

AGENDA

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|----------------------|-------------------------------|------------------------|----------------------------|
| Meeting Title | Governing Body Part 1 Meeting | Date | Wednesday 8 September 2021 |
| Chair | Dr John Pepper | Time | 1:30pm |
| Minute Taker | Corporate PA | Venue/ Location | Via Microsoft Teams |

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

| Reference | Agenda Item | Presenter | Purpose | Paper | Time |
|--------------------------|--|-----------------|---------|-----------|------|
| GB-21-09.052 | Introduction and Apologies | John Pepper | I | Verbal | 1:30 |
| GB-21-09.053 | Members' Declarations of Interests | John Pepper | I | Enclosure | |
| GB-21-09.054 | Introductory Comments by the Chair | John Pepper | I | Verbal | 1:30 |
| GB-21-09.055 | Accountable Officer's Report | Mark Brandreth | I | Verbal | 1:35 |
| GB-21-09.056 | Minutes from previous meetings: <ul style="list-style-type: none"> Shropshire, Telford and Wrekin CCG Governing Body Meeting – 14 July 2021 | John Pepper | A | Enclosure | 1:40 |
| GB-21-09.057 | Action Tracker and Matters Arising from previous meetings | John Pepper | A | Enclosure | 1:45 |
| GB-21-09.058 | 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 | 1:55 |
| Assurance Reports | | | | | |
| GB-21-09.059 | <u>Quality and Performance</u> Quality and Performance Exception Report | Meredith Vivian | S | Enclosure | 2:05 |

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| GB-21-09.060 | <u>Finance</u> 2021/2022 Month 4 Financial Position | Claire Skidmore | S | Enclosure | 2:15 |
| GB-21-09.061 | <u>Planning & Restoration</u> Restoration & Recovery Update | Julie Davies | S | Enclosure | 2:25 |
| BREAK | | | | | |
| Strategic Transformation and other reports | | | | | |
| GB-21-09.062 | Integrated Care System Update | Mark Brandreth | S | Verbal | 2:45 |
| Decision Making | | | | | |
| GB-21-09.063 | Digital Strategy | Claire Skidmore | A | Enclosure | 2:55 |
| GB-21-09.064 | Revised Governance For Oversight of the Hospital Transformation Programme | Claire Skidmore | A | Enclosure | 3:05 |
| GB-21-09.065 | WRES Annual Assessment Submission | Alison Smith | A | Enclosure | 3:15 |
| GB-21-09.066 | Auditor Panel Terms of Reference | Claire Skidmore | A | Enclosure | 3:25 |
| GB-21-09.067 | Shropshire, Telford and Wrekin CCG Transition to ICS – Due Diligence Approach and Oversight Proposal | Alison Smith | A | Enclosure | 3:35 |
| OTHER / COMMITTEE REPORTS FOR INFORMATION ONLY (Issues or key points to be raised by exception with the Chairs of the Committees outside of the Governing Body meetings) | | | | | |
| GB-21-09.068 | Finance Committee – 23 June 2021 | Geoff Braden | S | Enclosure | |
| GB-21-09.069 | Quality and Performance Committee – 23 June 2021 | Meredith Vivian | S | Enclosure | |
| 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 | Claire Parker | S | Enclosure | 3:45 |
| GB-21-09.071 | Audit Committee – 21 July 2021 | Geoff Braden | S | Enclosure | |
| GB-21-09.072 | Primary Care Commissioning Committee – 4 August 2021 | Donna MacArthur | S | Enclosure | |
| GB-21-09.073 | Strategic Commissioning Committee – 23 July | Ash Ahmed / Steve Trenchard | S | Enclosure | |

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|--|---|-------------|---|-----------|------|
| GB-21-09.074 | Assuring Involvement Committee 29 July and 26 th August 2021 | John Wardle | S | Enclosure | |
| GB-21-09.075 | Population Health Management Update | Sam Tilley | I | Enclosure | |
| GB-21.09.076 | Any Other Business | John Pepper | | Verbal | 3:50 |
| | Date and Time of Next Meeting – Wednesday 10 November 2021 time to be confirmed | | | | |
| RESOLVE: <i>To resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section 1(2) Public Bodies (Admission to Meetings) Act 1960.)</i> | | | | | |



Dr John Pepper
Chair



Mr Mark Brandreth
Interim Accountable Officer

Members of NHS Shropshire, Telford and Wrekin CCG Governing Body
Register of Interests - 1 September 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 | Joint 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 | Joint 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 |

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| | | | | | 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 |
| Braden | Geoff | Lay Member for Governance & Audit - Attendee | F&PC, RC, AC, Q&PC | | | | Direct | None declared | 20.1.21 | | |
| Bryceland | Rachael | Joint 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 |

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| | | | | 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 |
| 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 |

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| 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 |
| Noakes | Liz | Director of Public Health for Telford and Wrekin - Attendee | | X | | | Direct | Assistant Director, Telford and Wrekin Council | 29.1.21 | ongoing | Level 2 - Restrict involvement in any relevant commissioning decisions |
| | | | | | X | | Direct | Honorary Senior Lecturer, Chester University | 29.1.21 | ongoing | Level 1 - Note on Register |
| Parker | Claire | Joint 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 |

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| | | | | X | | | Direct | Belvidere Medical Practice is involved in the Cavell Centre Project | 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 | | | Direct | Joint property owner of Belvidere Medical Practice | 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. |
| 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 | ongoing | Level 2 - Restrict involvement in any relevant commissioning decisions |
| | | | | X | | | Direct | Teldoc is a Member of Teldoc Primary Care Network | 2.2.21 | ongoing | Level 2 - Restrict involvement in any relevant commissioning decisions |

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| | | | | 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 | Joint 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 |

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| Trenchard | Steve | Joint Interim Executive Director of Transformation | SCC, PCCC, F&PC | | | | | None declared | 22.1.21 | | |
| Vivian | Meredith | Deputy Chair and Joint Lay Member for Patient & Public Involvement (PPI) | Q&PC, RC, AC, PCCC, AIC | | X | | Direct | Trustee of the Strettons Mayfair Trust (voluntary sector organisation that provides a range of health and care services to the population of Church Stretton and surrounding villages) | 26.1.21 | ongoing | Level 1 - Note on Register |

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| | | | | X | | | Indirect | Wife is a part-time staff nurse at Shrewsbury & Telford Hospital NHS Trust (SATH) | 26.1.21 | ongoing | Level 2 - Restrict involvement in any relevant commissioning decisions |
| Warren | Audrey | Chief Nurse | SCC, Q&PC | | | | | None declared | 1.4.21 | | |
| Young | Zena | Executive Director of Quality | SCC, F&PC, Q&PC, PCCC | | | | | None declared | 22.1.21 | | |
| 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 | | |
| Povey | Julian | Joint Chair | PCCC, Shropshire North, S&A, South Loc Forums, TW Membership Forum | | X | | Direct | Shared post - Joint Chair of Shropshire and Telford and Wrekin CCGs | 1.2.21 | | Left SCCG and TWCCG on 31.3.21 |
| | | | | X | | | Direct | GP Member at Pontesbury Medical Practice | 1.2.21 | | |
| | | | | X | | | Direct | Practice Member of Shrewsbury & Atcham Primary Care Network | 1.2.21 | | |

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| | | | | X | | X | Indirect | Wife is Member of University College Shrewsbury - Advisory Board | 1.2.21 | | |
| | | | | | | | Indirect | Wife is Medical Director at Shropshire Community Health NHS Trust | 1.2.21 | | |

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

Wednesday 14th July, 2021 at 15:00pm
Via Microsoft Teams

Present from NHS Shropshire, Telford and Wrekin CCG:

| | |
|------------------------------|--|
| Dr John Pepper | Chair |
| Mr Meredith Vivian | Deputy Chair and Lay Member for Patient and Public Involvement Governing Body Member |
| Dr Martin Allen | Secondary Care Doctor Governing Body Member |
| 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 |
| Mrs Rachael Bryceland | GP/Healthcare Professional Governing Body Member |
| Mrs Claire Skidmore | Interim Accountable Officer |
| Mr Steve Trenchard | Interim Executive Director of Transformation |
| Mrs Donna MacArthur | Lay Member for Primary Care |
| Mr Geoff Braden | Lay Member for Governance |
| Mr Ash Ahmed | Lay Member, Patient, Public Involvement - Equality, Diversity and Inclusion |

Attendees::

| | |
|---------------------------|---|
| Dr Julie Davies | Director of Performance |
| Miss Alison Smith | Director of Corporate Affairs |
| Mrs Sam Tilley | Director of Planning |
| Mrs Fiona Smith | Joint GP/Healthcare Professional Governing Body Member |
| Dr Stephen James | Interim Chief Clinical Information Officer |
| Mrs Claire Parker | Director of Partnerships |
| 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 |
| Ms Marion Kelly | General Manager, Health watch Telford and Wrekin |
| Mrs Tracey Slater | Assistant Director of Quality |
| Mrs Laura Clare | Interim Director of Finance |
| Ms Fiona Ellis | Programme Manager, Local Maternity and Neonatal System |
| Mr Tom Brettell | Primary Care Partnership Management |
| Mrs Fiona Hammond | Personal Assistant – Transcription of minutes (not in attendance) |

- 1.1 Dr Pepper welcomed Governing Body members and the public to the NHS Shropshire, Telford and Wrekin CCG Governing Body meeting that was being live-streamed via YouTube, a recording of which would also be available on the CCGs' websites following the meeting.

Minute No. GB-21-07.035 – Introduction and Apologies

- 2.1 Apologies: Dr Deborah Shepherd, Miss Alison Smith, Dr Mary Ilesanmi and Mrs Zena Young.

Minute No. GB-21-07.036 – 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. However, under item no. **GB-21-07.050 – Armed Forces Covenant**, Mr Ash Ahmed declared an interest in the item to be discussed as a result of his membership of the West Midlands Veterans Advisory & Pensions Committee. It was agreed that Ash Ahmed could remain in the meeting, take part in discussions, but that he would not be involved in the decisions making.

Minute No. GB-21-07.037- Introductory Comments from the Chair

- 4.1 Dr Pepper advised that normally, at this point in the meeting, he would reflect on the agenda items. However on this occasion Dr Pepper shared with the group, his reasoning for holding today's meeting virtually rather than face to face.
- 4.2 Dr Pepper advised that the current phase of the pandemic meant that, whilst a significant number of adults had received both vaccinations for COVID19, there remained an exponential rise in COVID19 infections.. Dr Pepper appealed to the public and providers to remain vigilant; to maintain good practice habits of hands, face, space and fresh air; continue to meet up outside where possible; keep windows open when meeting inside and wear masks in crowded places. This is particularly important in health care settings; both primary and secondary care, where those who remain vulnerable to COVID19, including those patients unvaccinated or immunocompromised for example, are present.
- 4.3 Dr Pepper advised that we all have a duty to consider and protect others around us and continuing to wear masks in health care settings remains vital at this time. Dr Pepper further outlined that this advice is in line with the on-going Public Health England guidance for maintaining services within health care settings, namely, that patients and those accompanying them will be asked to wear a face mask covering at all times.

Minute No. GB-21-07.038 – Accountable Officer's Report

Mrs Claire Skidmore provided an overview of current issues which included the following key areas:

- 5.1 **NHS England Board to System Meeting – 8th June, 2021** – Mrs Skidmore reported on her attendance at the NHS England Board to System Meeting with other system colleagues and the National Team (Amanda Pritchard, Julian Kelly, Ruth May and others). Mrs Skidmore reported that there had been an opportunity to showcase the hard work that the team were undertaking as a system around our recovery. This work is not just relating to our financial recovery, but includes all of the other work in progress to support SaTH with their endeavours with quality issues, together with the on-going work to come together to create the identity that we want as a system. Mrs Skidmore went on to report on the good feedback received from the team on the positive progress being made. Mrs Skidmore reported that there was still work to be done and effort and energy was now being focussed on future work and continued progress. Mrs Skidmore advised that she and Mark Brandreth have a session scheduled with Julian Kelly, National Director of Finance on 22nd July, 2021 when he would be provided with the detail on the progress with the financial recovery plans. Mrs Skidmore undertook to feedback following the meeting with Julian Kelly.
- 5.2 **The submission of Annual Report and Accounts** – Mrs Skidmore reminded members that the Governing Body had met and signed off the Annual Report and Accounts at its last meeting and that delegated authority had been given to a small group of members to accept the final version of the Auditors Report. Mrs Skidmore advised that the Accounts, Annual Report and all associated documentation had been submitted on time. Members were advised that a review of the final Audit report had been carried out and Mrs Skidmore reported that the content of the report errors noted were reduced before the final version was produced. Mrs Skidmore reported on an emergency action that was taken prior to submission which related to a text error in the Telford and Wrekin Annual Report where one word was changed. Mrs Skidmore confirmed that the public version had been corrected.
- 5.3 **Improvement Assessment Framework 2021** – Mrs Skidmore reminded members of the annual improvement assessment framework (IAF). It was reported that as result of the difficulties and challenges last year, the full process had been stood down and a combined submission (covering both CCGs had been authorised). Members were advised that a process of self-assessment had been carried out which

was reviewed by the Regional team. Mrs Skidmore advised that the feedback received from NHSCI was balanced and fair and reflected what was expected. Areas that had been highlighted were already known and being acted upon and related to: service transformation, continuing work on improving quality of services and CCG surveillance of that, emphasis on focussing on recovery of services and meeting the financial plan. The feedback letter to be circulated to members following the meeting.

- 5.4 **ICS Development** – Mrs Skidmore reported that information on ICS development coming through was slow, that the framework had been released and that guidance would be forthcoming imminently. It was reported that the first reading of the bill had gone through Parliament. Members were advised that a transition group had been set up within the system, recognising the size of the task, which included winding down the CCG, the aim being to ensure a smooth transition.
- 5.5 **Move to Ptarmigan House** – Mrs Skidmore reported to members that the move was complete and that William Farr House had been exited. Teething problems had been experienced but were in hand. Mrs Skidmore advised that the next step was to finalise and promote the Agile Working Policy. Members were advised that staff feedback had been taken into consideration, with staff safety being the focus.
- 5.6 In response to a question from Mr Meredith Vivian, Mrs Skidmore advised that the teething problems related to minor issues relating to post diversion and telephones not working. Following a suggestion from Meredith Vivian, it was agreed that a letter from the Governing Body to all staff involved in the move would be circulated, expressing members' thanks for their hard work and determination in making the move successful.
- 5.7 **COVID-19 Vaccine Programme** – Mrs Skidmore reported that the target of achieving an 85% vaccination rate of the adult population by next Monday (19th July, 2021) is likely to be achieved. The hard work and effort of all the teams was noted. Members were advised that 650,000 doses had been delivered to date. Mrs Skidmore reported that Phase 3 planning is already underway and vaccination programmes would be consolidated where possible.

