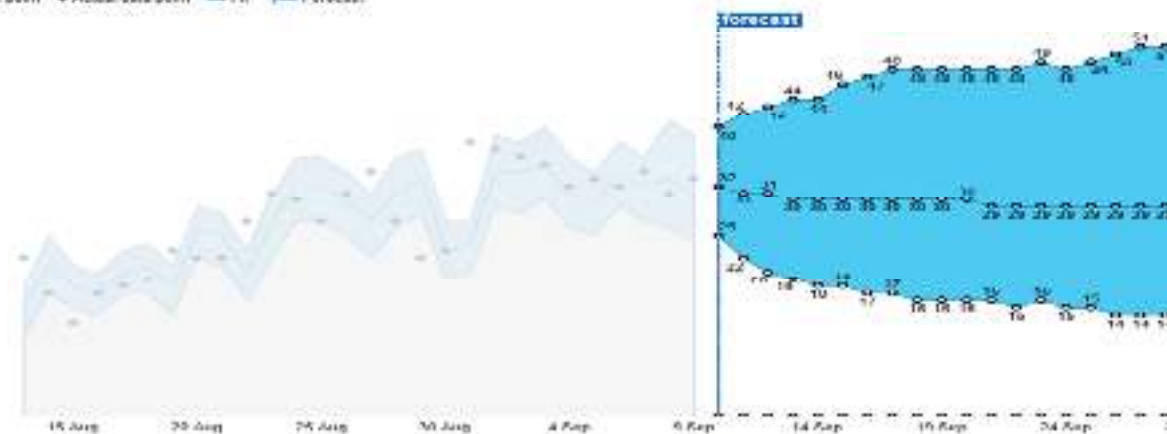
The modelling has indicated a potential bed shortfall from October 2021 through to March 2022 peaking at 87 in January.

The model assumes, based on data available, that covid-19 bed occupancy remains at a steady state over the winter and allows for 30 beds to be occupied by covid-19 positive patients, recognising the unavailability of 8 further beds due to increased social distancing.

It is noted that the short-range forecast for Covid-19 suggests that this level of covid-19 might be an under-estimate, although the mean is close to the allocation made in the bed model at 29-30 beds. Current bed occupancy has been slowly but steadily rising above this level

Listing: Beds Required: Daily Timeseries - Shropshire And Telford And Wrekin - (All Beds - Leading Indicator)

data point → Actual data point → ERF → Forecast



The model continues to show elective bed capacity through the winter in recognition of the need to recover elective activity, maintain cancer and urgent surgery and avoiding very long waits for patients (104+weeks).

The model is based on an occupancy of 92% overall and recognises that recent patterns have seen non-elective occupancy exceed this level leading to reduction in elective bed capacity, reducing the likelihood of delivery of the elective recovery plan.

The proposals and plans within this winter plan will contribute to reducing this bed gap by creating increased support within the community to prevent attendances at the acute trust, by improving flow within the hospital to ensure better use of resources, by improving support to ensure patients are being discharged from hospital in a timely and safe fashion and by increasing capacity in Primary Care. The broad benefits of the Winter Schemes commissioned for this year are set out later in this document. However, the following further options and/or combinations of options are currently being developed

- Hospital at home admission avoidance schemes
- A focus on patients who do not meet the right to reside criteria and so are medically fit for discharge
- Virtual Ward

A. Hospital at home admission avoidance schemes

The ICS has supported the development and expansion of the community admission avoidance scheme on the basis of growth avoidance. The scheme was in existence during the winter of 2019-20 but will be further expanded in 2021-22. Work is ongoing regarding a number of elements of this work programme including the timing of the expansion to assess the full capacity available in the forthcoming months to further reduce the admissions over and above the baseline from last winter (already be included in the existing bed model.)

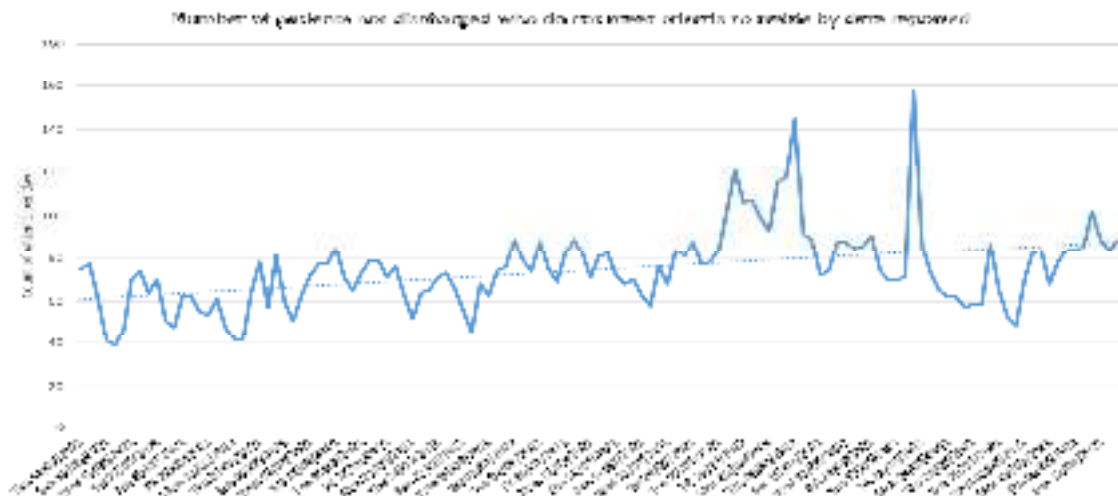
The potential is most likely to be for further reduction in the patients presenting who would unusually be classified as an avoidable admission. Review of the data shows the most significant gain could be made for respiratory patients. The previous 3 years data shows the bed equivalency occupied by these patients over the past 3 years:

Usually avoidable						
Diseases of the respiratory system	SpellDateFiscalYear	Nov	Dec	Jan	Feb	Grand Total
	2018/19	42	60	94	83	279
	2019/20	70	91	89	67	317
	2020/21	23	28	43	40	134
Average Length of Stay in DAYS (to be used to identify potential bed days saved)						
		Nov	Dec	Jan	Feb	Grand Total
Diseases of the respiratory system	2018/19	3.7	3.2	3.6	3.3	3.5
	2019/20	5.0	3.9	4.0	3.9	4.2
	2020/21	6.9	4.3	5.5	4.6	5.2
		Nov	Dec	Jan	Feb	
Bed equivalency	2018/19	5	6	11	10	
	2019/20	12	11	12	9	
	2020/21	5	4	8	7	

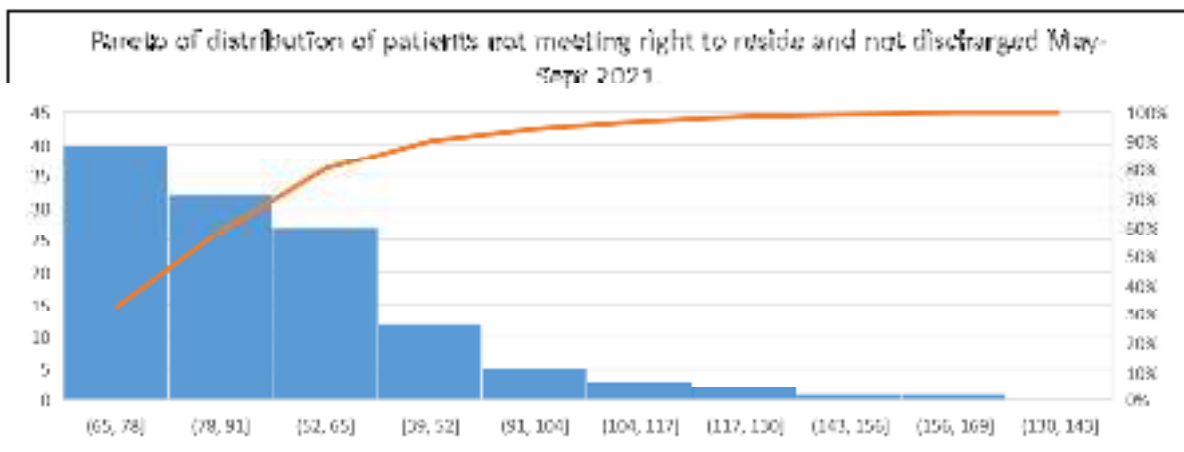
B. Right to Reside/Medically Fit For Discharge (MFFD)

All patients are assessed daily through board rounds against the criteria set out for "Right to Reside" and these are reported through the daily discharge sitrep. The chart below shows the

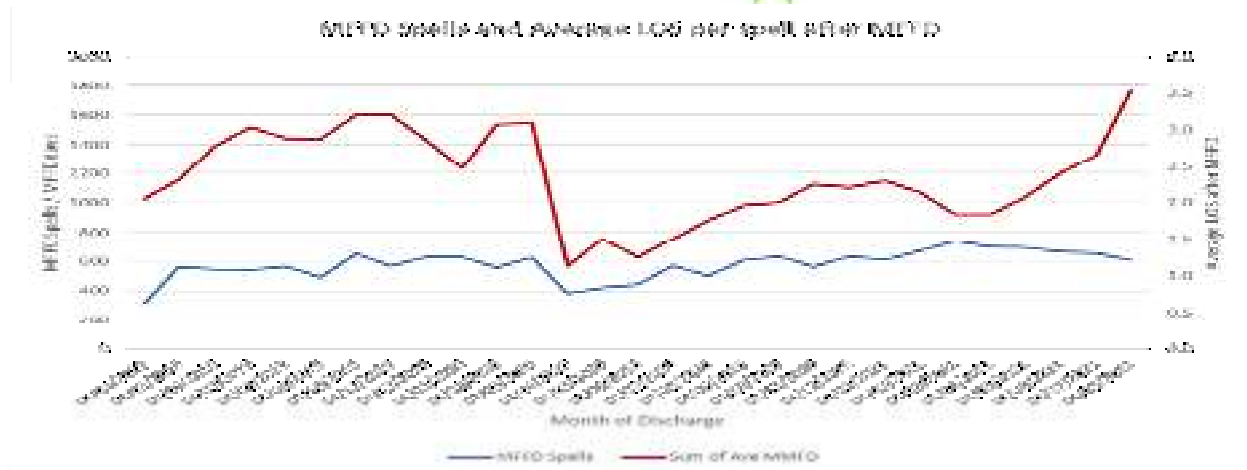
daily number of patients who did not meet the right to reside criteria and so were medically fit to be discharged but were not discharged on the day:



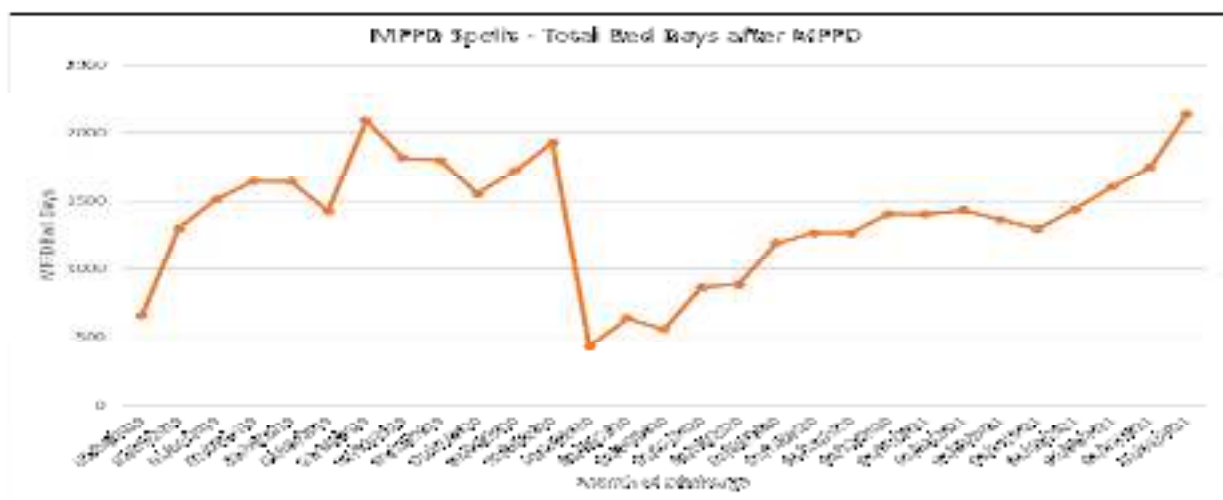
This demonstrates an increasing trend in the numbers of patients who have the potential to be discharged. It also shows that during the full period on average 74 patients are occupying beds each day without meeting the right to reside criteria.



The data on our MFFD patients confirms the number of spells where patients are MFFD has increased only slightly since May 2021, however the time from medically fit to discharge has significantly increased:



Assuming performance on time from MFFD to discharge had remained at April 2020 levels the difference in bed equivalence required by August 2021 would be c 26 beds.



From the weekly discharge sitreps the common themes around these patients appear to be: waiting for assessment for care at home, waiting for permanent care home beds, waiting community/rehab bed. These themes have been picked up as part of our dedicated winter schemes. In addition work is underway to enhance our Domiciliary Care Workforce to support increased in discharges of MFFD patients. However, this remains a particularly challenging area for winter particularly given the scale of workforce challenges faced.

C. Virtual Ward

A virtual ward was established for Covid-19 patients during the peak of the pandemic, and the benefits of implementing this model for a range of conditions has been recognised. A multi disciplinary working group is currently in place developing this concept and the potential for it to be utilised beyond respiratory to include other areas such as diabetes, frailty diabetes and cardiology.

This utilises a Consultant based model in partnership with primary care with the potential for both step up and step down arrangements, thus alleviating capacity pressures in the hospital setting.

Modelling is not yet complete but there is some evidence from other areas that the Virtual Ward has been used to good effect

2.6 Summary of Risks for Winter

The system has identified a number of risks to the delivery of the winter plan and these are detailed in table three.

Table 3: Risk summary

Risk Description	Risk Type
The winter schemes implemented could address unmet need which would mean that the expected impact was not achieved	Impact of intervention
The system may not be able to change the established behaviours of its workforce	Operational
The system may not be able to change the established behaviours of patients and the general population	Communication
The system may not be able to recruit to the required posts which could affect the ability to deliver the expected changes	Workforce
The system may have to rely on agency staffing which will be more costly than planned	Workforce
The system may destabilise another area with its recruitment to additional posts	Workforce
The system may not be able to manage competing priorities e.g. additional Covid-19 waves	Demand
The acute trust may need to escalate into DSU which will affect the elective recovery	Operational
The inconsistency in relation to 7 day working across the system may affect the ability to manage out of hours discharge	Operational
The large expected bed gap may not be able to be bridged	Bed gap
The system may not be able to effectively manage access points to urgent and emergency care resulting in increased demand	Communications
The impact of Covid-19 may be underestimated which could destabilise the system	Demand
The impact of other infections, e.g. influenza, may be underestimated which could destabilise the system	Demand
The impact of unexpected severe seasonal weather on the system ability to deliver services	
The system may not be able to effectively deal with the conflict between dealing with system recovery and the winter demand	Demand
Critical care capacity both within the system and wider due to the requirements for mutual aid may not be able to be managed	Demand
The system may not be able to manage increased demand relating to mental health services in community and in the acute trust (planned and crisis)	Demand
The system may not be able to manage the specific workforce constraints within theatres and radiology	Workforce
The impact of the market issues relating to domiciliary care may restrict flow out of hospital or reduce the number of patients able to be discharged home	Market
Any delays to the capital development in A&E will impact on the delivery of care	Estates
The impact of the ED system changeover occurring during the winter period may affect the system's ability to operate urgent and emergency care pathways	System
The predicted increase in paediatric RSV may be higher than predicted resulting in impacts across the system	Demand

A full risk register with mitigating actions will be developed to coincide with the move into the implementation stage which will be owned by the System Planning and Performance Group.

3 Mitigation of Winter Pressures

3.1 General Hospital Surge

SaTH have a Protocol for the Management of Emergency Pressures and a Hospital Full Protocol which are designed to support safety and quality across all areas when the hospital is under

pressure. The Protocol for the Management of Emergency Pressures is a guide for the management of capacity flow and escalation for elective and emergency pathways. The Hospital Full Protocol clarifies the escalation plan and describes the mandated actions required when the Emergency Department has more patients than it can potentially safely care for.

The Protocol for the Management of Emergency Pressures will contribute toward the following:

- Early identification of capacity problems
- Proactive rather than reactive response
- Concise and clear actions
- Defined responsibilities

The protocol enables SaTH to deal effectively with fluctuations in demand and capacity so that it can manage associated risk within acceptable limits. It is designed to mitigate the risk of further escalation and ensures an appropriate response from key staff members to contribute to a reduction in escalation status. The protocol aims to maintain high standards of patient safety, patient experience and performance against key waiting times and quality standards of care.

The following tables illustrate the escalation triggers and actions within the protocol.

Level 1 Level 1 Normal Working	Triggers	Actions
	<ul style="list-style-type: none"> Emergency admissions are within predicted levels and match available capacity Emergency Access performance is being monitored 3 available resuscitation spaces in ED per site Ambulance patients – standard of care within 15 minutes 3 beds available in Medical and Surgical assessment units per site Predicted and known capacity to accommodate emergency and elective admissions (including community beds) Available Tertiary Care Unit & Critical Care have 2 or more beds available No admission lists opened & review day proceeding as scheduled No resources being provided to other sites No known external factors to impact upon capacity Consider 24 and 48 hour weather forecasts (not and only) Not Emergency Patient Transport (NPT) working to agreed SLAs Isolated patient list at 200 across site MFTD is <50 Realistic capacity available (quantity) 	<ul style="list-style-type: none"> Clinical Site Manager to ensure admissions for patients on elective waiting list as scheduled Lead Nurse for Site Safety to ensure Site Safety Meetings are held twice a day (12.00, 14.00) and one Handover meeting (16.45) with clear actions and outcomes Patient journey facilitation, and Ward managers to expedite discharges through links with pharmacy, social workers, WMS and Community Teams. Escalation of any issues should be made to the Matrons, and Operational manager of the day ED Consultant, A&E Physician/Clinical Physician and General Surgeon and Orthopaedic Surgeons in hours and out of hours to be advised <i>verbally</i> of the hospital status (During Office Hours- Operation Manager Lead, OOH- DR Site Manager) When looking at ambulance transport ensure mobility requested is accurate in order to prevent delays Daily review of work by Matrons Matrons to ensure there is an ongoing staffing plan in place All PM Huddles must take place with MDT and work on discharges for tomorrow Optimise use of all community beds In reach to wards from Community teams to pull patients through to community beds Daily Ward rounds by a Consultant or Senior Doctor/MR Ward managers to ensure daily based rounds on all wards Consultants to ensure a realistic & expected Rate of Discharge allocated to all patients within 24 hours of admission Operational manager of the day to ensure patients are reviewed by mobility Ward managers to provide Patients for transfer to the Discharge Lounge 24 hours prior to discharge Ward managers, Clinical Site Managers & ED operational team to ensure patients in ED or in any environment and who are allocated a bed must move within 30 minutes Ward managers and Clinical Site Managers to ensure timely transfer of patients to Community Hospitals Daily Nurse staffing review by Matrons Daily Medical staffing review by Operational Managers Early identification of complex patients within the ward environment, highlighted to the specialist complex discharge team Full check, cross, challenge to be conducted on all ward areas Surgical Operational Manager to identify elective admissions for next 24 hrs Putting to admission and ward areas patients of specialty Criteria for discharge identified within next 24 hours of admission Discharge patients, completed for patients with planned discharge to read 24 hours later: transport, FTDs, early review to discharge lounge or criteria for discharge Adopting of RCP Model, ward access for completion and action matters identified

Level 2 Level 2 Moderate Pressure	Triggers	Actions
	<ul style="list-style-type: none"> Emergency admissions are likely to exceed predicted levels and available capacity by 12%. >4 hour Discharges have occurred (including Clinical exceptions) Ambulance patients – standard of care >15 minutes but less than 30 minutes No Major patients available Review capacity available No adult acute beds available within the next 30 minutes 1/2 delayed transfers of care identified (over 4 hours 30 for transfer) Patients being admitted or transferred to an outlying specialty Unplanned bed closures i.e. infection outbreaks MFTD is 75 Stranded patients in ED and above Consultative business for Directors for 2 days – admissions higher than predicted More than 1 day's CQPOD testing of activity 	<ul style="list-style-type: none"> Lead Nurse for Site Safety to confirm all actions have been completed at level 1 Clinical Site Manager and Directors to ensure bed capacity has been accurately reviewed Lead Nurse/DR Site Manager to consider Ambulance Driver and liaise with WMS, ED Center Clinicians and log in Site Safety Report Surgical, Operational Manager to provide electives Consider a Care Coordination Centre (SLP, BSW) to other site ED Consultant, A&E Physician/Clinical Physician and General Surgeon and Orthopaedic Surgeons in hours and out of hours to be advised <i>verbally</i> of the hospital status (During Office Hours- Operation Manager Lead, OOH- DR Site Manager) Verbal contact to be made with each medical and surgical team to undertake additional reviews of their patients to facilitate discharge or transfer to community hospital and specialist staff to assist in ED (During Office Hours - Division Medical Directors to inform the above, OOH- Clinical Site Manager to inform the above) Review list of patients moved to community hospital as a matter of course against availability of community hospital beds – transfer patients to ensure full use of all community hospital beds Review potential to admit patients to beds out of specialty areas: Medicine and Surgery Ward coordinator to call consultant to inform them of increased escalation to discharge/urgent patients with potential for discharge WMS to initiate emergency response where possible Review routine electives

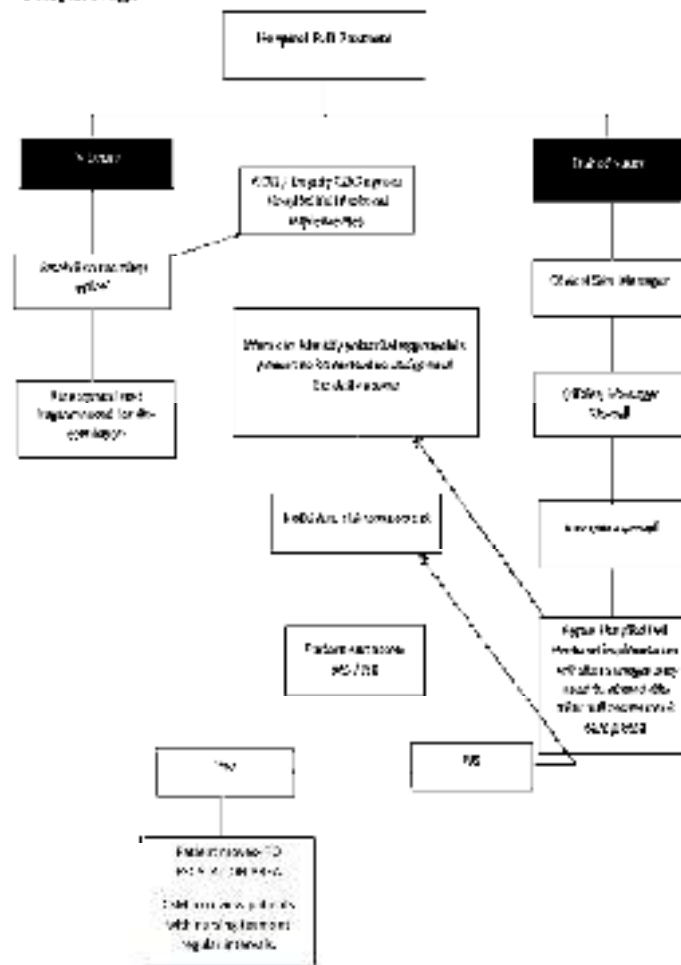
Level 3 Extreme Pressure	Triggers	Actions
	<ul style="list-style-type: none"> Emergency admissions are exceeding predicted levels and available capacity by 100% 12-hour breaches have occurred No Resus capacity in ED Ambulance patients – transfer of care > 30 minutes but less than 60 minutes Patients waiting more than 2 hours for first contact with attending clinician (major & minor) No major cubicles with patients held in ED Ambulance waiting off load Limited ability to create additional ITU capacity (due to Critical Care Escalation protocol) Discharges and transfers less than predicted and will impact significantly on capacity All available staffed adult bed capacity in use, including any forced beds All planned (commissioned) additional capacity in use MFFT is over 80 (across both sites) Scheduled patients > 270 (across both sites) 	<ul style="list-style-type: none"> CCO involved by CCO CCO to contact LA Executives to seek support for expediting discharges/transfer of patients of care Communications to primary care and GPs through CCOs Ward Managers in conjunction with clinical teams, C&I and patients to identify suitable patients for these beds, identify patients with an EDD within the next 24 hours Temporarily increase capacity for ED & I by using Practice clinic space on site (no outpatient activity needs to be cancelled the day before to facilitate this – who will inform and staff busy) ED Nurses in Charge to review care providers alongside the EDD (Consultant and record the clinical risks resulting from entirely care providers in observations etc.) ED operational team additional actions must be agreed at this stage to manage the clinical risks being presented, which will include bringing in additional medical capacity to undertake medical reviews and patient care management CCO & Deputy CCO in Team Transition on Call OPA to mitigate deficit and alert with WMA&S and GMA&S or Royal Wiltshire Hospital Ward coordinator to call consultants to inform them of high escalation, to discuss/highlight patients with potential for discharge Ward coordinator to inform junior doctors of high escalation on whom Ask Medical Staffing for source additional Medical Junior Doctor for night shift, RUSHABLE safety to determine this Calculate the overall consultants leading the CCO: GP referral being to stage all GP with care to acceptance Heads of Nursing to escalate any staffing issues to the Deputy Chief Nurse Review of when things take place Deputy Medical Director to engage with Clinicians to ensure Discharges maintained Review of all TPA, with clinicians to ensure that the front door Deputy to review all elective cases and current status with care clinically appropriate Deputy to other site if clinically with and capacity available Ensure all Community Capacity has been used Consider capacity staff to care for specialist patients in ED