ACTIONS:

Claire Skidmore to arrange for the NHSE/I feedback letter on the IAF self assessment to be circulated to Governing Body members following the 14th July meeting.

Claire Skidmore to arrange for a letter to be sent to all staff exiting William Farr House to thank them for their hardwork and determination to make the move from William Farr House successful.

Minute No. GB-21-07.039 – Minutes of the Previous Meetings – 12 May, 2021 and Extraordinary Governing Body Meeting – 12 May 2021 and 9 June, 2021

- 6.1 The minutes of the previous NHS Shropshire Telford and Wrekin CCG Governing Body meetings in common held on 12 May 2021 and 9 June 2021 were presented and approved as a true and accurate record of the meeting subject to the following amendments:

Minutes from the meeting held on 12th May, 2021

- 6.2 **FINANCE**
Minute No. GB-21-05.016 – NHS Shropshire, Telford and Wrekin CCG Finance Report Month 12

Amend section 12.4 to: Mr Braden raised the underlying issue and the £71m deficit. In October, **we forecast a £15m deficit and subsequently** broke even for Shropshire and a little of an overspend for Telford. Mr Braden wished to highlight the hard work that has been carried out by the Execs, Mrs Skidmore and Mrs Clare to take us from that position in October to achieve **£6.7m** of QIPP savings.

6.3 **4 ASSURANCE**

Minute No. GB-21-05.014 – NHS Shropshire, Telford and Wrekin CCG Quality and Performance Report

Performance Report

- 6.4 Replace all incidences of IAPS with IAPT.

It was noted that the meeting Agenda had also contained IAPS and should read: IAPT.

- 6.5 Amend section 6.9.3 to: Dr Matthee asked for clarity on page 3 cancer waits, it reads 2 **week** wait, (breast cancer not suspected). Dr Davies confirmed that there are two 2 week standards, one for overall cancer; we do have a breast symptomatic two week standard which is non cancer. There is a two week pathway that is a non cancer pathway hence why it is worded this way.

Existing:

- 6.6 Amend section 8 11.11 to: Dr Pepper reflected on how we should take the learning forward and the need for tangible changes. In particular, the most vulnerable groups, elderly and those with severe mental illness and dementia. Dr Pepper requested that this be addressed within the Learning from Deaths Group to explore the services for people for admittance avoidance. Dr Pepper asked for clarity on the quality of respect forms and if this has or will be addressed.
- 6.7 Amend section 18.3 to: Mrs Skidmore offered her support and reiterated Mrs Clare's point on the financial plan and the need to complete this as a system, as well as an organisation. We are asked to deliver a break even plan but are careful to articulate why this is possible in reporting terms to meet requirements. We have set a plan for breakeven with a supporting narrative that describes the £6m risk that we hold for the first half of the year. At the Executive Meeting, a discussion took place around the adjustment for break even within the CCG position. **Mrs Skidmore advised that the system position was reporting a potential £ 6m deficit which had to be built position somewhere. It was reported that this would sit with the CCG but it wasn't the CCG taking on the system problem. The action was a way to report the potential deficit whilst the problem was worked through.** As we complete our system reporting we look at our results which we consider as a our CCG results. Mrs Clare's team report the wider context in terms of system position and all Chief Executives agree that management of that risk for the system is a collective responsibility. This is not just a risk for the CCG which is important to point out to Board members.

Minutes from the meeting held on the 9th June, 2021

- 6.8 **Minute No. GB-21-06.040 – NHS Telford & Wrekin CCG Annual Report and Annual Governance Statement including: Annual Accounts 2020/21 and Letter of Representation 2020/2021**

- 6.9 Sections 3.2 and 3.3 - All instances of Internal Auditor to be replaced with External Auditor

- 6.10 Amend section 3.2 to: The National Audit Office had given instructions to the Auditors to be stronger in questioning certain areas because of the perspective that the NHS have a strong cash position so it was a requirement to obtain more detail to ensure expendables were appropriate. Work continued with external auditors and the finance team have a deadline date of Friday 11th June to provide additional evidence to some areas. Mr Braden assured members that the issues outstanding were not material and assurance had been received from the internal auditor that this would not affect the **opinion** and would not prevent the signing of the accounts. It will be an unqualified opinion and the only qualification will be the Section 30 letter which is a standard letter when targets had not been hit.

- 6.11 Amend section 3.5 to: In relation to improving efficiency in the economy i.e. relationships with Providers – this was challenged because of the lack of improvement but stated that they were positive in terms of the efforts taken to address the shortfall especially in patient care. A suggestion had been made to Mrs Claire Skidmore to **invite external audit team's Quality Lead back to a future meeting of the governing body to talk about the work that they had done to review our quality work. Members noted that this had been arranged for a future Informal Session.**

6.12 Section 3.6 to be deleted in its entirety. ~~3.6 It was noted that Telford CCG had a similar outcome with the only difference being that there was a £800,000 variance on prescribing within the adjustment, so again work was currently being carried out to identify any anomalies that needed to be submitted by the Friday deadline.~~

6.13 section 3.8 Point of clarification by Mrs Claire Skidmore:

Mrs Skidmore advised members that the annual report, accounts and associated documentation had been signed off at the meeting held on 9th June, 2021 without amendment. Mrs Skidmore further advised that the a final agreement of the audit findings report was done with the auditors outside of the meetings as they wanted to finalise their work.

RESOLVE: Governing Body Members of NHS Shropshire, Telford and Wrekin CCG formally RECEIVED and APPROVED the minutes presented with the amendments outlined above as an accurate record of the meeting of NHS Shropshire, Telford and Wrekin CCG held on 12th May 2021 with the amendments outlined above.

RESOLVE: Governing Body Members of NHS Shropshire, Telford and Wrekin CCG formally RECEIVED and APPROVED the minutes presented with the amendments outlined above as an accurate record of the meeting of NHS Shropshire, Telford and Wrekin CCG held on 9th June 2021 with the amendments outlined above.

Minute No. GB-21-07-040 – Action Tracker and Matters Arising from previous meetings held on

12 May, 2021, 24 March 2021 9 June, 2021

- 7.1** Dr Pepper drew members attention to the Action Tracker (circulated with the Agenda) and reminded members of the discussion during the May meeting, whereby it was decided that going forward, the Action Tracker would be updated (prior to meetings) to reflect and give information on actions taken.
- 7.2** Dr Pepper referred to the matters arising from the last meetings on 12 May 2021 and 9 June 2021. The following additional verbal updates were given:

GB-21-03.038 – NHS Shropshire CCG and NHS Telford and Wrekin CCG Quality and Performance Report – Performance 14 Day Rule - Dr Matthee advised that contact had not yet been made. Following discussion, Julie Davies undertook to move this item forward with Dr Matthee and David Whiting directly.
Action: Report back on progress at the September meeting.

GB-21-03.038 – NHS Shropshire CCG and NHS Telford and Wrekin CCG Quality and Performance Report – Quality – MPFT – Dr Matthee reported that a letter had not yet received. Following discussion it was agreed that Dr Matthee would follow this action item up with Mr Trenchard directly. It was agreed that this action item be marked as complete.

GB-21-03.040 – Maternity Update - Caesarean Section - Mrs Young has requested, from SaTH, a more detailed report to consider caesarean sections in the round which will go to CQRM and QPC. It was noted that the report was on the Agenda for discussion at today's meeting. Action completed.

GB-21-05.014 – NHS Shropshire, Telford and Wrekin CCG Quality and Performance Report

Julie 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. Julie Davies advised that the early signs so far were good. Action: Further update to be provided at November Meeting.

Following discussion on the matters raised by Dr Matthee previously relating to a data linear reporting system, Julie Davies advised that she would liaise directly with Dr Matthee on this matter. Action: Update to be provided at September meeting.

Members noted that the item relating to IAPT was on the Agenda for discussion at today's meeting. Action closed.

Julie Davies reported to members that the matter of taking the increase in Accident and Emergency activity in children with croup and Para influenza virus to the Urgent and Emergency Operational Group had been picked up during work on the RSV Plan. Action completed.

GB-21-05.014 – NHS Shropshire, Telford and Wrekin CCG Quality and Performance Report

The Chair noted that the sample report referred to under this Action item was on the Agenda for discussion at today's meeting. Action completed.

Minute No. GB-21-05.015 Niche Consultancy Report

In the absence of Mrs Young, it was agreed that the interim report requested in the May meeting would be rescheduled for presentation at the September meeting.

Mrs Cawley advised members that she had shared the two reports (Healthwatch Shropshire (about end of life) and Palliative findings) with Mrs Young and had also shared some comments around diabetes at SaTH. Action complete.

Dr Matthee expressed his disappointment that an interim Niche statement had not been received.

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 27th July, 2021. Action: further update at September meeting.

Outstanding Action Item: Mrs Young to share with the Quality and Performance Committee information provided by Mrs Cawley on patients with diabetes not being managed appropriately. Action: Update at September Meeting.

Minute No. GB-21-05.020 – CCG Corporate Mission Statement and Strategic Priorities

16.2 Members noted that all Actions relating to the update to the wording of the mission statement as agreed in the May meeting had been completed. Action closed.

16.4 Members noted that the Actions relating to the word 'safety' being included in the Strategic Priority around safety had been completed. Action closed

16.8 Members noted that the Actions relating to the incorporation of a reference to strategic priorities in the covering paper templates brought to the Governing Body had been completed. Action closed

Minute No. GB-21-05.023 – Governing Body Annual Cycle of Business April 2021 – March 2022

19.1 Members noted the updated action item relating to this item which stated that Miss Smith had added LMNS in the Governing Body Annual Cycle of Business. Action completed.

Minute No. GB-21-05.024 – Transition to new CCG – Adoption of Key Strategies and Policies

20.1 Members noted that the action relating to medicines management policies and the review of the publishing section on the new website by Medicines Management remained outstanding. Action: Mrs Young to update at September Meeting.

20.1 Commissioning Strategy – Sam Tilley reported to members on the commissioning strategy and the development of a set of documents in relation to the ICS. Members were advised that the points had been noted and would be brought forward into the development of key documentation. Members were assured that the feedback would not be lost and would be woven into the iteration that comes next. Action completed.

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

In the absence of Mrs Young, it was agreed that the following outstanding action items would be rescheduled for presentation at the September meeting.

- Mrs Young to liaise with Mrs Parker to obtain detail around how the CCG was supporting criteria requested by GPs and obtain a response back for the next meeting
- Mrs Young to feedback to Steering Group concerns raised with regard to the use of DNA CPR not being appropriate for everyone with a Learning Disability and the suggestion of the use of a 'respect form'

- 7.3** Claire Parker reported that the matter relating to training in LD Homes of the early detection tools at the LD&A Board was on the Agenda for discussion at the next LD&A Board. Action: Report back to September meeting.
- 7.4** Following discussion on the Action Tracker, the Chair commented that the document should take a different format at the next meeting.
- 7.5** Mr Meredith Vivian asked members to note that Executive colleagues were currently working under considerable pressure and workload with tight deadlines. Mr Vivian asked if non-executive members could consider being more proactive with requests for information and follow-up by phone to ask for the update and offer support where practicable. The aim being to move matters forward.
- 7.6** Following a proposal from the Chair, it was AGREED that the owner of each Action item was both the person raising a matter or asking a question, as well as the person (or persons) tasked with responding - thus promoting shared ownership of action items.

Minute No. GB-21-07.041 – 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-21-07.042 – Maternity, including Local Maternity and Neonatal System Update Report

- 9.1** Fiona Ellis, Programme Manager for the local maternity and neonatal system across Shropshire, Telford and Wrekin (presenting on behalf of Zena Young) provided members with an update on maternity services. Providing a snapshot of key headlines, Ms Ellis went on to report to members on the progress being made within maternity services locally. Members were advised that steady progress was being made in relation to quality and safety, improving experience, as well as within transformation activities. Ms Ellis also reported that the system was continuing to be challenged by instability within the workforce, particularly within senior midwifery leadership. This was causing significant challenges with driving the agenda forward.
- 9.2** Members were advised that there were also issues with data quality which the system was working to resolve. Ms Ellis reported that the implementation of Badger Net, the new maternity data system, was key to resolving some of these issues, but reported that the system is subject to delays and so progress was slow.
- 9.3** Ms Ellis advised members that, Continuity of Carer, which related to women receiving midwifery care from the same small team of midwives, was not where they would like it to be. However, Ms Ellis stated that the service was not out of line with other areas and whilst the figures do not match national targets, many other areas are in the same position.