Level 4 Extreme Pressure	Triggers	Actions
	<ul style="list-style-type: none"> Emergency admissions have significantly exceeded predicted levels and available capacity by 20% 12-hour breaches have occurred or are imminent A&E capacity unable to meet further demand Ambulance patients – transfer of care to another trust Patients waiting more than 4 hours for first contact with attending clinician (major & minor) No major cubicles available No Resus capacity No ambulances off load capacity Multiple Ambulance offloads over an hour No transfers or discharges taking place No Community Care Unit or Critical Care capacity available – exact critical care escalation plan All planned admissions have been cancelled Unplanned and un-commissioned additional capacity in use MFFT is 100 (across both sites) and scheduled is >270 (across both sites) 	<ul style="list-style-type: none"> Lead Nurse for Site Safety to confirm all actions have been completed at level 1, 2 & 3 Chief Operating Officer has been informed of level 4 status CCO and RWSI informed of level 4 status Any positive attended elective patients awaiting surgery to be discharged home Clinical review of all TCI's with the view of cancelling elective activity for the next 24 hours Cancel routine outpatients where appropriate Director of Nursing and Medical Director will closely review care at level 4, where no assurances are categorically provided about the safety of the ED and assessment areas. As well as providing a physical support to the teams and covering themselves directly about the standard of care being provided Acute Medical Assessment – Trolley Spaces to be de-associated to ensure SDEC Medical director to engage with Clinicians to ensure Discharge/Resuscitation

The Hospital Full Protocol will be enacted when the following triggers are met for either site:

- A&E Department is 20% above predicted activity and any of the other 2 triggers:
 - No major cubicles available
 - 12 hour breaches have occurred or are imminent
 - Resus full with no capacity to step down
 - 7 or more patients awaiting beds that are not immediately available
 - >6 patients awaiting a cubicle in ED, being held in ambulances outside the ED
 - Waiting time to be seen is greater than 4 hours for first contact
 - MFFT list is >60 if Royal Shrewsbury Hospital (RSH) or MFFT list is >40 if Princess Royal Hospital (PRH)
 - Patients waiting to step down from critical care

The flow chart below shows Hospital Full Protocol policy on a page.



3.2 Adult Critical Care Surge Plan

As outlined in section 2.4 Adult Critical Care (ACC) is a regional pressure and SaTH have developed an Adult Critical Care Surge Plan that outlines how they will increase capacity during any prolonged periods of increased need for Level 2 or 3 beds.

Cross-county support

The adult critical care capacity at RSH and PRH works closely together as a cross-county service and is viewed as a pooled ACC resource. Before and during a surge at least daily communication and co-ordination will occur between the two Unit Managers, the Clinical Director and operational managers. Safety briefs occur twice daily at 11:00 and 21:00 and include discussions around capacity. If one unit was disproportionately affected by the surge a number of options to be considered are set out in the plan including required care ratios, use of physical space and workforce

Mutual Aid

SaTH and University Hospital of North Midlands (UHNM) are the providers for secondary and tertiary ACC services throughout Shropshire and Staffordshire and will work closely together during any surge in local or regional ACC activity and offer collaborative mutual aid. If both trusts were under significant pressure and other nearby units were not the Operational Delivery Network (ODN) would be expected to support including for emergency tertiary service ACC beds. For regional ACC surge or where collaborative mutual aid becomes exhausted this would be

superseded by mutual aid and transfers of stable ACC patients co-ordinated by the regional ODN.

3.3 System Surge Planning

Following previous system wide surge planning to address pressures resulting from Covid19 related demand, the need to revisit these surge arrangements and adapt them to assist in the management of escalating system pressures has become evident. System partners have met to review previous Surge Plans and to agree the appropriate steps required for the current context and manifestation of complex system pressures.

The Surge Plan supplements escalation and business continuity plans within each of the system provider organisations and addresses the arrangements that may need to come into effect when individual provider plans become insufficient to manage service pressures.

In drafting the actions and associated triggers for enacting the system Surge Plan it is important to consider the system appetite for risk and the consequences of the actions needed to manage the demand on the wider system. These include the following considerations:

➤ **Vaccination Programme**

The Covid19 vaccination programme continues to be an important pillar in our approach to demand, coupled with a stringent approach to uptake of flu vaccinations. The combining of the Covid19 and Flu programmes for winter 2021 enables us to maximise this opportunity. However the staffing requirement for the programme remains a challenge for the system in the context of our wider workforce challenges

➤ **Existing mutual aid provision**

During the early phase of the Covid19 Pandemic the STW put in place a Memorandum of Understanding (MoU) to support the re-deployment of staff. For the purposes of this plan the MoU is taken to remain available as a tool to support deployment of staff cross the system to support system pressures

➤ **Limitations of Existing provision**

There are a limited number of staff across SaTH, RJAH and the Community Trust who are trained in Critical Care, while work has been undertaken to increase this pool of staff they are a finite resource.

Medical cover for Sheldon Ward is limited, making the transfer of medical patients difficult without reconfiguration of medical staffing rotas. This would be problematic when these staff are also required to manage the increase in Covid-19 patients on the SaTH site. Sheldon ward (step down facility) is busy but still has some availability for patients from SATH that are safe to be transferred.

The HDU at RJAH is small and therefore the transfer of staff from RJAH to support Critical Care could also compromise the delivery of elective care on this site and so should be for the shortest time possible so as to mitigate the risk of delay for urgent surgical cases.

SaTH have moved to a shift pattern for Executives and on call managers to allow corporate staffing resource deployment and availability to match need in times of escalation. This arrangement will continue as required

➤ **Protecting the most vulnerable citizens and providing care close to home**

The schemes in place to manage winter demand including the community admission avoidance schemes remain important in preventing admissions and in mitigating against the triggers being reached in the community which has consequences for both community response and A&E

access and may lead to further increases in acute staffed bed pressures due to non-covid-19 admissions. This Surge Plan forms part of the system's wider Winter Plan which sets out the broad context for winter and its associated pressures and the system mitigations for this

➤ **Providing care for urgent non-covid patients**

RJAH, SCHAT and SATH are prioritising the treatment of non-covid-19 patients on the basis of clinical risk. Both treat cancer patients and are presently protecting a low risk green pathway for these patients – some of the actions arising from the extreme trigger points risk the loss of these pathways potentially compromising the outcomes for non-covid-19 patients.

➤ **Strategic priorities**

RJAH provides specialist services including the regional Spinal Injuries unit. The balance of loss of "green" site status needs to consider the balance of risk for these patients. Both RJAH and SaTH have contractual obligations with other organisations such as Welsh Health Board.

➤ **Alternative options and priority order for secondary care actions**

Many of the actions being discussed aim to release staffed bed capacity for the increased demand for admitted covid-19 patients. These decisions will also be based on balancing the impact of protecting cancer procedures with continuing elective procedures

i) Internal actions within each individual provider organisation should be exhausted prior to the decision to either transfer services, suspend the provision of some services or request re-deployment of staff.

ii) Consideration of the appropriate balance of maintaining services: retaining the low risk green site at RSH and RJAH and the potential to transfer services to RJAH to maintain activity in a low risk environment and continue to provide elective orthopaedic P2 services dependent of the prevailing circumstances and needs at the time

iii) Short term postponement of all elective surgery including Cancer surgery, should be for the shortest possible time and only where all other options had been exhausted.

iv) Consideration of the implementation of the ambulatory trauma pathway at RJAH.

v) Transfer of trauma patients to RJAH would result in loss of "green" site status and impact on urgent and cancer surgery at RJAH. Therefore this would need to be undertaken as a last resort step in escalation in extremis where circumstances suggest the situation would not return to a lower level of escalation in a short period. The preparation for such as service move would take approximately 2 weeks to operationalise and 2 weeks to revert and therefore would be an action where the forecast demonstrated the situation was likely to materialise and remain at this level for at least 2 -4 weeks. Initiation of this action could be associated with the short term loss of Cancer surgical capacity so that this could be limited to a 2 week period.

Mental Health Support – within the context of the System Winter Plan and to support with system surge, MPFT will maintain and augment their workforce capacity on site at SaTH as well as the wrap around support in the community to bolster good flow in A&E, relieve pressure at the front door and support effective discharge from the wards

Surge Triggers and Actions

System triggers have been identified to relate specifically to a combination and interdependency of bed occupancy, staffing levels and admission and discharge rates. This plan is not exhaustive but forms a framework from which to work through specific surge planning as circumstances develop and the specific nature of a surge becomes clear.

Covid19 bed capacity in SaTH is currently 30 beds. Critical Care bed occupancy will be dependent on a range of factors including; local demand, out of area support needs determined by the Critical Care Network, the interdependencies with staffing ratios as well as outbreaks and requirements for single occupancy rooms

While the key triggers relate primarily to adult services, staffing level triggers will also apply to Children's services.

The triggers and actions set out below assume that individual providers have implemented and exhausted all internal escalation measures and now require system support.

1. Overall Bed occupancy - Once SaTH reach 92% - 96% bed occupancy system support will be required. This should include the impact of outbreaks and the requirement for single occupancy rooms on bed availability
 - a. Trigger Point1: SaTH at 96% occupancy for 3 consecutive days. (sustained inability to staff at safe staffing ratios at this point)
 - b. Trigger Point 2: Medically Fit For Discharge in excess of 70 for 3 consecutive days – this trigger has an interdependency with A&E activity and Covid19 admission rates
 - c. Trigger Point 3: Admissions are greater than discharges by a minimum of 10 for 3 consecutive days

Two week lead in time for implementation of mutual aid plan:

 - i. RJAH will provide elective orthopaedic support once SaTH have reached a point of requiring standing down inpatient orthopaedic activity
 - ii. System partners will supply staffing into SaTH, in particular to support: respiratory, therapies, critical care. This may require some circulation of staff around the system to facilitate the right staff in the right place and will be based on the principles agreed in the redeployment MoU (decisions about the re-deployment of staff will be made with a view to protecting critical services within the redeploying organisation as far as possible)
 - iii. Enacting a Silver Line for rapid review of any patients paramedics need to refer by Frailty team
 - iv. Escalation to NHSE/I request for wider staffing support options to be considered from military and wider partners and networks
2. Covid+ve and Covid closed bed occupancy as proportion of our 96% bed occupancy. Current planned capacity at SaTH is for 30 Covid+ve beds.
 - a. Trigger Point1: Covid+ve bed occupancy at 30 beds – impact on elective work occurs. Focus only on P2 and P2 cancer
Mitigations: Cease routine elective inpatient activity. Convert 16 bed elective ward to Covid+ve capacity (total 48 Covid+ve bed capacity)
 - b. Trigger Point2: Covid+ve bed occupancy requirement over 48 – All elective work ceases. Cancer work can no longer be undertaken
Mitigations: Open DSU as Covid+ve bed capacity – releasing a further 23 beds (total 71 Covid+ve bed capacity)
3. Staff absence rates (sickness and Covid19 related) at circa 10% over a period of 5 days or more in the following areas: respiratory, covid ward, critical care, diagnostics, therapies

Mitigation: System partners will supply staffing into SaTH where this does not detract from other critical services. This may require some circulation of staff around the system to facilitate the right staff in the right place and will be based on the principles agreed in the redeployment MoU (decisions about the re-deployment of staff will be made with a view to protecting critical services within the redeploying organisation as far as possible)

4. Demand for Rapid Response or Admission avoidance schemes reach level 4 with caseload or new referrals having to be supported through A&E

Mitigations:

SCHT

Routine therapy services would be suspended and therapists deployed to complete reviews and discharge or see appropriate new referrals. Existing staff would be offered additional hours and Team Leader would step down and work clinically. Work with Council colleagues for support and capacity to also see new referrals as appropriate

SaTH

- a. scope access for SDEC clinical review to support patients to avoid admission
- b. out reach of Frailty teams to support avoidance to ED
- c. Enacting a Silver Line for rapid review of any patients paramedics need to refer by Frailty team

System

- a. Seek mutual aid from PCN network to support with transfer of patients to enable de-escalation to level 3
- b. Work with Local authority to create rapid flow on case load for those requiring long term domiciliary care

5. Community Interdisciplinary Teams level 4 with caseload or new referrals having to be supported through A&E

Mitigations:

SCHT

Escalation SOP in place to support all teams. Mitigations include:

- Review of caseload
- Holding visits
- Specialist services to support
- Mutual aid across the Trust
- Only high-level urgent calls
- Rapid Response teams to support AA demand
- Proactive case managers/Clinical Quality Leads to support leadership
- Agency staff sourced to support

SaTH

In the event that system surge is evident in the community and not at SaTH, SaTH will transfer additional suitably trained corporate staff to support community mutual aid and seek to source additional mutual aid via bank staff

RJAH

RJAH to assist under mutual aid through additional flexible staffing from workforce volunteering cannot impact critical RJAH services.

System

- a. Seek mutual aid from PCN network to facilitate de-escalation
- b. RJAH to assist under mutual aid through additional flexible staffing from workforce volunteering cannot impact critical RJAH services.

6. Community Hospital bed occupancy exceeds 96%

Mitigations:

SCHT

The following actions would be initiated;

- Discharge coordinators to review daily
- Red to Green daily challenge meetings
- Capacity Hub to ensure the right patient is referred to reduce bed blocks
- LoS reviewed and monitored
- Stranded and super stranded meetings – senior managers to attend to challenge and escalate
- Therapy staff to support home assessments
- Mutual aid equipment source if a discharge block
- Locality managers review all inpatients daily and escalate discharge blocks via Bronze and DMT
- Escalation beds to open (4 Bishops Castle and 4 Whitchurch)

SaTH

In the event that system surge is evident in the community and not at SaTH, SaTH will transfer additional suitably trained corporate staff to support community mutual aid and seek to source additional mutual aid via bank staff

RJAH

RJAH to assist under mutual aid through additional flexible staffing from workforce volunteering cannot impact critical RJAH services.

System

- a. Seek mutual aid from PCN/ RJAH
- b. In reach from Local authorities to support all DTOC patients

7. Minor Injuries Units

- a. Staffing trigger - when staffing absence rates impact on service delivery within a unit the Community Trust would review staffing in other units with a view to consolidating services. Hours of service would also be reviewed to ensure safe staffing. Maintaining access to the units to prevent increased demand on ED would be a priority to protect the most vulnerable citizens and providing care close to home
- b. Capacity trigger – where demand exceeds physical capacity patients will be asked to wait outside or in their cars to ensure social distancing is maintained.

Mitigations:

SaTH

- a. Divert any MIU streaming to primary care

- b. Provide if able in reach from Minors workforce to support through mutual aid
- c. In the event that system surge is evident in the community and not at SaTH, SaTH will transfer additional suitably trained corporate staff to support community mutual aid and seek to source additional mutual aid via bank staff

RJAH

RJAH to assist under mutual aid through additional flexible staffing from workforce volunteering cannot impact critical RJAH services.

System

Seek mutual aid from PCN

- 8. Bed Gap – further modelling work is required to finalise and quantify mitigations for the bed gap.

Areas of focus being developed:

- a. Minimise stranded and super stranded
- b. Review options to discharge patients with an early warning score of three or less, linked to:
- c. Implement hospital at home
- d. Rapid implementation of virtual ward
- e. Implementation of Local Care Plan

Outcomes for quantification over winter 21/22:

- i. Reduce episodes of ill health requiring emergency admission
- ii. Reduce disruption by care
- iii. Reduce stroke in people with diabetes and or circulatory conditions
- iv. Reduce diabetes complications
- v. Reduce episodes of exacerbation
- vi. Increase days spent at home
- vii. Reduce pressure ulcers
- viii. Reduce falls
- ix. Reduce admission for UTI and continence complications
- x. Maintain 2 hour response time for higher acuity patients
- xi. Increased referral levels from across the service until service capacity is met for appropriate patients
- xii. Reduce people requiring repeat emergency care within 28 days of discharge
- xiii. Maintain appropriate utilisation of staff to meet the 2 hour response time
- xiv. Maintain inclusion criteria for Rapid and Case Management

There are inter-relationships between these scenarios, which will necessitate an agile and flexible response as different factors fluctuate simultaneously e.g. high sickness absence coinciding with increased escalation level may require accelerated actions to the next escalation level.

It is recognised that the triggers drive actions. However for some of these actions to happen preparation is required ahead of the trigger being reached in order for the action to be implemented quickly.

Preparation activities to support this plan include:

➤ Confirmation of clinically appropriate P2 cases - identified as ENT/Breast and Urology daycases
➤ Confirm that critical care trained staff are already suitably orientated within SaTH critical care unit (Other SATH theatre and ward staff, and 2 Shropcom staff)
➤ Identification and re-orientation of staff from SaTH wards to expanded clinical care areas
➤ Identification and orientation of community staff to support SaTH wards.

3.4 Paediatric Respiratory Syncytial Virus (RSV)

There is a national focus on plans related to Paediatric Respiratory Syncytial Virus (RSV) due to a prediction that there will be a surge in cases during winter 2021/22. RSV can affect a person of any age but causes most problems for the very young or the very old. RSV has the potential to turn into a severe respiratory disease and children often need to be treated in hospital to help with breathing. The system has developed a stand alone RSV surge plan on the basis of the following:

- Public Health England modelling of the 'most likely' scenario being a 20-50% increase in demand above the 'usual' paediatric winter pressures
- The RSV surge could take place alongside an increased Covid-19 demand for adults
- Co-ordination with the West Midlands Paediatric Critical Care (PCC) Plans when they are available
- A system approach to surge management

The Children and Young People ICS group has been communicating with system partners to ensure they are aware of the potential increased activity including local authority, social care and education. This will ensure any potential surges can be identified early and managed effectively.

If children present to primary care clinicians they will see and assess the child, advise the parents on supportive care and can prescribe as appropriate including antibiotics for cases of secondary infection. For community services prioritisation of clinical need for any infants/children being discharged or supported by an admissions avoidance pathway will be aligned to school nurse/health visitor capacity whilst balancing any risk of harm across the entire caseload taking lessons learnt from Covid-19. Children's community nursing have been aligned to support with training and awareness sessions being held by SaTH. There is a paediatric trained respiratory physiotherapist within the Shropshire Community Health NHS Trust (SCHT) workforce who will be redeployed to SaTH to manage the most clinically vulnerable if locally agreed triggers are activated.

If the predicted RSV surges occur a number of actions will be undertaken in the community:

- The paediatric support line will prioritise capacity to proactively support this cohort
- The hub would support a virtual ward model to step up and down from acute care by supporting with Telehealth and pulse oximetry in patients own homes to monitor and support
- Using a similar approach as during Covid-19 SCHT will support any non-urgent adult areas to redeploy trained nurses to acute settings to support the acute trust to release trained paediatric nurses.

Paediatric staff in acute care who are trained to support patients with RSV including the operation of any specialist equipment will be essential for managing any surges. The RSV plan includes an audit of staff with relevant skills across the system and where they can be drawn from. The plan also details ward capacity in SaTH and specialist equipment available to be deployed

Some of the children who experience an admission to acute care will be subject to continuing healthcare so actions in relation to discharge for patients who fall into this category have been included in the plan

3.5 Paediatric Escalation Policy

SaTH has recently reviewed its Paediatric Escalation Policy in light of rising paediatric demand. The aim of the policy is to:

1. To ensure the safe delivery of paediatric care to all children and young persons within the catchment area.
2. To provide skilled clinical teams for the assessment and management of unwell Children and Young People attending SaTH.
3. To provide a framework to predict and prevent an unsafe “closed” state of the unit depriving acute care to sick children and young people.
4. In the event of the unit being closed, ensure safe transfer of appropriate patients to nearby units.

With the Key objectives of:

1. To provide guidance on how to maximise bed capacity during peaks of high activity
2. To invoke the escalation process if there is concern for the safety and wellbeing of admitted children.

3.6 Elective Recovery and bed gap

At the Acute Trust all elective prioritisation of activity will be based on both clinical prioritisation and urgent and emergency care demand. For our specialist hospital the prioritisation will be based on clinical need. Elective activity will be delivered in Green capacity at both RJA and SaTH. Current Green capacity at SaTH is based on inpatient elective wards and two day surgery units. If urgent and emergency care demand increases the order of reduction for elective care spaces would be:

- PRH Day Surgery Unit
- Ward 21 at RSH. All inpatients will be moved to the Day Surgery Short Stay Unit at RSH.
- DSU at PRH
- DSU at RSH
- Vanguard theatre and recovery unit will be maintained throughout winter
- Dedicated ophthalmology suite at RSH will be maintained throughout

The system is assuming that there will be no material impact for RJA over the winter period as non-elective activity is not undertaken at this site. The System Surge Plan (summarised in section 3.3) sets out the triggers and considerations for the system should escalation levels go beyond those that can be managed by individual provider escalation plans alone. The system is expecting staffing challenges over the winter period based on previous years. The RJA elective activity assumptions ensure that the system contribution to sustaining elective recovery during the winter is maintained for orthopaedic services across the system. In order to release system bed based capacity RJA will work with the system to ensure equitable access to elective orthopaedic surgery based on clinical prioritisation.

Partner organisations continue to review and update arrangements for redeployment of staff or services through MoU processes during the winter period to enable movement of staff or patients between organisations. This has recently been operationalised between RJA and SaTH with regards to diagnostic service provision.

The system has identified the potential for 250 patients to be managed by local Independent Sector partners each month between October and March (Source: H2 Independent Sector Activity Return August 2021). The sessions are across the following specialties; gynaecology, urology,

general surgery, ophthalmology and Trauma and Orthopaedics. These providers are operating Covid-19 secure hospitals so should be impacted less than our local acute providers. This will contribute to helping the system to reduce the impact any winter surges have on elective care recovery over the winter period. Expansion of the use of the IS is currently being worked up as per paragraph 2.4.