- 9.4** Members were advised that smoking cessation in pregnancy is a key priority for the service and that they are implementing a new service huddle which is in line with good practice. The aim is to see a significant improvement and reduction of the smoking in pregnancy rates. Ms Ellis advised members that as a system, there was a need to secure funding to support the service. Members were advised that, through the long term plan, some money had come down to the system but for this year, its part year effect, meant that only 40 % of the full allocation had been forthcoming. It is hoped that in the future, the amount received will be much closer to the amount needed in relation to the long term plan. Ms Ellis advised that as a system there was a need to ensure that funding is secured to enable the service to continue, as it does have a significant long term impact on outcomes for women and their families.
- 9.5** Mrs Audrey Warren expressed her thanks to Ms Ellis on a thorough and comprehensive report and commented positively on the progress being made. Mrs Warren extended congratulations to the system on achieving almost 100% on 1 to 1 care in labour, despite the issues with staffing.
- 9.6** Following a question from Mrs Audrey Warren relating to the absence of prenatal (still birth and neonatal) death rates within the report, Ms Ellis reported that CQRM advised that there was a reassuring downward trend in the number of still births, neonatal deaths and brain injuries and that through the implementation of the Saving Babies Lives Care bundle, which was referenced in the report, it is hoped to see the numbers reduce further.
- 9.7** Ms Ellis further referred to the data quality issues reported previously and the timeliness of reporting from the Trust and advised that this is something that is being worked on with the Trust, through the local maternity and neonatal system. Ms Ellis advised on the system wide dashboard to ensure that data compiled by the Trust is benchmarked against comparator CCGs, comparator Trusts and national indicators to ensure that the service is in line with where it needs to be. Ms Ellis further reported that the next step, as part of that process, is to include feedback from the maternity voices partnership, which is relevant for some indicators more than others. Ms Ellis advised that the data gathered would include the actual experience of women and families with the aim of understanding what this information reveals about the numbers. Ms Ellis reported that overall there were encouraging indicators that the numbers are steadily reducing.
- 9.8** In response to a question from Mrs Audrey Warren noting the figures for booking in being 85% and asking if there was a particular group of women who the service was not reaching, Ms Ellis reported that this matter was currently being looked at through the new system wide dashboard. Members were advised that the dashboard would break down data into an individual's ethnic origin as well as those living in social deprivation. Ms Ellis reported that the database is able to interrogate the data on primary care networks, which enables the system to target services accordingly. Members were advised that initiatives, such as the Continuity of Carer, are a key factor. It is known, that by rolling out Continuity of Carer teams in those areas that have the highest proportions of black, Asian and minority ethnic women, or social deprivation, or in areas that have factors which could contribute to negative outcomes, positive impact for those groups can be achieved. In summary, Ms Ellis reported that currently the position isn't clear, but the data collected and interrogated through the database will inform going forward.
- 9.9** Mrs Warren went on to ask if there was any incidence of screening not happening in the 15% of women who are not booked in before 13 weeks. Mrs Ellis responded by advising that screening data was quite positive.
- 9.10** Mrs Warren raised the matter of the induction rate currently being at 40% (which is above the national average) and asked if the driver for this was known? Ms Ellis advised that a mixture of factors were involved in the induction rate; some of it was accounted for by national policy. By way of an example, Ms Ellis reported that both the Saving Babies Lives Care Bundle and the drive to reduce still births had resulted in babies being induced early and therefore the induction of labour rates increased. Members were advised that the Saving Babies Lives Care Bundle has now been adjusted to account for this. Ms Ellis advised members that her understanding is that nationally, induction of labour rates are increasing. Ms Ellis went on to comment on the complexity of women changing which impacts on many aspects of service delivery and that is why it's really important, for the system, to not just look at what is happening here, but also look at what is happening elsewhere in areas that are similar to us and other areas where there is recognised good practice which can be learned from.

- 9.11** Mrs Warren noted the points covered in response to her question and restated that knowledge of the key factors underpinning the induction rate would be useful.
- 9.12** In response to a further question from Mrs Warren relating to training and the number of maternity and obstetric unit staff that have been trained this year on their CTG interpretation and emergency skill drills, Fiona Ellis advised that the figures were known and she would forward them on. Mrs Ellis explained that at each Clinical Quality Review Meeting a workforce report is given which contains the training data.
- 9.13** Dr Pepper referred back to the discussion on the induction of labour figures and asked if the difference in figures, when compared with the national figures, was because the termination of pregnancy figures were included. Ms Ellis reported that she was unsure of the definitions and advised members that the figures can be measured in different ways. She further advised that there was a valuable consideration to be made on where the data is coming from to ensure that like for like is being compared.
- 9.14** Mr Geoff Braden raised a question relating to serious incidents and referred to an outstanding action point contained within the report. Mr Braden asked how confident the system was that the RCAs are going to be closed off in a timely manner as some were going back much longer than 5 months.
- 9.15** Tracy Slater responded to the question and reported with confidence that within the CCG, monitoring of the flow of all SIs and RCAs was taking place. She further advised that there was tracking through the CSU and went on to outline her current work on the development of a methodology for 'a look back' to establish sustainability of the actions that have been implemented within the process.
- 9.16** In response to a question by Julie Davies on the delay in Badger Net and the length of the delay, Fiona Ellis advised that her understanding was that a phased implementation (commencing with antenatal) was starting next month (August). The system would then be rolled out (over a number of months) on a phased basis. Ms Ellis outlined the challenges of implementation as they relate to training the workforce to ensure a successful rollout.
- 9.17** In response to a question from Mr Steve Trenchard on smoking in pregnancy, Ms Ellis advised that whilst funding, in line with good practice, had been secured this year, there was a need ensure that money was available, via the long terms plan, for the on-going delivery of the service. Members were advised that the service funding for 2021 and 2022 was not what was needed to run the service in the long term. Ms Ellis went on to outline the wider outcomes of the successful implementation of the delivery of this service, the successful implantation of which would see positive generational outcomes spanning lifetimes. Members were advised that, as a system, there was a need to commit to the long term funding of the service.
- 9.18** Dr Martin Allen asked for a Gant Chart showing when Badger Net would be phased into the different practices to enable a clearer understanding of how and when implementation will happen.
- 9.19** Dr Martin Allen also referred back to the information provided by Tracy Slater and asked for information on whether the events would be audited to encompass both a look back to ensure that the events have not occurred again, but also to ensure their interventions, including the utilisation of the WHO chart are in place to ensure that events, such as operating on the wrong limb, do not happen again. Concern was raised that whilst processes may be in place for 6 months, the issue may then be forgotten about and without on-going auditing, the event could have happened again.
- 9.20** Tracey Slater reported on Never Events and Assurance processes briefly. Mrs Slater advised that this is very much about triangulating what we hear and is reported at CQRM. Members were also advised that, the Quality Team now go back out to do face-to-face visits and have their own Quality Assurance Metrics which ensures that when an SI or event is closed, monitoring of any actions that are not closed continues together with a review as those actions come through CQRM.
- 9.21** Dr Allen expressed the view that whilst auditing is good, equally important is action to ensure that the changes that the organisation put in place are maintained.
- 9.22** Fiona Ellis advised that themes of SIs were being looked at through CQRM which will help to address any concerns early if it is identified that we are going back to something that was identified previously.
- 9.23** Ms Rachel Robinson acknowledged the challenges to the system of the implementation of the smoking in pregnancy service and confirmed its status as a key priority for the reasons outlined in the report

presented by Fiona Ellis. Ms Robinson expressed her disappointment in the settlement from the long term plan and reinforced Shropshire Council's long term commitment through continued funding activity this year. Ms Robinson advised of the need for broader investment in the wider system outside of just the maternity element, in the wider community, to increase the impact. Ms Robinson reported that, the Council and Public Health team within Shropshire, remain committed to this as a priority.

- 9.24** Mrs Liz Noakes reported that Telford and Wrekin Council have their own smoking cessation service for the general population and advised that clearly, pregnant women are a key priority that as a system they are committed to.
- 9.25** Mr Meredith Vivian expressed his thanks to Fiona Ellis for the presentation of an excellent paper and informative conversation around smoking cessation. Mr Vivian went on to express the view that one of the benefits to be derived from the transforming of the midwifery care programme was the creation of maternity hubs where, amongst other things, smoking cessation support might be offered.
- 9.26** In response to a question from Mr Vivian on progress with the consultation and its development, Fiona Ellis advised that National approval was still awaited to enable the process of consultation to begin. Ms Ellis advised that recently the service had been asked to confirm whether what was being proposed still stands, and it does. Members were informed that the maternity hubs are a key solution to many of the referred to workforce challenges, multidisciplinary training requirements and public health initiatives. Members were reminded that health inequalities had been identified, as part of the review, and the solutions to address those health inequalities had not yet been mobilised. Members were advised that the challenge was to look at how we can seek to address those health inequalities whilst we await the approval to go out to consultation.
- 9.27** Dr Mike Matthee expressed the view that smoking cessation presented a paradox when it appears in the 5 year plan but funding is not forthcoming.
- 9.28** Dr Matthee referred to the implementation of Badger Net and expressed the view that it was effective implementation, together with a demonstration of the benefits, that would be key to its success. Fiona Ellis expressed her support for Dr Matthee's comments and advised that the slower roll out, proposed by SaTH, is better to enable the system to be implemented in a meaningful way that everyone can understand and use to maximum effect. Ms Ellis advised that it is reported by the Provider, that Badger Net will help to resolve many issues around data quality, information sharing and electronic patient records etc., and so anticipation of the implementation is high.

RESOLVE: NHS Shropshire, Telford and Wrekin CCG NOTED receipt of the content of the Maternity, including Local Maternity and Neonatal System Update Report, NHS Shropshire Telford and Wrekin CCG DISCUSSED the content of the report and progress being made and the areas of concern and the progress being made to address them and also NOTED that a funding model for smoking cessation, which could encompass wider health education, needs to be developed and agreed.

ACTION:

Fiona Ellis to provide a Gant Chart to Governing Body members showing when Badger Net would be phased into the different practices to enable a clearer understanding of how and when implementation will happen

Minute No. GB-21.07.043 – Restoration and Recovery Update Report

Paper titled Elective Recovery Report (April and May)

- 10.1** Julie Davies advised members on the content of the report which was to keep members up to date with progress against the elective recovery plan for the first two months of this financial year. Members were advised that feedback was still awaited from the Regional Team regarding the submission for May and as a result an update on this is not possible at this time. Julie Davies advised that additional national guidance (published last Friday 9th July, 2021) had been received and that this had now increased the activity thresholds from July from 85% to 95%. It was reported that this was proving to be a challenge and the system is working through the consequences of the new guidance and what that means and the associated risks.

RESOLVE: NHS Shropshire, Telford and Wrekin CCG NOTED the content of the Restoration and Recovery Update Report (paper title: Elective Recovery Report – April and May at this early stage and receive partial assurance regarding the Shropshire, Telford and Wrekin systems delivery of this H1 Elective Recover Plan.

Minute No. GB-21-07.044 – Quality and Performance Report

- 11.1** Julie Davies introduced and provided comment on the Performance Section of the report, outlining to members that this was the first time the system had been able to report from the new reporting format for Making Data Count. Members were invited to feedback on the presentation of future reports. Ms Davies advised members that comparative data will be available in the September report.
- 11.2** Tracy Slater advised members that following a fall at SaTH, and an unfortunate subsequent death of a patient, SaTH had been served with a HM Coroners Regulation 28 report – this was around the tele-tracking notification system whereby insufficient information was recorded.
- 11.3** Ms Slater reported that the work in relation to the CQC Section 31 Conditions for Children and Young people continues to take place across the system, looking to find solutions and future options for children and young people.
- 11.4** Ms Salter advised that there were two wrong-site surgery NEVER events reported by the Robert Jones and Agnes Hunt Hospital in April – both events related to regional block. Investigation is underway with these events and reports will be received into the CCG in July. Mrs Slater advised that she could provide some assurance to members that since this report, both she and another member of the quality team had visited RJAH and were assured of the remedial and immediate actions that the trust have implemented around the inconsistent level of the WHO process and their audit method.
- 11.5** Ms Slater drew members' attention to the MPFT suicide report and advised that the CCG had raised some concerns around the interpretation of data and conclusions and that this matter is with the Trust and will come back through the governance process at CQRM during September.
- 11.6** In response to a suggestion from Audrey Warren on preparatory work taking place prior to next month's meeting to look at falls, it was AGREED that the matter would be referred back to the Quality and Performance Committee for review and that the report headlines would be feed back to the Governing Body.
- 11.7** Audrey Warren drew attention to the fact that one of the Never Events at RJAH had involved a member of staff from SaTH. Ms Warren went on to ask for an assurance that the learning had gone back to SaTH as well as RJ&AH. Tracey Slater confirmed that it had, and advised that it was a joint investigation with SaTH supporting RJ&AH.
- 11.8** Mrs Donna MacArthur raised a question on the report content relating to equipment implicated in pressure ulcers and asked for clarification on what was meant by it and whether appropriate training and/or appropriate measures are being taken. Mrs Warren went on to refer to the Harms Review and asked if we are assured that we are capturing all that is needed. Mrs Slater reported that there was enough data gathered to gain information on any emerging themes which are picked up via the Clinical Quality Review Meeting.
- 11.9** Tracy Slater further advised that it was RJ&AH that had seen a small increase in pressure ulcers and that there is confidence that the issues surrounding these (including equipment) have been addressed. In addition, Mrs Slater reported that a new Tissue Viability Nurse had started with the Trust to support training.
- 11.10** Dr Matthee welcomed the information given on the management of suicides and reminded members of his concerns over poor management, the subject of which had been outlined in the content of a letter.

- 11.11 Dr Matthee reported that people remain sceptical over Ulysses Reports and outlined his concern in relation to getting people to use it. Dr Matthee expressed his view that the system must be robust and must generate timely answers.
- 11.12 Dr Matthee raised Mental Health and LD care and asked for clarification on what was meant by target 100% in relation to access to psychological therapies. Julie Davies advised that the official metric is the time to be contacted, not when treatment is received. Dr Matthee asked Julie Davies if the waiting times for IAPT to be seen formally could be provided so that that the delay could be better understood. Julie Davies undertook to look into the matters raised.
- 11.13 Mr Geoff Braden raised a general question around safeguarding, advising that he had struggled to get a real feel for the number of children (and where that was projected to go) and whether we have capacity to do that adequately. Mr Braden went on to outline his concern and advised that what he sought was an assurance that the situation was being proactively managed, rather than waiting for a tsunami of cases as COVID restrictions lift. Shropshire Council reported that an assurance had been given to the Health and Wellbeing Board that home visits were taking place during the pandemic.
- 11.14 Tracy Slater responded and advised that she would take the concerns back to safeguarding colleagues for a discussion on how greater detail and level of assurance required can be provided in future reports.
- 11.15 Mr Meredith Vivian advised members that information and quarterly reports on adult, children and looked after children and safeguarding was received and discussed at the Quality and Performance Committee. Tracey Slater undertook to distil the key points for the Governing Body meetings going forward to provide the overall assurance being sought.
- 11.16 Mr Meredith Vivian advised members that at the last QPC meeting there was significant discussion around the exponentially growing backlog around individual commissioning and the significant capacity shortfall within the CCG. Mr Vivian expressed his disappointment that this information had not been covered in this report. Mr Vivian reported that he was aware that some short term funding had been found through the ICS process, and expressed the view that this is an important issue to make sure the Governing Body is aware of overall.
- 11.17 Claire Parker, in her capacity as the Director in Charge of Individual Commissioning, advised that separate reports had always been done to the Quality and Performance Committee around individual commissioning. Following discussion, Mrs Parker advised that going forward the Governing Body and QPC would receive updates.