3.7 Winter schemes

In the run up to previous winter periods the system has allocated funding to schemes to try to manage the expected surge in demand. Historically the schemes and associated financial allocations have not been finalised until November and plans have been developed at the last minute resulting in:

- Short lead-in times for teams to try to recruit staff often resulting in expensive temporary staff being utilised or schemes not being ready to start
- Plans put together in a hurry with not enough emphasis on what is needed by the population in the winter months
- Plans have been based around reducing bed usage but were not supported by clear evidence
- No clear baseline to measure success with no evaluation built into the process
- Schemes unable to evidence whether they have addressed the planned issue or unmet need
- Schemes put forward for winter funding which may have been needed all year round and were in fact service developments / new ways of working
- Funding was expected to continue after winter

Due to financial pressures across the system the level of additional funding for winter is lower than in previous years and therefore the system needed to implement a more robust way of identifying where funding would be allocated. With the assistance of independent support to improve our overall approach to winter planning, the system agreed to approach winter differently this year with a focus on schemes that address identified pressures by bolstering existing services rather than implementing new, untested schemes. Proposals were submitted to a panel for evaluation against published criteria. An analysis of system data is outlined in section 2.1 and this was used to contribute to the evaluation of the expected impact of the identified schemes.

Proposal	Funding	Description
MPFT Hospital Avoidance	£100,852	Additional resource to enhance community focussed admission avoidance for frail older people with mental health problems and older people with dementia. (Further details can be found in the Mental Health section in 3.4)
Shropshire Council voluntary sector support	£40,000	Request for match funding the Shropshire Council winter funding to enhance the Wellbeing and Independence Partnership Service (WIPS) in Shropshire. (Further details can be found in section 3.4)
SCHT CYP Early Intervention	£56,811	Additional resource to provide paediatric specialist community public health nurses to support rapid access to advice and guidance and actively signpost children. (Further details can be found in the Children and Young People section in 3.4)
SCHT Pulmonary rehab	£27,674	Additional resource to enhance pulmonary rehabilitation and respiratory physiotherapy. (Further details can be found in the Respiratory section in 3.4)
SCHT Therapy to care	£46,000	Additional resource to support an integrated pathway of

homes		care with the local authority to support patients in Discharge to Assess (D2A) beds. (Further details can be found in the Improving flow through community based beds section in 3.5)
SCHT In-reach to acute IDT	£40,460	Additional resource to provide an enhancement of integration into the IDT hub with an in-reach pull model to best utilise all community capacity and unblock any barriers preventing timely and same day transfer. (Further details can be found in Improving patient flow through hospital section in 3.5)
TW Council beds	£250,000	To enable the local authority to commission fast track and step down beds on behalf of the NHS. This additional capacity allows patients to have a reduced length of stay in hospital. (Further details can be found in Improving patient flow through hospital section in 3.5)
Shropshire Council beds	£400,000	
PCN Same day capacity	£440,000	Additional funding to enable primary care to increase planned staffing and activity over the winter period across the Primary Care Networks (PCN). (Further details can be found in Admissions/Attendance Avoidance section in 3.7)

The approved schemes will be stepped up for winter and then stepped down at an agreed time in a managed way. Metrics, monitoring arrangements and implementation plans will be agreed by the end of September. This will ensure that schemes will be ready for implementation at the agreed time, that progress can be monitored and that an evaluation can be carried out once the scheme has ceased.

Whilst not directly linked back to the bed gap these schemes are expected to contribute in a broad sense to:

- Decreasing presentations to A&E,
- Reducing Length of Stay,
- Increasing GP appointments
- Decreasing re-admissions, particularly those with respiratory conditions
- Increasing Fact Finding Assessment completed within 4 hours to support timely discharge
- Increased numbers of patients supported with IV antibiotics in the community
- Reduction in numbers of Children presenting at A&E

3.8 Admissions/Attendance Avoidance

One of the key priorities for winter 2021/22 is to provide alternative options and models of care to keep patients away from A&E as identified during the analysis of the data about what makes winter different. The Specific Winter Schemes set out in this plan aim to boost impact in certain service delivery areas over winter but build on longer term priorities for the system linked to our 6 Big Ticket Items.

One of these Big Ticket Item (BTI) priorities is the Local Care Programme which looks at the development of community based services to reduce the reliance on bed based models of care and hospital attendances. A year one priority for this programme is the Alternative to Hospital Admissions project. This project will be to embed three models of care that represent phase one of this work: Respiratory (covered in the section 2.2), Crisis Response and Proactive Case Management in Care Homes. The implementation of these enhanced services is planned to take

place to ensure they are operational to support winter pressures in 2021/22. Pilots of the three models of care were undertaken last year and successfully demonstrated an impact on reducing demand for hospital services. These schemes will now be rolled out and embedded as permanent models of care with a plan for benefits realisation during the winter period to compliment this year's winter planning by supporting people to avoid A&E and acute care.

The Crisis Response Service is a multi-disciplinary health and social care team that will support people with an urgent care need to remain well or recover in their usual place of residence and avoid hospital admission. The team will provide a response within two hours of referral and includes nursing staff, therapists, social workers, GPs and links with paramedics. This will be provided across the whole county upscaling from the previous pilots to support an increased number of people. This service will be key during the winter period for supporting patients who would otherwise attend A&E to manage in the community.

The Proactive Case Management scheme has focused on supporting care homes where admissions to hospital can often be prevented. This is a multi-disciplinary service delivered by SCHAT, SaTH, Shropshire Council and Telford and Wrekin Council. The team will provide targeted case management and advance care planning with frail or complex individuals to enable them to gain autonomy and choice in their ongoing health and social care arrangements and will support hospital discharge to prevent readmission and closer working with primary care. Patients will receive ongoing support and implementation of case management from the existing community based inter-disciplinary teams, specialist services and GPs. The next step for this model is to develop outreach in the community. This will enable people to manage their conditions and should help to prevent A&E attendances over the winter period.

The third sector is a key partner in supporting people within the community and this in turn will reduce the need for them to access healthcare services. Within Telford and Wrekin the voluntary sector will be supporting by enhancing local arrangements including Wellbeing and Independence Partnership (WIP), Independent Living Centre, community led community support co-ordinator and community support services. As part of the winter planning process a proposal was supported for the system to fund a time limited winter scheme to enhance the Wellbeing and Independence Partnership Service (WIPS) in Shropshire. This scheme will increase, broaden and co-ordinate the voluntary sector and community offer to support people to stay well and independent throughout the winter period reducing the need for primary care services and the risk of unplanned hospital admission. There will be an emphasis and requirement to support Shropshire's vulnerable residents to maintain their physical and emotional wellbeing throughout the winter period.

Both of the services supporting the voluntary sector will provide support including:

- Shopping and delivery
- Connecting with local groups e.g. hot meal delivery
- Medication collection and delivery
- Telephone befriending / support and reassurance for isolated and lonely people
- Follow up home visits
- Domestic support
- Signposting to other services
- Support with digital access to support services

The impact of the two services is expected to be that greater numbers of residents will take up the offer of support over winter which will improve their wellbeing. It is expected that there will be a reduction in instances of carer breakdown, reduction in the use of primary or secondary care and residents will feel more knowledgeable about where to access support in future.

Children and Young People

Children account for between 23 and 26% of monthly A&E activity during the summer months and from September this spikes to around 30%. The analysis of the data comparing seasonal activity identified that more children are admitted to hospital over the winter period than during summer and that A&E attendances and admissions increase for children with respiratory conditions during this period. This requires specific actions to be implemented during the winter period for Children and Young People. The actions relating to a potential surge in RSV which is a respiratory condition are outlined in section 3.4.

There are six conditions that have been identified to be related to avoidable attendances for children and these are referred to as the Big 6. The system previously implemented a number of advice and guidance sheets for the Big 6 which help parents manage common childhood illnesses. A relaunch of these advice and guidance sheets will be undertaken in advance of the winter period for the following:

- Bronchiolitis/croup
- Fever/sepsis
- Gastroenteritis
- Head injury
- Wheezy child/asthma
- Abdominal pain

Providing parents with this information enables them to make more informed decisions and should reduce avoidable attendances in primary care and A&E in relation to these conditions.

As part of the winter planning process a proposal was supported for the system to fund a time limited winter scheme for Children and Young People Early Intervention scheme. The scheme will align pathways from the emergency department and children's wards in SaTH with the 0-19 Community Children's Nursing and Paediatric diabetes/respiratory community teams to enhance an admission avoidance and step down model of care for children locally. The scheme will provide additional paediatric specialist community public health nurses to support rapid access to advice and guidance and actively signpost so that children can be supported and prioritised through current pathways. The scheme will provide:

- Health literacy and education to families and professionals on alternatives to A&E presentation and approach to managing an early supported discharge
- Work with other community paediatric teams to co-ordinate timely health assessments in the community
- Use risk stratification to identify and support families and children who frequently use A&E services through education and care planning to support alternative, more appropriate, options
- A dedicated single point of access

It is anticipated that this additional wraparound intervention prior to A&E will be valued by stakeholders including parents and carers as they are likely to trust the expertise, competency

and skill of the community professionals following previous interaction with services and the already developing relationships. Accessing this in a timely way before a potential A&E crisis will improve the quality of care and experience for parents, carers and children. The scheme will support children to avoid A&E attendances, avoid admissions and facilitate early supported discharge.

In the acute trust the expansion of the paediatric space at RSH is due for completion in December 2021. There is a mutual agreement in place with UHNM for paediatric critical care.

The mental health offer for children is a year round offer which is outlined below:

- 24/7 all age mental health helpline available offering advice, guidance and signposting
- 24/7 all age access team accepting self-referral and professional/third part referrals for triage, onward referral and signposting
- 24/7 CYP Crisis Resolution and Home Treatment (CRHT) team offering face to face assessment responses within 4 hours and supporting home treatment care package to alleviate mental health crises
- 24/7 all age Health Based Place of Safety able to receive people detaining under Section 136 of the Mental Health Act 1983 (amended 2007) for further assessment under the Mental Health Act
- Recruiting to deploy a CYP Liaison Mental Health service at PRH

A business proposal developed by Midlands Partnership Foundation Trust (MPFT) has been submitted to STW Investment Committee to expand the CYP Mental Health Liaison to cover 11:00 – 2:00, 7 days per week providing in-reach to SaTH wards at PRH for under 18 years, in-reach into children's homes and families around discharge planning, medical oversight, CYP safe space (Wellbeing Zone), expansion of adult MH liaison to twilight shift at PRH to include 16 and 17 year olds, social care support and Eating disorder in-reach. Authority has been given to proceed with recruitment and the case has been agreed for non-recurrent funding. The MPFT/MH, LD and A Programme Group are working to identify recurrent efficiencies to cover the recurrent expenditure. Progress of actions is being monitored weekly. This proposal would enhance the existing CYP offer within the system over the coming winter.

Respiratory

The analysis of the data comparing winter to summer highlighted that attendances and admissions increase for respiratory conditions during the winter period and should be a focus of the winter plan. For children the plans can be seen in section 3.4 for RSV and 3.7 for other community children's support. For adults respiratory conditions are also likely to increase following the impact of long Covid-19 and deterioration of patients with respiratory conditions who have not routinely accessed support throughout the pandemic. It is also evidenced that prolonged hospital stays or the patient's increased dependency can contribute to deconditioning which will have long term implications for the individual and for healthcare services.

As part of the Hospital Admissions Phase one implementation, existing services will be enhanced through specialist targeted input for patients. For respiratory the multi-disciplinary team will include nursing staff, therapists and doctors. The model was trialed last year and successfully demonstrated that specialist intervention avoided admissions altogether or reduced the patients length of stay if an admission was clinically appropriate. The team will deliver a seamless, clinical

wraparound model of care to facilitate early step down from hospital for individuals with respiratory conditions to manage their condition and recover in their usual place of residence. The new model of care will also prevent readmission or a period of crisis with additional specialist clinical telephone and rapid response support for patients and clinicians to prevent access to acute care.

As part of the winter planning a proposal was supported for the system to fund a limited time winter scheme for enhanced pulmonary rehabilitation and respiratory physiotherapy. There are increased numbers of exacerbations experienced by those with long term respiratory conditions during winter which are characterized by breathlessness, increased sputum burden and reduced functional ability. This enhanced service delivered by respiratory physiotherapists, rehab technicians and nursing support will reduce pressure on primary care and acute services by using therapy teams to avoid patient admissions, target prevention of readmissions and achieve early support discharge in those with long term respiratory conditions. The scheme is aimed at supporting those with chronic respiratory conditions to remain at home during an exacerbation and if hospitalization is required that this is for as short a period of time as possible. The service will enhance the existing nursing model by providing Post Exacerbation PRP, targeted domiciliary physiotherapy intervention to prevent readmissions, optimization of airway clearance routine including provision of adjuncts as appropriate, breathlessness management, advice and instigation of nebulized therapies in the community with the aim of preventing admissions.

Mental Health

Good wellbeing and mental health are essential for individuals and communities which can help us live fulfilled productive and mentally healthy lives. It is recognised that winter months and shorter days can affect our mood and wellbeing. Ensuring effective services are available to support mental health over the winter period is as important as ensuring services for physical health are available. The system including Mental Health, Social Care and the Voluntary sector have worked collaboratively to agree a number of schemes that will benefit the population of Shropshire, Telford and Wrekin focussing primarily on adults and older people. A number of these schemes are expansions of existing schemes to create extra capacity as a result of anticipated increased demands over the winter period. A summary of the Winter Discharge schemes that are continuing this winter is set out below:

- Rough Sleepers Task Force: MPFT are seconding a MH practitioner to further support the Rough Sleeper Task Force within Telford and Wrekin
- Taxi scheme through Shropshire MIND: Supporting the transport of service users to MIND from A&E at both RSH and PRH and /or Health Based Place of Safety to reduce transport wait times when a safe discharge plan has been agreed.
- A&E Peer support workers: Working from A&E at RSH, or a person on call, linking into Shropshire Mental Health Support Services outreach and telephone services to identify patients who would benefit from emotional and social support on leaving the A&E Department
- 'Service neutral' navigator Telford MIND: To improve discharge support and step down packages for mental health patients. To work alongside Local Authorities, Voluntary Care Sector and other system colleagues to reduce high bed occupancy levels at Redwoods.
- Cannock and Stafford League of Hospital Friends In-reach Service: Provides housing and welfare advice to inpatients on the acute wards. The in-reach worker provides this service

alongside a multi-disciplinary team including ward staff, occupational therapists, community team and clinicians.

- Online support from Kooth for adults (Qwell): Provides an online counselling and support service 7 days a week, 365 days a year. Adults can join online peer support communities, access self-help materials or engage in drop-in or booked one-to-one online chat sessions.
- STAY (Supporting Brighter Futures): Provision across Telford of voluntary sector Social Prescribing High Intensive User Link Workers to provide outreach with those most complex individuals through intensive care management, reducing avoidable frequent attendance at A&E, reduce calls to 999 emergency services, NHS 111 and to avoid hospital admission.

As part of the winter planning a proposal was supported for the system to fund a limited time winter scheme for enhanced community focused admission avoidance scheme for frail older people with mental health problems and older people with dementia. Isolation and underlying health conditions impact on older people with mental health problems particularly during winter. Older people with functional mental health issues (i.e. anxiety/ depression) often go undiagnosed and issues manifest in physical health conditions often further exacerbating mental ill health. The scheme will support this group as an alternative to hospital admission/ A&E attendance and to support earlier discharge from acute without the need for an acute mental health bed, supporting the system by increasing bed capacity. The scheme will provide additional staff to support the current hospital avoidance service operating 08:00-20:00 providing assessment and treatment to older people with mental health problems following referral. Interventions will focus on maintaining people in their own home or usual place of residence and on facilitating early discharge from hospital. This scheme follows a successful winter pressure scheme last year and will complement and enhance the current nationally recognized hospital avoidance service which is dementia focused.

Primary Care

With the easing of lockdown restrictions combined with NHSE/I guidelines to return to 'business as usual' primary care is currently experiencing unprecedented rising demand. Additionally, staff are fatigued by the ongoing pandemic combined with undertaking the Covid-19 vaccination programme and an enhanced flu vaccination programme. Some practices have reported demand increases of up to 50%. This demand will increase as social distancing measures are reduced and infectious diseases, increase in prevalence. Practices are already reporting significant increases in respiratory illnesses. Covid-19 expansion funding for additional sessions will end in October just as the demand for primary care is likely to increase for the winter period. To prevent patients from attending A&E more capacity is required within primary care.

As part of the winter planning process a proposal was supported for the system to fund a time limited winter scheme for additional resource within Primary Care Networks (PCNs). This will enable primary care to increase planned staffing and activity over the winter period across the PCNs. The delivery model for each PCN will vary depending upon the needs of the local population. These increases could include additional staff sessions for medical, nurse practitioners or other urgent care professionals. This service enhancement is in addition to normal extended access / hours services to increase access and create additional appointments or triage capacity. It is also additional to PCN Additional Roles Reimbursement Scheme roles

which are largely still in the early stages of development and are very limited in capacity. This increase in primary care capacity will help to prevent attendance at urgent and emergency care portals over the winter period.

3.9 Wider Urgent and Emergency Care

The systems ambition to provide excellent urgent and emergency care services in Shropshire, Telford and Wrekin is set out in the Urgent and Emergency Care Plan 21/22. This plan compliments the winter plan as many of the plans actions will be implemented prior to and during the winter period and will support the system to manage demand. The plan outlines how the system will work together and across the region to ensure the services meet the needs of the local population. To meet local and national priorities the system will:

- Provide better signposting to all urgent care services available, such as walk-in services, pharmacy care and A&E
- Make sure that the system is using technology to help offer the most up to date services and treatments
- Work as a network so that care is given at the right time, by the right staff, in the right place with the right equipment
- Reshape services where necessary to provide the best patient care and experience
- Ensure the appropriate links between urgent and emergency care transformation and community service transformation, working closely with primary care colleagues and community teams to meet the needs of patients close to their home/where they live to make sure that only people most in need will go to hospital
- Work with the Ambulance Service to manage ambulance demand, handovers and alternative pathways

Think 111

The national Think 111 programme urges people to contact 111 first if they are thinking about going to an Urgent Care Centre or an Emergency Department for an urgent, but not serious or life-threatening, health problem. Experienced 111 clinicians then assess the patients needs and direct them to the most appropriate local services. As outlined in the Urgent and Emergency Care Plan NHS 111 will:

- Utilise direct booking into GP practices as well as refer on to community pharmacies who support urgent care
- Use the local Directory of Services to simplify the process for GPs, ambulance services, community teams and social care to make referrals via a single point of access for urgent care response from community health services
- Improve services offered by Urgent Treatment Centres (including Minor Injury Units) within the system so all localities have a consistent offer for out of hospital urgent care with the option of appointments booked through NHS 111

These changes will take place over the course of 2021/22 and some of these will be in place prior to and over the winter period so will support with urgent and emergency care provision.

Emergency Transport

Emergency transport is essential for ensuring flow is maintained within our system over winter and delays in handing patients over to A&E or other services can impact on the system's ability to respond to emergency situations. Emergency transport within the system is provided by West Midlands Ambulance Service (WMAS) and the Trust has a robust history of winter delivery with

its 7 day Duty Director command-and-control arrangements that are in place to support front line delivery of services to patients by supporting operational and control rooms workforce for 999 and 111. This planning will regionally see an additional 340 E&U operational and 300 control room staff active through the winter period. The Trust has recently introduced the Clinical Validation Team to manage many Category 3 and 4 999 calls, which supports patients directly or by navigating them to an appropriate service within the local health community rather than an Emergency Department if appropriate.

The continued focus of WMAS remains on providing the safest service possible to the public within the region, given the increased pressures that are expected given the learning from previous winters, possible extreme weather and the on-going impacts of Covid-19. It is vital that all resources are available to patients in the community as much as possible, with one of the key focusses being on ensuring ambulances are able to handover patients at hospital in a timely fashion. Additional HALO hours are being provided to support the handover time and the system will be working with WMAS to ensure robust plans are in place for timely handover of patients and the release of ambulance crews.

The system has developed an Ambulance Handover Improvement Plan to focus on reducing ambulance handover times. In addition regional NHSE/I colleagues and the ambulance service are working collaboratively to improve patient experience and build on the Ambulance Response Programme (ARP) operating model by increasing the proportion of 999 calls that can be managed without dispatch of a paramedic and increase the proportion of calls that can be dealt with by a paramedic without conveying the patient to hospital. This includes increasing pathways for conveying to urgent care centres or same day emergency care services.

Same Day Emergency Care

Same Day Emergency Care (SDEC) is one of the ways the NHS is working to provide the right care, in the right place, at the right time for patients by providing same day care for emergency patients who would be admitted to hospital. Under this care model patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward and, if clinically safe to do so, will go home the same day their care is provided. The national SDEC model builds on previous improvement work in ambulatory emergency care services with the aim of providing a consistent approach to patient pathways. Locally the SDEC implementation programme is being managed through the SaTH Getting to Good Programme and the following actions are being implemented:

- Increase the utilisation of SDEC to reduce the need for non-elective admissions
- Deliver SDEC for a minimum of 12 hours per day across medical and surgical specialities
- Deliver Acute Frailty Service for a minimum of 40 hours per week
- Record SDEC activity on the Emergency Care Data Set or Admitted Patient Care and not as outpatients to allow a full count of activity
- Increase the number of patients seen and treated on the same day (or within 12 hours if this spans to midnight)
- Set SDEC standards for time from arrival to treatment complete
- Enable paramedic access to SDEC

Some of these improvements will take place over the course of 2021/22 and will support with urgent and emergency care provision over the winter period.

Improving patient flow through the Emergency Department

One of the key issues within the system is that the emergency department within the acute trust does not have the capacity to manage demand over the winter period per se. Actions relating to providing alternatives to A&E to reduce demand are outlined in section 3.7.

To address the capacity issues a number of initiatives are being explored in addition to those already set out in this plan:

An application to NHSE/I for funding to enable one cohorting POD to be established on each of the acute sites to reduce offload delays has been approved. There is a 16 week lead in time to implementing this solution. However, this would support the system's ability to manage ambulance handovers and ensure timely release of crews to keep the emergency transport service within the system flowing.

The trust is undergoing an extension to the emergency department to increase cubicle space. The schedule for implementation is outlined below:

- Phase one to implement Majors cubicle space completed mid September
- Phase two to implement Pit stop to be completed by 31 October
- Phase three to implement the Fit 2 Sit area to be completed by 31 December

Any delay to the build will impact on the system's ability to manage pressures within ED over the winter period.

Improving patient flow through the hospital

Improving flow for patients through the acute trust is essential to ensure effective use of the systems available resource over the winter period. While the Trust had maintained its improvement in overall length of stay for emergency patients and had been consistently in the top quartile for this metric this has proved difficult to sustain given escalating system demand. The Trust has implemented an improving flow project to address the need for patients identified for discharge to be discharged in a more timely manner. An improvement plan is in place and began to be implemented in quarter four of 2020/21 with additional leadership support provided by the regional team. The approach is outlined below:

- Work is sponsored at Director level
- A focus is placed on implementing standard ward process in line with national best practice models that is designed to optimise patient flow in a phased approach
- Two key outcome metrics identified as 30% of each days discharges to be completed by 12pm and for 80% of the remaining discharges to be completed by 5pm

There was support at ward level for this first phase of work the implementation of the improvement work coincided with wave 2 of Covid-19 which presented challenges in the day to day application of the improvement work due to the volume of ward moves and staff sickness that occurred at this time.

In preparation for the full rollout of the ward flow improvement programme a full review of how our wards are running their board rounds at the start of the day was undertaken. An effective board round is a key activity in identifying patients suitable for early discharge. An evaluation has taken place to assess areas of best practice and areas where improvement is required. Ensuring wards are delivering a standardised approach to board rounds that follows best practice standards is

the primary focus of the initial rollout plan. A relaunch of the programme of work including “Flow Fortnight” commenced on the 13 September on the RSH site with a planned phased rollout across medicine and surgery before moving across to the PRH site across a 6 week period. A series of planning and engagement events is schemed in advance to ensure support is in place across the clinical teams. Each ward will be allocated a ‘buddy’ to provide support and ensure a consistent approach is taken in board round processes. NHSE/I support has been provided to ensure additional focussed capacity to deliver this plan. Each ward will be provided with a weekly report on their progress in delivering the key outcome metrics of pre 12 and pre 5pm discharges to ensure there is ownership of this programme at a local level. Once this element of the improvement programme is embedded the next stage in the ward standard processes, ward rounds, will be the focus. This approach will continue over the next six months until all standard processes are embedded. The acute trust is also implementing a new discharge lounge facility at RSH for seated and bedded patients. This facility will support flow through the hospital by releasing acute capacity earlier in the day to enable patients to be admitted into the deep bed base. This work will improve patients flow out of the bed base and free up capacity earlier in the day to enable patients to be transferred from A&E.