RESOLVE: NHS Shropshire, Telford and Wrekin CCG NOTED and discussed the content of the reports and received the reports as an assurance that the CCG is discharging its statutory duty to secure continuous quality improvement in commissioning services with respect to quality assurance.

ACTION:

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

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.

Minute No. GB-21.07.045 – Finance – Finance Report Month 2

- 12.1 Laura Clare provided members with an overview of the Month 2 Finance report. Mrs Clare advised that the CCG were being nationally assessed and formally reporting on just the H1 position (months 1 – 6). Members were advised that, in line with the system plan that was submitted, a £ 6 million deficit was showing for the system at H1. It was reported that the CCG itself had a slight under performance at month 2 and was on plan for month 6. Members were advised that locally, what is important is the underlying position and what that looks like for the sustainability plan. Mrs Clare advised that, at the moment, the CCG is reporting a £ 7.2 million gap against the plan, which is purely down to our progress

against the efficiency target and the unidentified efficiency plan that is still in place which Steve Trenchard's team are working on to address and improve in the coming months.

- 12.2** Dr Pepper asked about the system long term financial plan and its availability to the Governing Body. Laura Clare advised that the plan was currently being developed and would come to the Governing Body when it had been to Committees.
- 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. Laura Clare further advised that some savings had been delivered so far (£ 500,000) at month 2. Members were advised that some schemes were not due to start until later in the year and a risk, particularly around individual commissioning had been identified. It was acknowledged that the gap could actually be bigger and a detailed report on efficiency delivery update will be included for the Governing Body going forward.
- 12.4** In response to a question from Donna McArthur relating to unbudgeted agency spend against running costs, Laura Clare advised that there were non-recurrent pressures around some agency costs and some double payments for senior posts within the team and that will be looked at in terms of the recurrent costs pressure. Members were advised that as we move toward 31st March and look at the current operating context and define what an ICS looks like, there is little point in appointing substantively into post. Members were advised that there is a current vacancy freeze in place. Members were advised that whilst there were non-recurrent pressures this year, it was the recurrent pressures that need focus and attention, looking at how we move forward into next year.
- 12.5** Claire Skidmore advised members that there were two dimensions to agency and interim staff appointment. One is what Laura Clare described in terms of the vacancy freeze and making sure we have a thorough assessment of any post before it gets taken forward. The second is the context within which we are operating in currently as we move towards 31st March, 2022 and begin to define what an ICS looks like. Members were advised that, in some circumstances, there would be a need to recruit into permanent roles. Careful consideration needed to be given in every circumstance to ensure that we have the right people in place with the right skills to do the jobs required.
- 12.6** Steve Trenchard expanded on the points raised by Laura Clare and advised on a productive meeting with Geoff Braden which had resulted in work on a 12 week plan rather than a 6 month which would provide a clearer picture of where we are with the efficiencies and allow a greater insight into the gaps, where they might be closing, maintaining or growing.

RESOLVE: NHS Shropshire, Telford and Wrekin CCG NOTED the information contained within the report and the need to focus all our efforts on the delivery of the 3% of the current efficiency target in order to meet the requirements of the sustainability plan.

Minute No. GB-21.07.046 – Governance – Proposed amendments to the Governance Handbook

- 13.1** Claire Skidmore outlined to members a report on the Proposed Amendments to the Governance Handbook (enclosure 2.3). Members were advised that in working to the handbook, it had become evident that one of the areas within it was slowing down decision making. Members were advised that the Governing Body are able to agree minor amendments to the Governance Handbook and the suggested changes were deemed to be minor. Members' attention was drawn to the request set out in the paper as it related to changes to the Governance Handbook wording and for the terms of reference for the Strategic Commissioning Committee.
- 13.2** Claire Skidmore advised that agreement and support was sought from members for the changes that are listed within the report.
- 13.3** Following a question from Donna McArthur, members discussed the implications of this change for the Primary Care Commissioning Committee. Following discussion it was AGREED that authority be given to check if a similar change to the terms of reference of the Primary Care Commissioning Committee and scheme of reservation and delegation would need to be made and if necessary, further authority is given for Claire Skidmore and Alison Smith to action as appropriate.

- 13.4 Following a question from Geoff Braden relating to the ICS and the governance handbook being based around what was in place previously and the possibility of delegating authority to committees, Claire Skidmore advised members that for this year the CCG retained statutory responsibility, with some licence to delegate responsibility but ultimately, accountability would rest with the CCG. Members were advised that the new constitution and governance handbook and associated documentation for the ICS was currently being produced. Mrs Skidmore advised on a cautious approach to delegation, taking into account what was deemed to be a minor change (which could be agreed upon by the Governing Body) or a more material change requiring a membership vote. Following further discussion Mrs Skidmore undertook to review the matter and report back at a later date.

RESOLVE: NHS Shropshire, Telford and Wrekin CCG is asked to APPROVE the governance handbook with the highlighted amendments as outlined in the report and appendix attached.

ACTION:

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.

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.

Minute No. GB-21.07.047 – Governance - Board Assurance Framework

- 14.6 Claire Skidmore reminded members of a recent session whereby the Board Assurance Framework had been reviewed based around the priorities that were agreed with the CCG this year. Mrs Skidmore presented to members a revised Board Assurance Framework document, which will be used as a working tool going forward.
- 14.7 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.
- 14.8 Following a question from Donna McArthur, on the inequalities in cancer survival and noted lack of data around that as a priority item, Julie Davies assured members that the analysis had been done and that the data had gone to the Cancer Strategy group in the first instance. Further investigation would be undertaken to understand some of the inequalities and underlying causes and the resulting mechanisms considered for taking the learning forward to get the delivery of improvement. Members were advised that this was still being considered.
- 14.9 Audrey Warren commented on the mitigation measures around Quality and Safety and expressed concern that the mitigation measures were not expressed in enough detail to bring the figures down to give the Board assurance. Claire Skidmore undertook to feedback on the comments made.
- 14.10 Dr Mike Matthee expressed the view that the Framework represented a work in progress (which remains open and adaptable) and expressed his thanks to the team for their hard work. Claire Skidmore advised that the Board Assurance Framework is a 'live' document and the feedback provided by members would be fed back. Mrs Skidmore further advised that the Framework represented the key risks to the delivery of the strategic priorities.
- 14.11 Geoff Braden commented on the Framework being a statutory requirement which is audited and suggested that the Framework is segmented into pieces for migration to the Committees sub structure for further assurance. Further discussion took place on the realities of mitigating risk and being collectively comfortable that the levels of risk are acceptable. Geoff Braden expressed the view that some really good work was being done here. Claire Skidmore undertook to take back the matter of committee sub structure involvement and report back.

RESOLVE: NHS Shropshire, Telford and Wrekin CCG is asked to REVIEW and APPROVE the Board Assurance Framework as at 30 June, 2021.

ACTION:

Zena Young to consider the level of detail include on the risk around Quality and Safety in the Board Assurance Framework to provide an additional level of assurance.

Alison Smith to consider how further assurance on the Board Assurance risks can be gained from individual Committee meetings scrutinising the Board Assurance Framework.

Minute No. GB-21.07.048 – Governance – item withdrawn

Minute No. GB-21-07.049 – Strategic Transformation and other reports – Integrated Care System Update

- 15.1 Claire Skidmore referred members to the Integrated Care System Update report which had been circulated prior to the meeting.
- 15.2 Mr Meredith Vivian expressed his thanks to Claire Skidmore (and Nicky O'Connor) for the production of a very helpful report.
- 15.3 Mr Meredith queried Pledge 8 (People and Communities) and expressed the view that the detail was lacking in terms of the work, people doing it and timescales.
- 15.4 In response, Claire Skidmore advised that there were a number of layers to communication and engagement for the ICS at the moment. There is one channel of work which is focussing on internal communications - both at Board and Director level and included in this was thinking about how messaging is pushed further down into the teams. In addition, there was a focus on the more external facing work, which is all about looking at how we get the right messages out to the general public and how do we involve them in the right discussions at the right time.
- 15.5 Members were provided with an overview of current work in process which included a series of development sessions, workshops, and various other activities being programmed on a regular basis to keep people informed and engaged. Members were advised on the launch of a bi-weekly system newsletter to promote collective communication.
- 15.6 In terms of the patients and public, members were advised that Edna Boamong and her team are currently working on an overarching plan and strategy for the ICS which would include a systematic approach to communication.
- 15.7 Members were assured that whilst currently there was nothing tangible to report, in terms of a plan and timeline, progress towards the development of a coherent and cohesive strategy was being made.
- 15.8 Members were advised that there was an ICS AGM planned for October, 2021 which will be the first formal opportunity for the ICS to talk to the public and begin the launch of what is happening.
- 15.9 Meredith Vivian commented on the work being carried out by Steve Trenchard and expressed the view that this work should feed in to what was described above. Steve Trenchard advised members that a discussion had taken place with Edna Boamong and went on to outline to members the work currently being done.
- 15.10 Meredith Vivian drew attention to the Climate Change work which was going to be completed end June. Claire Skidmore advised that this was being led by Local Authority colleagues and an update was currently not available – it was hoped that an update would be available imminently.
- 15.11 Mike Matthee expressed the view that currently Primary Care was neglected and that work on people and communities should include Primary Care as a whole. Dr Matthee went on to express his view that newsletters were not the most efficient means of disseminating information and taking timely action and expressed the view that brief meetings achieved more. He went on to say that the paper, whilst good, did present to him some concern over how these things would be fed down from the ICS to the communities and others in primary care.
- 15.12 The Chair advised that the CCG have a fortnightly Practice bulletin which goes out to Primary Care and this dovetails with the ICS newsletter. The Chair advised that there was a duty on everyone involved in

the Practices to ensure that the information is disseminated properly – not everyone can get to every meeting.

- 15.13** Claire Parker reported on her attendance at a meeting which discussed how Primary Care (in the wider sense: Primary Care, GPs, Practice Managers, other health professions etc.) get involved and at what levels. Mrs Parker advised that this was a developing piece of work alongside the ICS conversation. Mrs Parker further advised that success, as a system, revolves around Primary Care having front and centre involvement. Members were advised that as this develops the Governing Body, together with the Primary Care Commissioning Committee will be updated.
- 15.14** The Chair undertook to discuss the matter further with Dr Matthee outside of the meeting. By way of reassurance, the Chair advised that the leads of the PCNs and the LMC have been involved along with Deborah Shepherd, Jane Povey, Mark Brandreth and Sir Neil McKay and they are very much looking at how Primary Care will fit in. The Chair reported that there is a strong desire for Primary Care to be recognised as an integral part of this system, including at place based level.

RESOLVE: NHS Shropshire, Telford and Wrekin CCG NOTED and DISCUSSED the information provided within Integrated Care Service Update report.

Minute No. GB-21-07.050 – Armed Forces Covenant

- 16.1** Ash Ahmed declared a conflict of interest on this item in his capacity as a member of the West Midlands Veterans Advisory & Pensions Committee. It was AGREED that Mr Ahmed could remain in the meeting, take part in discussions but he would not be involved in any subsequent decision making.
- 16.2** Claire Parker outlined to members the Armed Forces Covenant and reported that it was based on the Chavasse Report by Professor Tim Briggs which sought to improve Veteran care for working armed forces and veterans and improve NHS standards. Members were reminded that the NHS made a commitment to the Armed Forces that all Health Care settings would provide services to Veterans, serving officers and their families. Mrs Parker went on to advise that when there were two separate CCGs, both signed up to the Veterans Covenant and it was felt that it was pertinent to bring a refresh of the agreement to the Covenant to the single CCG so that it can be minuted that the CCG is signing up to this.
- 16.3** In relation to a question from Geoff Braden relating to promoting the CCGs commitment to the Covenant, Claire Parker advised that the NHSEI are currently refreshing their structure around the veterans covenant and over the coming weeks there will be more information and links with acute trusts and other providers, which it may be possible to link in with. Mrs Parker undertook to liaise with Edna Boambong to progress this matter further.
- 16.4** Claire Skidmore reported to members on a Shropshire Veteran Aware Multi-agency Conference across the system which is coming up.
- 16.5** Claire Skidmore expressed her support for the recommendation.
- 16.6** Steve Trenchard expressed his support for the Covenant and provided members with an overview of providers who had already signed up to the Covenant. Further discussion took place on the possibility of the Covenant being supported by the ICS and not just the CCG and it was noted that this was currently under discussion by the Executive body. Mr Trenchard went on to express the view that supporting the Covenant was in line with the priorities and pledges of the CCG.
- 16.7** In response to a question from Ash Ahmed on how forces personnel access services in a new areas following relocation, Clare Parker advised that once the covenant was in place, an action plan would be formulated which would look at the Covenant more closely and assess how the content aims and objectives would be supported and managed.
- 16.8** The Chair advised that several Practices across the County were registered as Veteran Friendly Practices which was something that the Royal College of General Practitioners facilitated - further

information on this can be obtained from their website. The Chair also advised on Op Courage which is a service available for Veterans.

RESOLVE: NHS Shropshire, Telford and Wrekin CCG is asked to SIGN UP to the Armed Forces Covenant as a new CCG.

ACTION:

Claire Parker to liaise with Edna Boampong to promote the CCG's commitment to the Armed Forces Covenant

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 Nos. GB-21-07.051(a-f) NHS Shropshire, Telford and Wrekin CCG:

Finance Committee – 28 April 2021, 26 May, 2021
Quality & Performance Committee – 28 April 2021, 26 May, 2021
Locality Meetings Summary
Telford and Wrekin Locality Forum – 16 March 2021, 20 April, 2021, 18 May 2021
Audit Committee – 19 May 2021
Primary Care Commissioning Committee – 2 June 2021

17.2 The Chair advised members that there will be a summary paper (which had been circulated during the meeting) for the Strategic Commissioning Committee added to the papers on the website. Ash Ahmed provided members with an overview of the report (circulated prior to the meeting).

17.3 Meredith Vivian drew attention to errors relating to dates and reference to the joint committee contained within the report. The Chair advised that the report should be amended before being placed on the website.