There is new funding available for use of the Royal Voluntary Service scheme to support discharges following a trial. Initial meetings have been held but there is a 12 week lead in time to the scheme being operational. Once operational it will assist with flow for discharging patients from the hospital.

Throughout the pandemic discharge pathways in SaTH were enhanced with community in reach to SaTH wards and the multi-disciplinary Integrated Discharge Team (IDT) hub was established to support timely access to community pathways and support with a clinical risk share/education that patients can be safely discharged and acute capacity is appropriately freed up. The IDT hub is operational seven days a week and will be a key enabler over winter to ensure flow out of the acute trusts is maintained. As part of the winter planning process a proposal was supported for the system to fund a time limited winter scheme for additional support to provide an enhancement of integration into the IDT hub with an in reach pull model to best utilise all community capacity and unblock any barriers preventing timely and same day transfer. This scheme will also align with admission avoidance pathways from ED as well as early supported discharge. Providing this additional capacity will prevent the required in reach during times of escalation impacting negatively on community services and will ensure consistency of support over the winter period. The additional capacity will include one clinician and one co-ordinator to align with the IDT hub and the SCHAT capacity hub with the remit to:

- Support the IDT with early identification of patients from point of admission that could transfer early to either home with wraparound support or to community hospitals.
- Support clinicians to step patients down to the community IV antibiotic pathway
- Work with the acute ward teams to enable timely completion of FFA's to secure same day discharge
- Manage choice of discharge discussions in relation to supporting patients to transfer to available capacity and ensuring they understand why these transfers are vital to support ongoing reablement and rehab
- Work with ward teams to support the quality and accuracy of patient handovers to primary care and community teams improving patient experience around discharge

- Support discharge arrangements actively planning pre 10 and 12 discharges that align across the system
- Work across the system to flex admission criteria into community teams and community hospitals to enhance flow and rapidly enact escalation actions
- Provide community presence in SaTH daily site safety meetings to share risk across the system and support to align external available capacity with daily acute planning

This scheme will ensure constant flow across the system so that community pathways have capacity to manage the demand following escalation.

In March 2020, as a response to the national Covid-19 pandemic, the Government directed all health and social care systems to implement changes to the complex discharge pathway to support rapid step down to community services in line with a Discharge to Assess model to get patients home quicker. The two local authorities within the system have mature and integrated Discharge to Assess processes in place to ensure that when a patient in hospital is deemed as being medically fit for discharge they are transferred from the acute hospital to an appropriate destination. Current modelling shows that there may be surges in requirements for bed based discharge care during winter and the local authorities have contracts for additional beds over this period to deal with the expected demand. The Local Authorities will be commissioning blocks of different types of beds which enables commitment from home providers to transfer patients from acute hospitals within three hours in line with the Discharge to Assess process. The system works collaboratively to support people to return home after being discharged safely and as quickly as possible from hospital. As part of the winter planning process two proposals were supported for the system to fund time limited winter schemes that enable the Local Authorities to commission fast track and step down beds on behalf of the NHS. This additional capacity allows patients to have a reduced length of stay in hospital and to be discharged quickly once declared Medically Fit for Transfer which ensures flow is maintained out of hospital. This proposal provides up to 36 additional beds across the system during the winter period in a flexible way which will support flow out of the hospital.

RJAH provides Consultant led sub-acute medical/rehabilitation beds on Sheldon Ward. This ward has sustained its reduction in bed days attributable to delayed transfers of care and reduction in length of stay releasing capacity back into the system. System initiatives are in place between partner organisations to improve utilisation of community and sub-acute medical and rehabilitation bed occupancy to release bed capacity at SaTH. This will be kept under review over the winter period.

Improving flow through community based beds

As part of the winter planning process a proposal was supported for the system to fund a time limited winter scheme to support an integrated pathway of care with the local authority to support patients in discharge to assess (D2A) beds. The system will be increasing this bed base over the winter period to support the bed deficit and also to enhance D2A pathways (as outlined in section 5.2). The scheme will provide additional therapy capacity to support the flow through the beds and ensure anyone who steps down for discharge has timely access to rehab and assessment. This support will ensure the length of stay is within the range of 14-17 in line with community hospital length of stay as this will provide equity across the county. This will help with ensuring flow through community based beds by providing therapy to patients to give them the best chance of returning home quickly.

Non-Emergency Patient Transport (NEPTS)

Non-emergency transport is essential for ensuring flow is maintained within our system over winter. Our local provider, E-zec has its own winter plan in place to address any specific service delivery challenges it anticipates during this period.

If demand for NEPTS surges on any given day, or there are sustained periods of surge the following actions will be taken by E-zec:

- Deploy all bank staff
- Deploy all available Voluntary Car Service which uses voluntary drivers to assist in the delivery of NEPTS
- Deploy dual trained staff in non-patient facing roles
- Engage all available third party resource from approved provider list
- Seek support from bank staff working as part of neighbouring contracts in Herefordshire, Worcestershire, Staffordshire or Gloucestershire.

E-zec have engaged AXA Health their Occupational Health Advisor to dispense a full staff wide flu programme to all E-Zec staff irrespective of eligibility. This will ensure resilience for the service over the winter period.

The acute trust has undertaken ward internal process work which will support early booking of NEPT and making patients ready for transport earlier in the day to enable discharges earlier in the day. The trust is focussing on pre-booking transport the day before discharge to allow the NEPT provider to better plan their resources.

The system has been holding daily meetings with NEPTs to ensure the non-emergency patient transport planning is effective and that any issues identified are resolved quickly. This has demonstrated a positive impact on supporting discharges and reducing aborted or cancelled journeys. The system has committed to continuing this forum throughout the winter period.

3.10 Resource Planning

Recruitment and Retention Planning

The system as a whole is experiencing staffing shortages. In particular there are a number of vacancies across key service areas including Radiology, Theatres and the Nursing and Domiciliary Care workforce which will impact on the ability to deliver elective recovery. The system has historically relied on agency staffing and the intention is that this will be reduced through local and international recruitment campaigns reducing vacancies and the use of over recruitment at a level of 10% for key workforce roles.

The system has experienced an inability to recruit and retain a high quality workforce to meet demand as well as a reluctance for staff to work additional hours or provide mutual aid. The system is developing an ICS Recruitment Experience and Brand with differing employment offers including shared/rotational posts, academic posts, posts with education and training, golden tickets etc. There has been a launch for inline values based interview training to improve the recruitment process. To mitigate the vacancies relating to nursing staff SaTH approved a business case to recruit 200 nurses and 6 ITU nurses from overseas within the financial year. The plan was to interview and bring over 40 nurses per month in the first part of the year to be in

place before winter. There is a significant risk for these placements due to the number of recruits being sourced from India. There were 167 offers made and 95 of these are in the final stages of the recruitment process with arrival dates scheduled during August, September and October. The recruitment team are continuing to secure arrival times and interview in partnership with the HEE Global Learners Programme to secure further offers within the year.

There are a number of key investments to services which result in workforce increases which have been included in the workforce plan for the second half of the year on the assumption they will be fully approved and in place by October 2021 including:

- Radiology governance team to meet statutory requirement for compliance and audit against legislation
- Additional neonatal consultant and advanced neonatal nurse practitioner to meet recommendations of the Ockendon Report
- Paediatric inpatient services and assessment services at SaTH in order to meet safer staffing standards as outlined in the RCN Core Standards and RCPCH Standards for Short Stay Paediatric Units
- Increase of ED consultant workforce inclusive of paediatric emergency consultants
- Development of an RSU at the RSH site following a review of capacity within the respiratory service. This would see acutely unwell patients cohorted in one areas with increased 2 to 1 nurse to patient ratios in line with national guidance
- Specialist Palliative and End of Life Care Team for specialist palliative care nursing review of all patients who require it 7 days a week
- To meet the NHSE/I objectives for critical and acute care services 24/7 Critical Care Outreach Service cross site
- Additional oncology consultant
- Investment in our workforce and finance teams.
- Review of uplift in pay rates for more severely challenged areas
- Further Healthcare Assistance recruitment ongoing to reduce substantive vacancy rate to zero with a support and mentorship scheme being explored.

Sickness Absence Planning

The system has been experiencing increased sickness absence due to ongoing Covid-19 absences, anticipated increased mental health issues and winter absence levels. A Daily Decision Making Group has been set up to review clinical risk and assess the individual risk. The system will be undertaking further communications and engagement with clinical teams to promote the importance of undertaking lateral flow tests. The trust is exploring new test reporting system to make reporting easier for staff. The Covid-19 related absences are mainly attributable to Household Isolation and Test and Trace Isolation and there are indications that these are beginning to reduce. Staff absences relating to being Covid-19 symptomatic have remained low with no staff in hospitals having tested positive for Covid-19.

Radiology Capacity

The imaging service is under significant pressure to deliver the level of capacity required to meet the following:

- Implement the infection control procedures required due to the Covid-19 pandemic
- Provide the level of capacity required to meet the emergency demand

- Provide the level of capacity required to restore services to the 2019/20 levels
- The impact of lengthening waiting times on the need for repeat images

The most significant constraint is the shortfall in the imaging staff across the system (as outlined in section 7.1). The system is actively trying to recruit additional staff including as part of the international recruitment process and are exploring further opportunities in this area.

The acute trust has added a CT and MRI pod to the imaging service which will create limited additional capacity due to the inability to staff the new facility to full capacity.

Due to the constraints that are facing the service a clinical priority process is in place to ensure that the limited capacity is used in the most clinically appropriate way.

A mutual aid arrangement is in place between SaTH and RJA and the system will work together to ensure that this resource is used to the benefit of the whole system. This agreement is due to be reviewed at the end of October.

Theatre Capacity

The theatres service is under significant pressure to deliver the level of capacity required to meet the following requirements:

- Implement the infection control procedures required due to the Covid-19 pandemic
- Provide the level of capacity required to meet the emergency demand
- Provide the level of capacity required to restore services to the 2019/20 levels

The most significant constraint is the shortfall in theatre staff across the system (as outlined in section 7.1). To mitigate the risk the system is actively recruiting theatre staff but this is unlikely to create significant additional capacity during winter 2021/22 due to the lead in time between appointment and being operationally competent.

SaTH have a mobile theatre on the site throughout the winter period which has been funded by the system at risk from the ERF funding. This will ensure a level of day cases can be delivered but as a consequence of the case mix that can be operated on in this facility there may be an impact on the clinical priority criteria.

A mutual aid arrangement is in place between SaTH and RJA for elective orthopaedics and the system will work together to ensure that this resource is used to the benefit of the system.

3.11 Infection Prevention and Control

The system will be boosting capacity within the NHS to build resilience against future outbreaks of Covid-19 and other infectious diseases by:

- Promoting Influenza vaccines to all staff and patients across the system
- Ensuring Red/Amber/Green Covid-19 pathways are in place for inpatients to aid patient placements
- Ensure SOP and policy for MRSA swabbing are followed
- Ensure SOP for Covid-19 swabbing is followed

Ensure isolation rooms are During periods of high demand for health and social care services there is an increased risk of patients acquiring infections, especially as patients in hospital are of

a higher acuity, tend to be elderly or present with respiratory conditions. The Shropshire, Telford and Wrekin system has well established systems and processes for managing outbreaks which will continue through the winter period.

The system plans to maximise the speed and uptake of vaccinations by promoting the importance of Covid-19 vaccination to increase uptake in all eligible age groups, by preparing for the possible booster vaccine programme for priority groups to increase resilience and by promoting vaccination against influenza and rolling out in advance of the winter period to priority groups.