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

ACTION:

Steve Trenchard to make amendments to the Strategic Commissioning Committee report and send to Faye Harrison for upload to the website.

Minute No. GB-21-07.052 – Any Other Business

18.1 There were no further matters to report.

Date and Time of Next Meeting

It was confirmed that the date of the next scheduled Governing Body Part 1 meeting is: Wednesday 8 September 2021 – time, venue and modality of the meeting to be confirmed nearer the time.

Dr Pepper officially closed the meeting at 15:26 pm.

SIGNED **DATE**

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 |
|--|--|--------------|-------------------|--|
| 10 th March 2021 GB-21-03.038 – NHS Shropshire CCG and NHS Telford and Wrekin CCG Quality and Performance Report – performance 14 Day rule | <p>Dr Davies to raise 14 day rule for paediatrics and children at the Cancer Group meeting and liaise with Dr Matthee on how to take this work forward.</p> <p>12/05/21 update - Dr Davies confirmed that it is David Whiting who is leading the report. David Whiting has not yet made contact with Dr Matthee and Dr Davies agreed to follow this up directly with David Whiting.</p> <p>14/07/2021 update – Dr Matthee advised that contact with David Whiting had not yet been made. Julie Davies undertook to move this forward with Dr Matthee and David Whiting.</p> | Julie Davies | September Meeting | Meeting arranged for the 2 nd September. This action can be closed following the meeting. Recommend Action Closed |
| 12 th May 2021 GB-21-05.014 – NHS Shropshire, Telford and Wrekin CCG Quality and Performance Report <u>Performance Report</u> | <p>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.</p> <p>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.</p> <p>Dr Matthee highlighted the report and the arrows used in the reporting line and suggested a data linear reporting system would be better. Dr Davies to discuss the data linear reporting system directly with Dr Matthee.</p> | Julie Davies | November Meeting | |

| Agenda Item | Action Required | By Whom | By When | Date Completed/ Comments |
|--|--|-------------------------------------|---|--|
| | 14/07/2021 update – Julie Davies to liaise directly with Dr Matthee on this item. | Julie Davies | September Meeting | Meeting arranged for the 2 nd September. This action can be closed following the meeting. |
| 12 th May 2021 Minute No. GB-21-05.015 Niche Consultancy Report | <p>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.</p> <p>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 27th July, 2021. Action: Further update at September Meeting.</p> <p>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.</p> | <p>Zena Young</p> <p>Zena Young</p> | <p>September Meeting</p> <p>September Meeting</p> | <p>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.</p> <p>Miss Cawley shared details of 6 comments received by Healthwatch regarding in-patient diabetes services from 2018 - to date. The information has also been shared with SaTH Patient Experience Lead (Ruth Smith). Recommend Action Closed.</p> |
| 12 th May 2021 GB-21-05.024 Transition to new CCG – Adoption of Key Strategies and Policies | <p>Dr Shepherd raised Medicines Management Policies and the fact that there is no consistency between those that are published on the website and those that are not. Dr Shepherd asked that if the publishing section on the new website could be reviewed by Medicines Management and in most cases published as a reference.</p> <p>14/07/2021 update – Matter referred on to September meeting for update.</p> | Zena Young | September Meeting | <p>The policies and procedures published on the MM website are under review as part of the scheme of work related to Single Strategic Commissioner. There is a large volume to be reviewed, which have been prioritized. Due to resource limitations, with the MM team deployed to support vaccination</p> |

| Agenda Item | Action Required | By Whom | By When | Date Completed/ Comments |
|--|--|---|--|---|
| | | | | <p>programme, it is not possible to accelerate this work, however both the Deputy Director of MM and the Executive Director of Nursing & Quality are kept informed of progress.</p> <p>Dr Shepherd's suggestion is noted and has been passed to the reviewers for consideration.</p> <p>Recommend Action Closed.</p> |
| <p>12th May 2021 GB-21-06.041 – Learning Disability Mortality Review Programme (LeDeR) Report for NHS Shropshire CCG and NHS Telford and Wrekin CCG</p> | <p>Mrs Young agreed to liaise with Mrs Parker to obtain detail around how the CCG was supporting criteria requested by GPs and obtain a response back for the next meeting</p> <p>Mrs Young to feedback to Steering Group concerns raised with regard to the use of DNA CPR not being appropriate for everyone with a Learning Disability and the suggestion of the use of a 'respect form'</p> <p>Mrs Parker to relay question with regard to training in LD Homes of the early detection tools at the LD&A Board and report back to Board.</p> <p>14/07/2021 update – Claire Parker advised that the matter was on the Agenda for discussion at the next LD&A Board.</p> | <p>Claire Parker</p> <p>Zena Young</p> <p>Claire Parker</p> | <p>September Meeting</p> <p>September Meeting</p> <p>September Meeting</p> | <p>The LeDeR steering group has been requested to consider this item. A 3-year LeDeR plan is in development and should consider this point.</p> <p>Recommend Action Closed.</p> <p>The training tools and LeDeR framework were agenda items at the August LDA Board - a really good discussion was had by the Board and it was recognised that some work on rolling the tool out had commenced but there was further work to do post Covid. It was agreed to keep as part of the LeDeR item at LDA Board.</p> <p>Recommend Action Closed.</p> |

| Agenda Item | Action Required | By Whom | By When | Date Completed/ Comments |
|---|---|--|--|--|
| 14 th July 2021 Minute No. GB-21-07.038 – Accountable Officer's Report | Claire Skidmore to arrange for the NHSE/I feedback letter on the IAF self-assessment to be circulated to Governing Body members following the 14 th July meeting. Claire Skidmore to arrange for a letter to be sent to all staff exiting William Farr House to thank them for their hard work and determination to make the move from William Farr House successful. | Claire Skidmore Claire Skidmore | Immediate Immediate | Action completed Recommend Action Closed Supported action but invited Meredith Vivian to attend a staff Huddle instead to provide the Governing Body's direct thanks to staff for their hard work and effort in making the move successful. Recommend Action Closed |
| 14 th July 2021 Minute No. GB-21-07.042 Quality and Performance – Maternity, including Local Maternity and Neonatal System Update Report | Fiona Ellis to provide a Gant Chart to Governing Body members showing when Badger Net would be phased into the different practices to enable a clearer understanding of how and when implementation will happen | Zena young/ Fiona Ellis | September Meeting | |
| 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 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. | Zena Young/ Tracy Slater Zena Young/ Tracy Slater | September Meeting September Meeting | The update on the falls prevention work has not yet been received and considered by the QPC There is a change to the reporting from QPC, with the chair providing the exception report. Recommend Action Closed. |
| 14 th 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 | Claire Skidmore/ Alison Smith | September Meeting | This has been checked but as Primary Care Commissioning is under a separate delegation agreement with NHSE/I which is already outlined in the Scheme of Reservation and Delegation this change to |

| Agenda Item | Action Required | By Whom | By When | Date Completed/ Comments |
|---|---|---------------------------------|--|---|
| | by the Governing Body. 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 | Strategic Commissioning Committee terms of reference does not need to be replicated for Primary Care Commissioning Committee Recommend Action Closed This is currently under review. |
| 14 July 2021 Minute No. GB-21.07.047 – Governance - Board Assurance Framework | Zena Young to consider the level of detail to include on the risk around Quality and Safety in the Board Assurance Framework to provide an additional level of assurance. Alison Smith to consider how further assurance on the Board Assurance risks can be gained from individual Committee meetings scrutinising the Board Assurance Framework. | Zena Young Alison Smith | September Meeting September Meeting | Completed Recommend Action Closed. A standing item on considering the BAF risks has been added to each committee meeting where the BAF will be presented outlining those risks that fall with the Committees' remit for discussion and assurance. Recommend Action Closed. |
| 14 th July 2021 Minute No. GB-21-07.050 – Armed Forces Covenant | Claire Parker to liaise with Edna Boampong to promote the CCG's commitment to the Armed Forces Covenant. | Claire Parker | Immediate | |
| 14 th July 2021 Minute Nos. GB-21-07.051(a-f) OTHER / COMMITTEE REPORTS FOR INFORMATION ONLY | Steve Trenchard to make amendments to the Strategic Commissioning Committee report errors relating to dates and reference to the joint committee contained within the report and send to Faye Harrison for upload to the website. | Steve Trenchard | Immediate | |

**REPORT TO: NHS Shropshire, NHS Telford and Wrekin CCG Governing
Body meeting to be held in Public on 8th September 2021**

| | |
|---------------------|--|
| Item Number: | Agenda Item: |
| GB-21-09.059 | Quality and Performance Committee held on 28 th July 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 |

| | | |
|--|------------------------------|--------------------------------|
| History of the Report (where has the paper been presented): | | |
| Committee | Date | Purpose (A,R,S,D,I) |
| Full minutes approved at the Shropshire, Telford and Wrekin CCG Quality and Performance Committee | 25 th August 2021 | S |

| |
|--|
| 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 28th July 2021 meeting.</p> <p>Performance</p> <ul style="list-style-type: none"> 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. Attendances have now gone well beyond pre-Covid levels since June and continued into July increasing to almost 40% higher than February 2019. The number of 12-hour DTA breaches is now increasing again along with the number of Ambulance handover delays in excess of 1 hour. 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 day15 There is an ongoing risk to the local cancer performance due to a 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 half what it was pre pandemic. This is in line with regional and national levels.
- Elective activity at local providers continues to recover steadily across the system. However this is now coming under pressure due to the ongoing increase in non-elective demand.
- The system has achieved above the 70% threshold in April, 75% threshold for May and unvalidated data indicates we have just got over the 80% threshold in June for activity but the corresponding revenue may be less as the system has over achieved on day cases but appears significantly under on inpatients .
- IAPT referrals are continuing to increase and are back to pre-COVID levels and the full capacity of the service is back in place.

Quality at SaTH

- The trust continues to experience workforce issues, notably in Maternity services.
- Steady progress is being made with improved standards of care as reported to CQC.
- The number of falls remains a key area of focus for improvement as this is the highest volume of safety incidents reported in the Trust.
- 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 at RSH in May 2021 to an average of 69% at RSH and 48% at PRH for the 4 week period up to the 30th May 2021.
- There were 2 maternity-related serious Incidents in June – outcomes for mothers and babies affected were good.

The main issue with regard to Maternity related to staffing and leadership. The CCG has agreed to receive an update on the Trust's new maternity leadership plan at the next Clinical Quality Review Meeting (CQRM) in August, 2021.

Children Safeguarding

- There has been a notable increase in both referrals to MPFT and Child or Young Persons presenting at Accident and Emergency (A&E) with mental health deterioration following the easing of lockdown.
- The CCG carried out a quality visit to the children's ward at SaTH on 19th May; safeguarding assurance was provided.

Learning Disability and Autism Update

- NHSEI now has more confidence in the STW system and has reduced the level of escalation.
- Performance target for Annual health check was met for 2020/21.
- The major risk to the system at this time is the long waiting list for adult autism assessment – a business case is in development.

Revised Complaints Policy

- The Committee Approved the revised Policy.

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 8th September 2021

| | |
|---------------------|------------------------------------|
| Item Number: | Agenda Item: |
| GB-21-09.060 | 2021/22 Month 4 Financial Position |

| Executive Lead (s): | Author(s): |
|---|---|
| Claire Skidmore Executive Director of Finance Claire.skidmore@nhs.net | Angus Hughes Associate Director of Finance- Decision Support Angus.hughes1@nhs.net |
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| 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) |
| Finance Committee | 25.08.21 | S,I |

Executive Summary (key points in the report):

The financial performance reported in this paper is for month 4 of 2021/22.

H1 Year to Date- M4:

The CCG year to date position overall is currently showing a £2.523m adverse variance to the planned surplus of £0.834m, i.e. a £1.689m deficit. This includes a £4m adverse position against the system adjustment and £1.483m spend less than plan for the CCG.

The year to date variance is broadly in line with that reported at M3. The favourable position for the CCG is mainly due to year end non recurrent benefits being realised against Prescribing and Co Commissioning spend, In year efficiency plans are currently delivering above the YTD plan with savings so far of £2.025m (£0.852m better than plan).

H1 Forecast- M6:

The CCG forecast position at M6/H1 overall is currently showing a £5.964m adverse variance to the planned surplus of £1.251m, i.e. a deficit of £4.713m. This includes a £6m deficit position against the system adjustment. This is in line with the forecast reported at Month 3.

The forecast position for the CCG incorporates the following current forecast variances:

- £3.3m overall adverse variance on Individual Commissioning (including Mental Health);
- £0.6m favourable variance on acute expenditure;
- £1.7m favourable variance due to prior year non recurrent benefits against Primary Care and Co

Commissioning expenditure;

- £0.2m improvement on planned patient transport contract costs due to reduced activity levels;
- £0.1m improvement in Running Costs due to the release of prior redundancy provisions;
- £0.5m favourable variance on other, this is mostly due to the COVID reserve release to offset unfunded COVID spend in Individual Commissioning as well as programme pay reductions due to vacancies.

The forecast position includes forecast delivery of efficiency plans in H1 of £2.6m (£0.2m better than plan).

The CCG is currently working 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. Internal and system reporting will focus on the underlying position of the CCG and system and performance against the system sustainability expenditure control totals.

The current CCG recurrent expenditure control total in the system sustainability plan is expenditure on non system providers of £453.368m. Based on the information that we currently have on recurrent expenditure the CCG is £8.7m away from delivering that control total. This is due to three main reasons:

- unidentified full year efficiency of £6.5m against the £13.5m 3% target.
- a recurrent overspend position of £0.6m on CCG running costs – executives currently reviewing action plan for this
- a £1.5m recurrent cost pressure relating to the regionally commissioned NHS 111 service that has arisen in year.

Work is underway to reset system organisation control totals for in year service changes and decisions made at the system investment group. Any impact on the CCG control total will be reflected in the next report.

Recommendations/Actions Required:

The Governing Body is asked to:

Note 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.

Report Monitoring Form

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

| | | |
|----|--|-----|
| 1. | Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i> | No |
| 2. | Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i> Yes, financial cost pressures to the CCG are described throughout the report. Overall financial risk is highlighted in the Governing Body Assurance Framework. Sufficient staff resources to identify and deliver the required efficiency plan is crucial to the achievement of the required financial position. | Yes |
| 3. | Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i> Yes, implications to the financial position and longer term financial sustainability of the CCG are described throughout the report | Yes |

| | | |
|----|--|----|
| 4. | Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i> | No |
| 5. | Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i> | No |
| 6. | Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i> | No |
| 7. | Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i> | No |

| Strategic Priorities – does this report address the CCG’s strategic priorities, please provide details: | | |
|--|--|-----|
| 1. | To reduce health inequalities by making sure our services take a preventative approach 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:

| | |
|--|----|
| Table 1: Financial Performance Dashboard - Key Indicators | 4 |
| Table 2: H1 M4 YTD Position | 5 |
| Table 3: H1/M6 Forecast | 6 |
| Table 4: Forecast performance against sustainability non system expenditure control total | 8 |
| Table 5: 2021/22 Efficiency forecast | 9 |
| Table 6: Risk and Mitigation | 10 |

Graphs included in this report:

No table of figures entries found.

2021/22 Month 4 Financial Position

Introduction

1. The financial performance reported in this paper is for Month 4 - July 2021.

Summary Financial Performance

Financial Performance Dashboard

2. The CCG financial performance dashboard against its key targets is shown below.

Table 1: Financial Performance Dashboard - Key Indicators

| Target/Duty | Target | RAG |
|---|------------------------|-----|
| H1 | | |
| Statutory duty to break-even | Break-Even | |
| Control Total (exc System adjs) | £4.749m deficit | |
| Control Total (inc System adjs) | £1.251m surplus | |
| Sustainability Plan | | |
| Statutory duty to break-even | Break-Even | |
| Control Total (non-system expenditure total) | £453,369k | |
| | | |
| Cash | 1.25% monthly drawdown | G |
| Better Payment Practice within 30 days (Number of invoices) | >=95% | 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. The 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 £250,000, whichever is greater. This was met for the CCG in Month 4.
5. The Better Payment Practice targets were also met in Month 4 as over 95% of invoices were paid within 30 days.

H1 Year to Date Position

Table 2: H1 M4 YTD Position

| Category | YTD | | |
|---|----------------|----------------|---------------|
| | M4 Budget | M4 Actual | M4 variance |
| | £'000 | £'000 | £'000 |
| Allocation: | | | |
| Programme | 280,146 | 280,146 | 0 |
| Running Costs | 3,096 | 3,096 | 0 |
| Co commissioning | 25,507 | 25,507 | 0 |
| Planned surplus | (834) | (834) | 0 |
| Retrospective HDP expected | 247 | 247 | 0 |
| | 308,162 | 308,162 | 0 |
| | | | |
| Expenditure: | | | |
| In system: | | | |
| SaTH | 119,629 | 119,629 | 0 |
| RIAH | 16,447 | 16,447 | 0 |
| Shropcomm | 24,769 | 24,772 | (3) |
| In system total | 160,845 | 160,848 | -3 |
| | | | |
| Out of system: | | | |
| Acute | 24,308 | 23,877 | 431 |
| Community | 4,949 | 4,898 | 51 |
| Individual Commissioning/ Mental Health | 52,253 | 53,831 | (1,578) |
| Primary Care (inc Co Commissioning) | 60,213 | 58,479 | 1,734 |
| Other | 11,519 | 10,942 | 577 |
| Running Costs | 3,096 | 2,828 | 268 |
| Unidentified QIPP | 0 | 0 | 0 |
| Out of system total | 156,337 | 154,854 | 1,483 |
| | | | |
| System Affordability Gap | (4,003) | 0 | (4,003) |
| TOTAL | 313,180 | 315,703 | -2,523 |

6. Year to date financial performance is an overspend of £2.523m against the planned surplus of £834k, i.e an overall £1,689k deficit. However, this includes a YTD system affordability gap of £4m.
7. This position includes anticipated year to date allocations in relation to the Hospital Discharge programme of £247k, £197k relates to HDP expenditure within individual commissioning and £50k relates to HDP expenditure incurred by 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.
8. The primary reason for the current favourable year to date variance is an underspend within Prescribing included in the Primary Care line. This is due to the release of prior year benefits following validation of the 2020/21 M11 and M12 Prescribing cost data. There has also been a release of prior year benefits relating to QOF within Co Commissioning.
9. The underspend on the acute line is due to a small delay in the start date (From April to May) of the new neurology service transferring from SATH to Royal Wolverhampton, and also a small reduction on the Betsi Cadwaladr contract value. There is an emerging risk in the acute sector around an increase seen in private provider NCA activity, particularly in Ophthalmology.
10. There is a small favourable variance in Community expenditure due to reduced spend against the Powys contract.
11. The Individual Commissioning (including Mental Health) overspend shown above is partially due to lower budget phasing in H1, an increase in TCP patients in Month 4 and also additional staff costs deployed to recover the backlog of assessments. The staffing pressure is covered in the full year position by increased QIPP to be delivered in H2.
12. The underspend on Other is due to an improvement on the patient transport contract due to reduced activity levels and favourable pay costs due to vacancies.

13. The running costs underspend relates to the net impact of the release of prior year redundancy provisions exceeding other costs incurred, the majority of which are non recurrent.

14. In year efficiency plans are currently delivering above the YTD plan with recurrent savings so far of £2.025m.

H1 Forecast Position

15. NHSEI are currently asking for a forecast at H1/Month 6 rather than full year as funding has only currently been agreed and provided for H1.

Table 3: H1/M6 Forecast*

| Category | H1 FOT | | |
|---|----------------|----------------|---------------|
| | M6 Budget | M6 Actual | M6 variance |
| | £'000 | £'000 | £'000 |
| Allocation: | | | |
| Programme | 425,173 | 425,173 | 0 |
| Running Costs | 4,590 | 4,590 | 0 |
| Co commissioning | 38,260 | 38,260 | 0 |
| Planned surplus | (1,251) | (1,251) | 0 |
| Retrospective HDP expected | 1,335 | 1,335 | 0 |
| | 468,107 | 468,107 | 0 |
| Expenditure: | | | |
| In system: | | | |
| SaTH | 178,328 | 178,327 | 1 |
| RJAH | 24,671 | 24,671 | 0 |
| Shropcomm | 37,153 | 37,153 | (0) |
| In system total | 240,152 | 240,152 | 1 |
| Out of system: | | | |
| Acute | 37,219 | 36,626 | 593 |
| Community | 7,675 | 7,611 | 64 |
| Individual Commissioning/ Mental Health | 78,113 | 81,383 | (3,269) |
| Primary Care (inc Co Commissioning) | 94,079 | 92,337 | 1,742 |
| Other | 17,301 | 16,540 | 761 |
| Running Costs | 4,590 | 4,440 | 150 |
| Unidentified QIPP | 0 | 0 | 0 |
| Out of system total | 238,978 | 238,937 | 40 |
| System Affordability Gap | (6,005) | 0 | (6,005) |
| TOTAL | 473,125 | 479,089 | -5,964 |

*For information:

| | £m |
|---|--------------|
| CCG Planned H1 Deficit | 4.751 |
| System adjustment held by the CCG to balance overall plan (highlighted as system risk to NHSEI) | (6.002) |
| TOTAL CCG (including system adjustment) planned H1 surplus | 1.251 |

16. H1 financial performance is a forecast overspend of £5.964m against total budget. This includes a YTD system affordability gap of £6m meaning that CCG performance is currently forecast to be slightly better than the submitted plan by £40k. The £6m adverse variance is in line with the plan submission reported to NHSEI and the risk level flagged.
17. Acute spend is forecast to be favourable overall as already referenced in the year to date commentary.
18. Favourable performance in Community relates to the underspend against the Powys Community contract.
19. The £3.269m adverse variance on Individual Commissioning (including Mental Health) relates to the fact that the CCG is behind in the reviews of patients including those patients funded on Scheme 1 of the Hospital Discharge Programme for which there is no longer any central funding available. There are also additional Broadcare costs which have been identified this month and the inclusion of five new TCP patients.
20. The favourable variance against Primary Care has been referenced in the year to date commentary. Further opportunities will continue to be monitored as we progress through the year based on validated Prescribing cost data. There is a risk in this area as the April/May data has shown a 5% increase on costs in the previous year, the budget only allows for expected growth of 3.3%. This is currently being reviewed with the medicines management team. At this stage it has not been assumed that this level of increase will continue but this has been flagged in the risk section of the report.
21. The variance on Other expenditure includes an underspend on Patient Transport and pay underspends due to current vacancies.
22. Running costs is currently forecast to be favourable on a non recurrent basis. The YTD benefit from the release of the prior year redundancy provision will be offset by additional non recurrent staff costs and agency staff usage. Although on a non recurrent basis spend will be within budget there is a significant recurrent pressure if vacancies are recruited to on a permanent basis. This has been further exacerbated by the recent announcement that for CCGs the 3% pay award has to be absorbed within existing running cost allocations.
23. Forecast efficiency plans for H1 are slightly above plan with forecast achievement of £2.6m (favourable against plan by £0.2m).
24. The forecast position at Month 6 assumes that we will receive £4.480m of hospital discharge programme (HDP) funding in line with the recent guidance. £2.89m has been received in July. Of the remaining forecast £0.363m relates to HDP expenditure within individual commissioning and £1.227m relates to HDP expenditure incurred by the Local Authorities. If this funding is not approved this will deteriorate the financial position.
25. The H1 forecast HDP expenditure within Individual Commissioning is only £0.3m higher than that reported YTD as the amount of Covid related expenditure will reduce. The funding programme changes for discharges from 1st July to provide only four weeks cover, rather than six weeks.

Sustainability and Underlying Position

26. The CCG is currently working 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.
27. Internal and system reporting will focus on the underlying position of the CCG and system performance against the sustainability expenditure control totals.
28. The current YTD CCG recurrent expenditure control total in the system sustainability plan is expenditure on non system providers of £150.935m. Based on the information that we currently have on recurrent expenditure the CCG is £2.9m away from delivering that control total. This is due to unidentified year to date efficiency of £2.2m, £0.5m recurrent hit on NHS 111 and £0.2m recurrent hit on running costs.

29. The current full year CCG recurrent expenditure control total in the system sustainability plan is expenditure on non system providers of £453.369m, based on the information that we currently have on recurrent expenditure the CCG is £8.7m away from delivering that control total. This is due to three main reasons:

- unidentified full year efficiency of £6.5m against the £13.5m 3% target.
- a recurrent overspend position of £0.6m on CCG running costs – executives currently reviewing action plan for this
- a £1.5m recurrent cost pressure relating to the regionally commissioned NHS 111 service that has arisen in year. This is due to unprecedented increased demand for the service and is subject to regular regional Director of Finance briefings.

Table 4: Forecast performance against sustainability non system expenditure control total

| Category of Expenditure | Sustainability plan budget £'000 | Recurrent full year effect expenditure forecast £'000 | Variance £'000 |
|---|----------------------------------|---|----------------|
| Acute | 79,583 | 79,439 | 145 |
| Community | 13,088 | 13,181 | (93) |
| Individual Commissioning/ Mental Health | 154,051 | 154,114 | (63) |
| Primary care (inc prescribing and co commissioning) | 177,051 | 177,139 | (88) |
| Other | 26,922 | 28,415 | (1,493) |
| Running Costs | 9,178 | 9,822 | (644) |
| Unidentified QIPP | (6,504) | - | (6,504) |
| TOTAL | 453,369 | 462,110 | (8,741) |

30. The M12 Budget shown in table 4 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.

31. 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.

32. There is currently a system wide exercise underway to ensure that control totals are reflective of the latest agreements around system investment and to ensure that at this point in the year are realistic about efficiency delivery. At the time of writing this report this work had not been concluded and therefore an update will be provided in the next report. It is expected that for the CCG the main change will be around the assessment of realistic efficiency delivery that is achievable in 2021/22.

33. The full year sustainability plan incorporates a 3% efficiency target for the CCG of £13.58m. The full year effect of plans that have currently been identified and assessed as deliverable shows a forecast efficiency delivery of £7.08m. Additional full year efficiency schemes of £6.50m are therefore required in order to achieve the sustainability 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. Table 5 demonstrates how the existing plans are expected to deliver across each of the key themes.

Table 5: 2021/22 Efficiency forecast

| Theme | Recurrent full year effect net savings £m |
|--------------------------|---|
| Medicines Management | 2.57 |
| Individual Commissioning | 3.50 |
| Primary Care | 0.25 |
| Estates | 0.31 |
| Contracts | 0.45 |
| | 7.08 |

34. In order to progress with additional schemes, a key set of actions for those areas in development has been agreed and leads are now working towards a 12 week plan. A workshop has been arranged to help identify any additional efficiencies the CCG may have through ensuring contracts are aligned with agreed outcomes and system priorities. A deep dive in to the areas under development was held in Finance Committee during August where feedback from clinical leads helped to provide challenge and raise awareness of issues. Executives are being kept informed of progress together with any emerging risks on a weekly basis.
35. The CCG is committed to working to deliver the 3% full year effect efficiency programme by the end of the year. Until the efficiencies are identified and assessed as deliverable, system investments will not be approved. The lack of investment will of course have implications for quality and safety and therefore it is really important that the CCG and the system overall is able to find the required efficiencies to enable investments to be approved.

Risk and Mitigation

36. 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 limited. There is therefore inherent risk around the position until we have further monthly data to review. The £6.5m gap in the efficiency plan is included in the current forecast and it is hoped that this will reduce as plans develop. Specific risks in expenditure areas are highlighted below.
37. The CCG now has very little mitigation to offset these risks if they materialise as the decision was made to remove all contingency from the plan as it was unaffordable. If the risks below materialised the CCG only position would be a £1.4m adverse variance to the H1 plan and a £6.5m additional adverse variance to the sustainability plan (i.e. total sustainability variance of £15.2m). A risk management framework is currently in discussion across the system so that risks can be addressed and system solutions developed.
38. Known risks identified are:
- Individual commissioning due to volatility around forecasting as well as risk around the efficiency plan delivery.
 - 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 this increase becomes recurrent this will deteriorate the overall financial position.
 - Prescribing expenditure - only 2 months of data received so far but this shows a significant increase in spend. If spend continues at the same rate there is likely to be further overspend in H1. The data for April/May is currently being reviewed with the medicines management team.
 - Potential cost pressure around NHS 111 in H1- cost has now been reflected for H2 but there is no agreement yet around H1: awaiting further information from the lead commissioner;

Table 6: Risk and Mitigation

| H1 Risk (£m) | | H1 Mitigation (£m) | | Full year/underlying Risk (£m) | Full year/underlying mitigation (£m) |
|--|------------|--------------------|----------|--------------------------------|--------------------------------------|
| Individual Commissioning – risk around volatile forecast and efficiency delivery | 0.4 | | - | 3.3 | - |
| Acute NCA pressure becomes a recurrent issue | - | | - | 1.5 | - |
| Prescribing- risk around growth seen in spend Apr/May continuing and efficiency delivery | 0.4 | | | 1.7 | - |
| NHS 111 overspend – now factored into H2 and recurrent position but risk around H1 | 0.7 | | | - | |
| | 1.4 | | - | 6.5 | - |

39. The risk highlighted last month around running costs has now moved into the underlying forecast and the key issues are being discussed with the executive team to identify actions that can be put into place to reduce the pressure.