The system will be increasing the ability of people with Covid-19 to self-isolate by ensuring HR policies and procedures are in place to enable staff to self-isolate if required, ensure Occupational Health and Human Resources Teams have Test and Trace referral system in place to support informing staff of potential contacts and ensuring a self-referral process is in place for swabbing and that swabbing services are robust.

- available including side rooms in community hospitals
- Implement policies on alert organisms including MRSA, CDI and Influenza
- Agree a system wide fly pandemic plan
- Ensure specimen testing for influenza and micro-organisms is available
- Ensure regular lateral flow testing is available as required

The system will provide clear guidance about environmental and behavioural precautions that individuals and organisations can take to protect themselves and others. Staff within the system will be required to wear surgical facemasks in all settings including office spaces to prevent the spread of infection, continue social distancing in offices and healthcare environments, prohibit the use of fans except in single person offices, encourage staff to open windows for ventilation and to work from home where possible. Patients and visitors will be required to wear surgical face masks in all healthcare environments. In addition, cleaning policies and protocols will be in place, leaflets will be available for staff, visitors and patients and pathways and pathways will be in place for AGP to include ventilation and cleaning requirements post procedure.

In working to achieve these priorities and addressing the challenges ahead, the following key principles will be applied to ensure the most successful equitable outcomes:

- Prioritise those with the greatest need, ensuring the communication is appropriate and that access to prevention of infection and expert care is available to all
- Empower and resource local public health capacity. As we see greater variability in Covid-19 transmission and outbreaks at a local level, there needs to be a collaborative partnership between central government – who provide standards and consistency – and local authorities who should lead outbreak investigation and control. Local responses should be co-designed with local communities and delivered through local public health teams and primary care.
 - ICS IPC meetings held monthly with independent care and local authority membership
 - Internal and external outbreak meetings held, if required, with PHE, NHSE/I and CCG invited
 - PHE outbreak notification shared on receipt

- All outbreaks reported to CCG, PHE, NHSE/I and CQC

3.12 Winter Immunisation

Covid-19 Vaccination Programme

The STW system has rolled out a successful Covid19 vaccination campaign. At the time of writing 89.6% of adults (18+) have received at least one dose, over 84.6% have received both doses with 55.9% of 16-17 year olds have received their single dose. The system has taken a proactive approach to inequalities and continues to see uptake increase. The system will continue with its “evergreen” offer of first and second dose vaccinations to the population.

The Covid-19 booster programme will begin in September and will offer the majority of the eligible population by January 2022. The programme will be offered in two stages.

Stage 1: The following persons should be offered a third dose Covid-19 booster vaccine and the annual influenza vaccine, as soon as possible from September 2021:

- Adults aged 16 years and over who are immunosuppressed
- Those living in residential care homes for older adults
- All adults aged 70 years or over
- Adults aged 16 years and over who are considered clinically extremely vulnerable
- Frontline health and social care workers

Stage 2: The following persons should be offered a third dose Covid-19 booster vaccine as soon as practicable after Stage 1, with equal emphasis on deployment of the influenza vaccine where eligible

- All adults aged 50 years and over
- Adults aged 16-49 years who are in an influenza or Covid-19 at-risk group
- Adult household contacts of immunosuppressed individuals

The vaccines in phase three will be administered through GP practices and Community Pharmacies to maximise ease of access. 29 pharmacy contractors have been shortlisted across the geographical spread of the County. All eight Primary Care Networks (PCNs) have signed up but three GP Practices have not signed up. The pharmacies have been engaged to fill the gaps.

The system has agreed that there will not be vaccination centres as there have been in previous phases and instead will focus on Roving/Community Pop-up site model. SCHAT has been identified as the lead provider within the system to deliver this model.

In addition the system is now rolling out Covid-19 vaccinations to those aged 12 to 15. The current plan is that the majority of this cohort will be delivered via pop-ups in educational establishments.

Flu Vaccination Programme

The flu vaccination programme will be starting in September for adults aged over 50, those under 50 who are identified as at risk, pregnant women, health and social care workers and children aged 2 to 16. The Joint Committee on Vaccination and Immunisation (JCVI) have not yet taken the decision to align cohort for Covid-19 and flu. Flu cohorts will not be managed in a priority order with the programme open to all identified cohorts from the beginning of the programme.

The system intends to optimise for full co-administration of flu and Covid-19 vaccines in Trusts, residential care homes, to housebound patients and in other residential settings and will encourage and enable co-administration in other settings where possible.

The flu vaccination will be administered using a targeted approach including:

- Through GP practices and Community Pharmacies to maximise ease of access for the population
- Through schools administered by SCHAT
- Through the local trust for Health and Social Care Workers from September 2021
- Roving/Community pop-up delivery will expand from Covid-19 to include flu. There will be a key focus on any geographical gaps, support to peak periods (based on time since second dose) and specifically reducing inequalities (hard to reach and areas of low uptake)

3.13 Comms and Engagement

Communications during pandemic

Throughout the Covid-19 response phase the system has been actively communicating with the population via Local Authority and health partner websites as well as utilising targeted media campaigns and a range of different media to convey messages. The system has worked with our local Healthwatch organisations to both communicate with the public and receive feedback from them. Our communications planning has played an important role in managing the developing approach and system management plan. To this end a dedicated multi-agency communications cell was established to ensure a joined up consistent approach to communications out to our patients and the public. This cell will continue to operate during winter

Communications during winter

The system Winter Comms and Engagement strategy is in the process of being finalised and will be available when authorised through the system governance structure in September. System partners have local communication plans in place and are delivering key messages as part of their business as usual. The aim of the strategy is not to replicate these plans but to ensure all partners work together to a common goal, can access shared resources and are able to alert one another to local system pressures and escalation situations. The purpose of the strategy is to:

- Identify key audiences and appropriate methods of communication
- Identify appropriate methods of deliver for communication including timescales and actions
- Identify any communications risks and seek to address them as a system where appropriate
- Incorporate mechanisms for monitoring and evaluating the effectiveness of the communications

The plan will seek to communicate and engage with all traditional stakeholders of local health and care services and this will be achieved through a variety of methods. These could include:

- PR crafting a narrative which effectively ties activity together so that the general public and staff can understand how each action collectively drives to a healthier population. The system would look to bring in insight from various experts while also tapping into case studies to bring a human element where relevant.
- Organic Social approach using partners social channels

- Paid social, which is the practice of displaying sponsored advertising content on social networking platforms, will be the core paid avenue as it brings the greatest amount of creative freedom and allows targeted engagement with key groups
- Digital display is a core channel for raising awareness as it allows the system to have greater reach at a relatively low cost. It can also be hyper-localised based on our demographics.
- Digital radio (budget allowing) offers the opportunity to engage with a targeted audience base based on interests and key demographics.
- Email directly to patients to tailor communications to specific groups and audiences.
- Door drop (budget allowing) where messages are geographically relevant

Over the past five years the national campaigns to raise awareness of NHS Services have been “Stay Well This Winter” and “Help Us Help You”. This year because of the timings and preference not to have multiple campaigns at the same time there will be one winter campaign “Boost your immunity this winter”. The national campaign has evolved in light of the ongoing Covid-19 pandemic to incorporate wider messages around accessing NHS services, with a specific focus on cancer, and promotion of the new NHS 111 approach. Communications activity will build upon this campaign and amplify messages about the importance of immunisation against Covid-19 and flu and how to prevent illness.

At system level the following messages will be amplified to create a seamless NHS and Social Care message:

1. Prevention
 - Reducing avoidable hospital admissions by promoting health and wellbeing with a focus on people with respiratory illness, especially those who have recovered from Covid-19
 - This includes the Covid-19 booster campaign, flu vaccination programme and Public Health’s Better Health Campaign
2. Signposting
 - Reducing inappropriate attendances by helping people choose the right service, linking to the national Help Us Help You campaign across pharmacies, extended GP access and NHS 111 alongside appropriate use of ambulatory services
 - Boost your immunity this winter the national integrated campaign communicating the importance of both vaccines. There will be activity to bust myths, overcome barriers and promote the benefits of the vaccines
 - Flu vaccination and Covid-19 boosters will be critical to protecting lives, livelihoods and the NHS
3. Managing expectations
 - The system will communicate with staff and the public about how the system is preparing for winter, what public and stakeholders can expect this winter etc.
 - There will be messages in relation to changes in the way services are accessed as a consequence of the Covid-19 virus, but also due to flu and norovirus and the winter pressures.
 - A clear message will also be that services are working differently

In addition the system will collectively amplify information and guidance about Covid-19 and further restrictions as announced by the Government.

In cases of system escalation pressures the system will:

- Collectively communicate operational pressures in primary, secondary and social care and actions taken to reassure patients and the public. Every effort will be made not to issue multiple or conflicting messages
- Portray an accurate picture of operational pressures to staff and the public which will potentially reduce the number of queries received freeing up system leaders to focus on management of pressures
- Accurately inform the public of the pressure on services in the local area and advise on any actions or response required of them

4 System Escalation

4.1 Escalation Framework

The Escalation Framework was reviewed and improved at the end of May 2021 to ensure that the health and care partners in the STW ICS were co-ordinated to respond quickly and appropriately to increased needs and/or service demands experienced within the area which put pressure on the system. The plan went through a series of tests and scenarios and this will be the first winter it is utilised. The framework describes how the system will:

- Proactively make decisions to manage future demand
- Identify the assessment process used when making a decision with regard to the current system escalation level. Using escalation triggers to ensure an integrated and shared process between primary, community, secondary and social care providers.

The framework includes the sharing of information across the system in the form of a daily report on Escalation Management System (EMS). The daily system report will be a key tool through winter and will enable the system to understand demand and capacity issues arising in partner organisations. This process is overseen by the Urgent Care Team and forms a key part of our escalation process through winter.

Each provider uses the escalation framework alongside action cards to ensure it is delivering all appropriate responses in line with escalation levels at whole system level. The system wide urgent care leads will be responsible for initiating any operational changes needed and reporting them to the UEC Board.

A system Escalation workshop is planned for the end of September to review the escalation processes and triggers in light of increasing demand to ensure they remain appropriate for the particular challenges the system will face this winter

4.2 CSU Support for Escalation

The system will be supported by the CSU during the winter period through the EMS Plus system. Through the transparency of the EMS Plus service updates it enables collaboration and informed decision making to effectively manage escalation, patient flow and the associated resources across the system. EMS also supports the use of action cards that STW providers utilise to manage their escalation, as well as contributing to a wider regional response during times of pressure.

- Each of the organisations within the system will submit an EMS level based on a set of regionally agreed triggers which build the overall escalation level for each partner and the whole system
- The EMS reporting provides a consistent set of escalation levels, triggers and protocols for system partners. It sets clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level by all system partners.
- The communications module within EMS is used to alert the health economy on pressures experienced in the provider setting by sending an automatic email to users wanting to see whenever an organisation has updated an escalation level. Similar automatic emails are sent out to users to inform of bed capacity availability in the 'non-acute' setting. This helps system leaders to manage the day to day variations in demand across the health and social care system as well as the procedures for managing significant surges in demand.
- RCMT provide a 24/7 on call service to respond to issue for capacity and also as part of any Major Incident response in the region, this provides increased continuity and resilience for STW partners.
- The RCMT will make contact with any providers in STW reporting an escalation level 4 to sense check the pressure and ensure that they have the relevant support to help with de-escalation. Following a level 4 escalation the RCMT will instigate and lead a debrief of the high escalation and pass onto system leaders.
- During winter RCMT have committed support with Demand and Capacity modelling and predictions to support good system management of demand

5 System Governance

This winter plan will be subject to the following lines of governance:



A range of sub groups are in place which relate to each of the UEC Plan work streams which report into the UEC Operational Group and Board. Alongside this is a system Silver Command escalation group to specifically manage system surge which reports to system Gold Command? CEOs group as required

6 Summary

This Winter Plan sets out the particular set of challenges we anticipate we will face over the winter of 2021-22, the learning we have utilised from previous winter planning, the system approach to the development of our plan and its links to broader schemes of work. The Plan is iterative and whilst it sets out key programmes of work these will continue to evolve and be refined as winter develops and as the challenges and their independencies themselves evolve.

This plan is developed in the context of an unprecedented set of circumstances and aims to utilise the collective system resource we have available to mitigate the challenges we face.