40. There is also a system cost pressure around recent changes to ERF threshold guidance - this is estimated to be £3.8m, but may be mitigated by further cost reductions and recovery from NHS Wales. This pressure will manifest in the system provider positions rather than the CCG and options are currently being reviewed and discussed at the system Elective recovery group.

H2 (October to March)

41. Formal guidance for the second half of the financial year has not yet been received but Directors of Finance were updated recently on a national meeting to expect similar arrangements to those in H1 and a return to published allocations to be delayed until April 22.

42. Allocations are therefore expected to operate on a similar basis to H1 with system support and COVID funding as well as block contract arrangements. It is likely however that a higher efficiency target will be applied in H2 compared to H1. We will provide further information on this as it is received.

Long Term Financial Plan

43. The long term financial plan continues to be modelled. A recent workshop between finance and planning directors across the system discussed and agreed the assumptions to be applied. A board workshop also took place in July to engage board members across all organisations in the development of the model and the financial framework. Work continues to map the base case financial position and projected transformational savings from the system 'big ticket items. The initial overview of the system plan is due to be discussed at a system board workshop on 6th September.

Conclusion

44. In H1 the CCG is currently projecting to deliver 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.

45. For the underlying sustainability plan the CCG expenditure is currently £8.7m away from the recurrent plan. The three main reasons for this are unidentified QIPP, the overspend on running costs and the regional cost pressure around the NHS 111 service. Action needs to be taken both within the CCG and across the system to address these overspends and offset unavoidable overspend areas with increased

efficiency delivery wherever possible. Delivery of the 3% target on a recurrent full year basis remains the priority of all CCG teams.

Work is underway to reset system organisation control totals for in year service changes and decisions made at the system investment group.

**REPORT TO: NHS Shropshire, NHS Telford and Wrekin CCG Governing Body
meeting on 8th September 2021**

| | | | | | | | | | |
|--|--------------------------|---|---|-------------|-------------------------------------|--------------|--------------------------|---------------|-------------------------------------|
| Item Number: | | Agenda Item: | | | | | | | |
| GB-21-09.061 | | Elective Recovery Report – for June & July 2021 | | | | | | | |
| Executive Lead (s): | | | Author(s): | | | | | | |
| Julie Davies Director of Performance Julie.davies47@nhs.net | | | Julie Davies Director of Performance Julie.davies47@nhs.net | | | | | | |
| Action Required (please select): | | | | | | | | | |
| A=Approval | <input type="checkbox"/> | R=Ratification | <input type="checkbox"/> | S=Assurance | <input checked="" type="checkbox"/> | D=Discussion | <input type="checkbox"/> | I=Information | <input checked="" type="checkbox"/> |
| History of the Report (where has the paper been presented): | | | | | | | | | |
| Committee | | | Date | | Purpose (A,R,S,D,I) | | | | |
| | | | | | | | | | |
| Executive Summary (key points in the report): | | | | | | | | | |
| <p>Elective recovery is continuing but coming under increasing pressure as Covid hospitalisation levels and other emergency pressures have recently increased. STW achieved the revenue thresholds in April and May but may fall slightly short for the 80% target in June. Our combined system day case/elective position was slightly above the activity plan in June, but we have yet to have confirmation on the revenue value and whether this achieves the threshold.</p> <p>The system is ensuring all the relevant activity has been submitted and the baseline adjusted to compensate for the switch in the Neurology service to New Cross in May. The system achieved the OP and day case thresholds but the elective level may have prevented the overall revenue target being achieved.</p> <p>The national threshold was increased in July from 85% to 95% and based on the plans submitted for H1 the STW system is unlikely to achieve this new target. This will now result in a cost pressure for the system of ~£3.7m having made previous commitments against expected ERF income which will now be lower. The system CEOs have agreed to maintain the planned expenditure for the remainder of H1 to support the recovery.</p> <p>The second element of the elective recovery threshold is delivery of 5 gateway criteria which are:-</p> <ol style="list-style-type: none"> 1. Clinical validation, waiting list and long waits 2. Addressing health inequalities 3. Transforming outpatients 4. System-led recovery 5. People recovery <p>A regional template was defined to measure delivery at the end of June and was submitted at the</p> | | | | | | | | | |

end of July. The system was found to have fully met the criteria in 4 of the 5 gateways and partially met the 'Addressing Health Inequalities' gateway. This gateway remains partially met in the July system with progress made in several of the elements but with work still to do on the inequalities related to blood pressure and COPD and in the reporting of inequalities to the system committees and boards. Progress against these is expected during September but remains challenging as the detailed requirements for this gateway were only released in late July.

Detailed work continues on the longest waits to develop action plans to eliminate the >104wk waits as soon as possible. Particular pressures there relate to spinal surgery and the system is working with the regional specialised commission team on this. Further work is now underway across the system in conjunction with the regional and national recovery teams on the detailed longer term demand and capacity models. This will take core provider capacity, add in planned efficiency improvements (based on GIRFT and the Midlands Elective Delivery Programme) expected over coming months and any independent sector capacity secured, to identify any remaining gap. This work is expected to be complete by the end of October. This aligns to the planning timetable for H2 with the guidance expected on the 16th September and the plan submission date in November.

| 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 we fail to deliver the activity thresholds in the Elective Recovery Framework and the associated Gateways requirements the system may not receive the full ERF funding it could/should have done.</i> | Yes |
| 3. | Is there a risk to financial and clinical sustainability? <i>The system has made commitments against 75% of the value of the ERF funding that the system originally expected to receive based on its H1 plan. The system is now projecting a £3.7m cost pressure at month 4 due to the reduced levels of ERF funding expected as a result of the change in threshold to 95% from July.</i> | Yes |
| 4. | Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated?)</i> | No |
| 5. | Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i> | No |
| 6. | Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i> | No |
| 7. | Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i> | No |
| Recommendations/Actions Required: | | |
| The Governing Body is asked to note the content of the report and receive partial assurance regarding the STW system's ongoing delivery of its H1 elective recovery plan. | | |

1 Elective Recovery Framework Performance

This is the third month of reporting the STW system delivery against the H1 elective activity plan and recovery framework. The framework is comprised of two main elements, one being activity/revenue and the other is a list of 5 gateway criteria:

1. Clinical validation, waiting list and long waits
2. Addressing health inequalities
3. Transforming outpatients
4. System-led recovery
5. People recovery

A regional template was issued by NHSEI in July to measure progress against the other gateway elements for June onwards. This was submitted at the end of July and STW met all but one of the gateways in June. The health inequalities gateway was deemed to be only partially met. The detail of this submission and NHSEI feedback was provided to the CCG Quality and Performance committee at their meeting in August. The Director of Performance has a meeting with the regional lead in early September to go through the detail so action can be taken to fully achieve this gateway in the future. Also in July the national threshold for the activity/revenue measure was increased from 85% to 95%. The H1 plan originally submitted did achieve the 85% threshold but could not achieve beyond that due to theatre workforce constraints. That now combined with increasing non-elective demand pressures, reducing the number of elective beds available at SaTH, make the achievement of 95% at a system level impossible. Both main providers are currently reviewing their plans and projecting forward for H2. RJAH are expected to be able to submit an improved plan for H2 but this alone will not be sufficient for the STW system to achieve the new national thresholds.

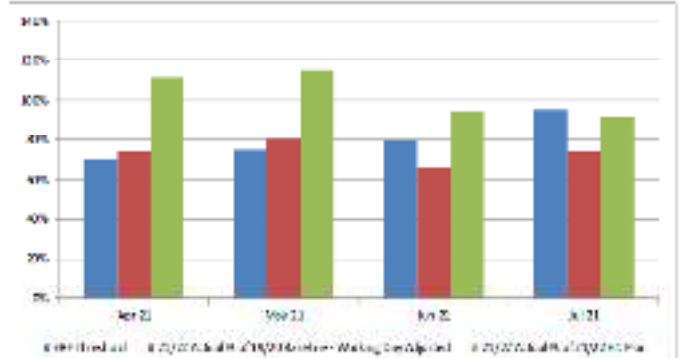
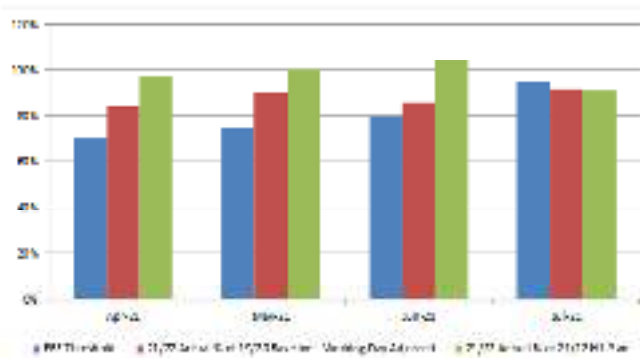
SATH and RJAH Elective Activity Recovery against H1 Plan and 19/20 Working Day Adjusted Baseline

April –June is validated data and July is un-validated data and may be subject to change. Diagnostics are based on DM01 – English Commissioners only and total Provider catchment. July activity especially endoscopy may be understated while awaiting coding completeness.

Daycase

Elective

| Month | 20/20 Daycase - 70% Target | 20/20 Daycase - 75% Target | 20/20 Daycase - 80% Target | 20/20 Daycase - 85% Target | 20/20 Daycase - 90% Target | 20/20 Daycase - 95% Target | 20/20 Elective - 70% Target | 20/20 Elective - 75% Target | 20/20 Elective - 80% Target | 20/20 Elective - 85% Target | 20/20 Elective - 90% Target | 20/20 Elective - 95% Target |
|--------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Apr-20 | 88% | 91% | 93% | 94% | 95% | 96% | 70% | 75% | 78% | 80% | 82% | 84% |
| May-20 | 88% | 92% | 94% | 95% | 96% | 97% | 75% | 80% | 82% | 84% | 86% | 88% |
| Jun-20 | 88% | 92% | 94% | 95% | 96% | 97% | 65% | 70% | 72% | 74% | 76% | 78% |
| Jul-20 | 88% | 92% | 94% | 95% | 96% | 97% | 75% | 80% | 82% | 84% | 86% | 88% |



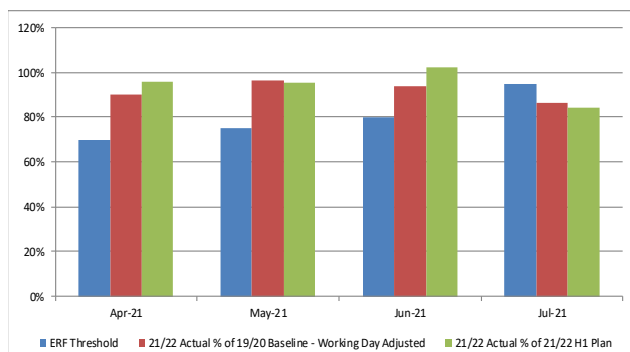
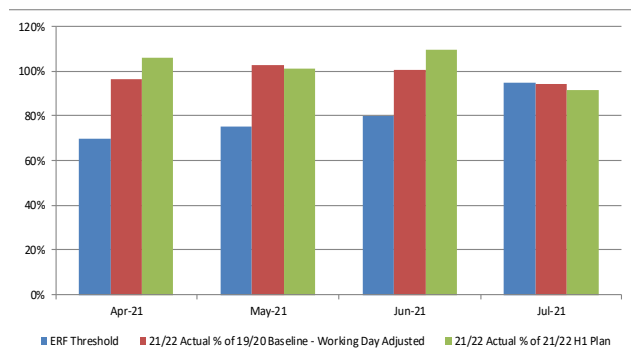
Both daycase and elective achieved the national thresholds of 70% in April and 75% in May, but in June we achieved the 80% ERF threshold for daycase but were significantly short of the threshold for elective. This was due to a combination of theatre workforce shortfall at SaTH and the lack of an agreement with the consultant body at RJAH regarding out of job plan work. This has since been agreed so the position improved in July but due to the increase in the threshold to 95% the system only just failed the daycase target but was ~20% short on the elective target. Our combined system day case/elective position was slightly above the activity plan in June, but we have yet to have confirmation on the revenue value and whether this achieves the threshold.

Both 1st and follow up OP have achieved the national thresholds of 70% in April, 75% in May and 80% in June but our system follow up position was slightly below plan for April & May but above plan in June. The unvalidated position indicates that the system did not achieve its plan in July and was below the new national threshold of 95%.

1st Outpatients

Follow Up Outpatients

| Month | 19/20 Baseline - Working Day Adjusted | 21/22 H1 Plan | 21/22 Actual | ERF Threshold | 21/22 Actual % of 19/20 Baseline - Working Day Adjusted | 21/22 Actual % of 21/22 H1 Plan | Month | 19/20 Baseline - Working Day Adjusted | 21/22 H1 Plan | 21/22 Actual | ERF Threshold | 21/22 Actual % of 19/20 Baseline - Working Day Adjusted | 21/22 Actual % of 21/22 H1 Plan |
|--------|---------------------------------------|---------------|--------------|---------------|---|---------------------------------|--------|---------------------------------------|---------------|--------------|---------------|---|---------------------------------|
| Apr-21 | 15215 | 13813 | 14654 | 70% | 96% | 106% | Apr-21 | 30351 | 28485 | 27319 | 70% | 90% | 96% |
| May-21 | 14760 | 14935 | 15148 | 75% | 103% | 101% | May-21 | 27755 | 28004 | 26744 | 75% | 96% | 96% |
| Jun-21 | 16712 | 15392 | 16868 | 80% | 101% | 110% | Jun-21 | 32226 | 29516 | 30201 | 80% | 94% | 102% |
| Jul-21 | 16701 | 17195 | 15769 | 95% | 94% | 92% | Jul-21 | 31100 | 31888 | 26793 | 95% | 86% | 84% |



104 wk waiters

The current position (as at 26th August) for STW is that SaTH have 20 patients who have waited over 104 wks. 7 have currently chosen to wait and of the remaining 13 patients 5 have treatment dates booked. RJAH have 41 English patients, 34 of which are spinal, >104wks. 31 of the 34 have been given dates. The Trust also have a cohort of Welsh long waiters which includes a number of patients transferred from Betsi Cadwaladr when they had already waited >52wks. The system is currently working on a plan to have no patients waiting more than 104 wks by the end of March with the exception of the complex spinal patients where capacity is particularly limited both regionally and nationally.

Elective Recovery Framework Funding position

There has now been agreement that Wales is following the English ERF process which has attracted additional income for our local system for April and May. The final agreement of funding to be received runs two months in arrears. The following table provides the month 4 forecast for the ERF income received and the pre-commitments agreed for H1. This continues to be reported to the CCG Finance Committee and the system Director of Finance group. Locally NHSEI have advised the system to continue with its current plans and commitments for H1. It is clear due to the change in target to 95% the system is unlikely to receive any further ERF funding under the current arrangements. The CCG is in discussion with the region to see if any partial payment maybe possible for July & August due to plans just falling short of the revised target.

| | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Total |
|-------------------------------------|------------------|------------------|------------------|--------------------|--------------------|--------------------|--------------------|
| PLAN | £ | £ | £ | £ | £ | £ | £ |
| ERF Threshold | 70% | 75% | 80% | 85% | 85% | 85% | |
| Threshold Achievement - Plan | 84% | 90% | 83% | 96% | 96% | 92% | |
| Income | 1,852,488 | 2,026,969 | 400,785 | 1,827,842 | 1,761,501 | 1,201,343 | 9,070,929 |
| Costs | (139,878) | (139,878) | (1,239,159) | (1,560,573) | (1,567,392) | (2,736,697) | (7,383,578) |
| Net Surplus/(Deficit) | 1,712,610 | 1,887,091 | (838,374) | 267,268 | 194,109 | (1,535,354) | 1,687,351 |
| M4 Forecast | | | | | | | |
| ERF Threshold | 70% | 75% | 80% | 95% | 95% | 95% | 0% |
| Threshold Achievement - M4 Forecast | 79% | 83% | 74% | 93% | 94% | 90% | 0% |
| Income | 1,161,554 | 1,073,673 | 0 | 0 | 0 | 0 | 2,235,227 |
| Costs | (139,878) | (139,878) | (915,305) | (1,280,811) | (1,341,337) | (2,181,219) | (5,998,427) |
| Net Surplus/(Deficit) | 1,021,676 | 933,795 | (915,305) | (1,280,811) | (1,341,337) | (2,181,219) | (3,763,200) |
| Movement | | | | | | | |
| Baseline Adjustments | 11,238 | 2,683 | 1,258 | 5,357 | 10,298 | 6,110 | 36,944 |
| Income - Case Mix | (702,172) | (955,979) | (402,043) | (367,497) | (337,939) | (305,340) | (3,070,970) |
| Income Q2 Regime | | | | (1,465,702) | (1,433,861) | (902,113) | (3,801,676) |
| Costs | 0 | 0 | 323,855 | 279,763 | 226,055 | 555,478 | 1,385,151 |
| Movement | 690,934 | 953,297 | 76,931 | 1,548,079 | 1,535,446 | 645,865 | 5,450,551 |

- There has been a £5.5m adverse movement from the planned surplus of £1.7m to the M4 forecast deficit of £3.8m – a combination of case mix and Q2 ERF regime change.
- The £3.8m forecast deficit is primarily attributed to the Q2 ERF regime change. Adverse case mix in Q2 is offset by reductions in forecast costs

Longer term recovery plan

Further work is now underway across the system in conjunction with the regional and national recovery teams on the detailed longer term demand and capacity models. This will take core provider capacity, add in planned efficiency improvements (based on GIRFT and the Midlands Elective Delivery Programme) expected over coming months and any independent sector capacity secured, to identify any remaining gap. This work is expected to be complete by the end of October. This aligns to the planning timetable for H2 with the guidance expected on the 16th September and the plan submission date in November.

Recommendation

The Governing Body is asked to note the content of the report and receive partial assurance regarding the STW system's delivery of its H1 elective recovery plan.

**REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body Meeting
Meeting held on 8th September 2021**

| Item Number: | Agenda Item: |
|--------------|----------------------|
| GB-21-09.063 | CCG Digital Strategy |

| Executive Lead (s): | Author(s): |
|---|---|
| Steve James Chief Clinical Information Officer Stephenjames1@nhs.net Claire Skidmore Executive Director of Finance Claire.skidmore@nhs.net | Mark Aspinall IT Strategy Lead Mark.aspinall@nhs.net |

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

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

| Executive Summary (key points in the report): |
|---|
| <p>At the May 2021 Governing Body meeting a paper was presented outlining the steps being taken to formulate and develop a digital and IT strategy for the new CCG as neither legacy organisation had a recently reviewed IT strategy or work programme in place.</p> <p>The paper in May outlined the short-term (tactical) workstreams in place and the work that was being done to create a longer term digital and IT strategy.</p> <p>Over the last few months the CCG IT strategy lead has worked with both internal and external stakeholders to develop the attached digital strategy. This strategy document will continue to evolve as the system digital strategy and the plans for an ICS develop.</p> <p>The strategy document also details updates on progress in the various workstream areas.</p> |

| Recommendations/Actions Required: |
|--|
| <p>The governing body is asked to:</p> <p>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.</p> |

Report Monitoring Form

| Implications – does this report and its recommendations have implications and impact with regard to the following: | | |
|--|---|----|
| 1. | Is there a potential/actual conflict of interest? | No |

| | | |
|----|--|-----|
| | <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i> | |
| 2. | <p>Is there a financial or additional staffing resource implication? <i>(If yes, please provide details of additional resources required).</i></p> <p><i>There may be additional spending required to procure and provide new equipment, procure and provide new software; these will usually be met by reduction in other cost; each spending decision will need to address where the funding is to be found plan is crucial to the achievement of the required financial position.</i></p> | Yes |
| 3. | <p>Is there a risk to financial and clinical sustainability? <i>(If yes, how will this be mitigated).</i></p> <p><i>Yes, implications to the financial position and longer term financial sustainability of the CCG are described throughout the report</i></p> | Yes |
| 4. | <p>Is there a legal impact to the organisation? <i>(If yes, how will this be mitigated).</i></p> | No |
| 5. | <p>Are there human rights, equality and diversity requirements? <i>(If yes, please provide details of the effect upon these requirements).</i></p> | No |
| 6. | <p>Is there a clinical engagement requirement? <i>(If yes, please provide details of the clinical engagement).</i></p> <p><i>When addressing matters that impact on Primary Care – such as technology change, data management or patient access routes</i></p> | Yes |
| 7. | <p>Is there a patient and public engagement requirement? <i>(If yes, please provide details of the patient and public engagement).</i></p> <p><i>When addressing matters that impact on Primary Care – such as patient access routes</i></p> | Yes |

| Strategic Priorities – does this report address the CCG’s strategic priorities, please provide details: | | |
|--|--|-----|
| 1. | <p>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>The strategy demonstrates how digital is a key enabler to delivering all of the CCG strategic objectives</i></p> | Yes |
| 2. | <p>To identify and improve health outcomes for our local population. <i>The strategy demonstrates how digital is a key enabler to delivering all of the CCG strategic objectives</i></p> | Yes |
| 3. | <p>To ensure the health services we commission are high quality, safe, sustainable and value for money. <i>The strategy demonstrates how digital is a key enabler to delivering all of the CCG strategic objectives</i></p> | Yes |
| 4. | <p>To improve joint working with our local partners, leading the way as we become an Integrated Care System. <i>The strategy demonstrates how digital is a key enabler to delivering all of the CCG strategic objectives</i></p> | Yes |
| 5. | <p>To achieve financial balance by working more efficiently. <i>The strategy demonstrates how digital is a key enabler to delivering all of the CCG strategic objectives</i></p> | Yes |



**Shropshire, Telford
and Wrekin**
Clinical Commissioning Group

Delivering digital evolution

Our digital and IT strategy: 2020 - 2025



www.shropshiretelfordandwrekinccg.nhs.uk

Welcome

We are pleased to welcome you to this digital and IT strategy. The overriding challenge is to embrace the current revolution in digital health and provide the digital tools required by our healthcare system. This will allow health and care professionals, alongside their support staff, to deliver the best and most reliable outcomes for patients and service users.

This challenge is set against a backdrop of rapidly evolving circumstances leading to changes in delivery models and organisational structures, as well as the ever present, and rapid, development in available technologies.

This strategy is developed to be sub-set of the digital and technology strategy that is being created across the Integrated Care System (ICS) in Shropshire, Telford & Wrekin. We are a fully engaged partner in that development; the core intention being that all partners will develop sub-strategies that deliver their elements of the whole

All our strategic thinking is underpinned by guidance from NHS England & Improvement, along with the NHS Long Term Plan and vision for healthcare which are focused on the principle that each person is empowered to expect barrier free experiences in health and social care.

We are fully committed to delivering supportive digital technologies to our own people, our partners, clinicians and to citizens that help to achieve exceptional care.

Claire Skidmore, Executive Director of Finance
Dr Stephen James, Chief Clinical Information Officer
August 2021





**Shropshire, Telford
and Wrekin**
Clinical Commissioning Group

The context

What and why



Wider strategic objectives of the CCG

This digital strategy has been developed to ensure that we provide technology and digital tools to support, enhance and underpin these wider strategic priorities

To identify and improve **health outcomes** for our local population

To achieve **financial balance** by working more efficiently

To ensure the health services we commission are **high quality**, safe, sustainable and value for money.

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

To improve **joint working** with our local partners, leading the way as we become an Integrated Care System (ICS)



Why create a digital strategy?

- The CCG has a clear aim to harness digital capability to enhance and improve experiences and outcomes for patients and service-users.
- Our strategy sets out how we will work with our partners, and alone, to define what types of digital capability our patients, staff and partners can expect to see developing and changing over time.
- It also recognises that we need to 'level up' and ensure that we start from a stable and level foundation; that we need to get the basics right in our technological and digital capability.

Our digital values

We will deliver digital technology and platforms that:

- Enhance and grow our services and those of our partners
- Embed learning from experience in developing new or novel and effective ways of working
- Deliver improved efficiency; delivering better, sooner and with improved outcomes
- Maintain the integrity of systems, data, processes and people

Quality

We will put patients at the heart of everything we do; delivering safe, excellent care and positive patient experiences

People

We will make how people work as seamless and flexible as possible; providing the right technology, in the right way, at the point of need

Sustainable

We will work with our partners to create and develop services that are high quality, scalable, wide-reaching and financially sustainable

Our digital principles

The benefits of outstanding digital services will be judged on the effectiveness of the clinical and corporate services that they underpin, alongside experiences of colleagues and patients. Our services will be typified by:

- **System optimisation** and the ways we can use systems and data to facilitate effective care pathways; contributing to high quality patient experiences
- **Facilitation of remote care opportunities** that are secure and safe; where enhanced care and outcomes can be delivered using the best available geographically dispersed skills and expertise
- **Making best use of operational data** by making real-time and historical data available in appropriate formats to the right people, and groups, at the right time
- **Empowering citizens** to take control of their own care and health by providing access to systems, tools and ways of engaging with clinicians that are new or novel or effective



Our partnership principles for the future

System (ICS) as default

Re-organisation of the system around key priorities i.e. directing resource at delivering key priorities and stopping doing those things that do not deliver these priorities

Maintain pan-organisational governance and ensure it continues to support solution focused, rapid decision making

Deployment of staff to support priorities – matching skills with tasks and working across traditional boundaries

Embrace change – the system cannot stay the same and nothing is off the table

Combine efforts of system restore, prioritised services and winter plan response



Aiding clinical agility

In all our actions we must assure that we maintain clinical stability whilst fostering a drive to delivery flexibility into our systems and agility in their use.

- **Deriving benefits and driving value** from existing investments in technology and tools
- **Strengthen our capability** by enabling colleagues to influence the solutions, tools and systems that are most appropriate for each pathway, care domain or type
- **Achieve both of these** whilst controlling a steady forward direction and ensuring that efficiency and efficacy are maintained or enhanced; and assuring value for money
- **Working with partners** and the wider health and social care system in Shropshire, Telford and Wrekin to assess the potential of opportunities and to derive economies of both scale and delivery



Enhancing the user experience

Excellent digital capability requires strong foundations – building blocks – upon which to build. Usability is a core factor for success. The basics must be continually enhanced and improved if we are to meet our own ambitions.

This will mean the modernization of our core infrastructure and the training and development of our people to enable optimisation to be continually achievable with limited constraints and barriers.

As a result of these necessary considerations, we must:

- **Assure that systems are intuitive** and easy to access, simple to use and reliable in operation
- **Assure that systems are accessible** by all types of users, with all manner of needs and backgrounds, so that no one is left behind
- **Provide flexible systems** that can be adapted and configured to various needs and clinical necessities
- **Provide responsive tools** that don't rely entirely on users to take all steps, which provide prompts and guidance as a user navigates through
- **Create a suite of seamless tools** so that data from one can flow reliably and securely between them – enabling a more efficient use of that data to support exceptional care and outcomes for patients



Finding the right delivery model

As the ICS model evolves and changes over the coming years, whether organically or as a result of direct legislative change, it will be necessary to consider how we deliver digital, ICT and technology services across all of our organisations and partners

- **Each organisation has, or contracts, its own services** as we do today; will this remain an efficient use of valuable and scarce resources?
- **Strengthen and make our services more resilient** by working across the system to commission services together?
- **Create fully shared arrangements** utilising all of our resources across the system jointly so that a unified and standardised approach to digital services delivery can be created?
- **Hybrid solutions** which incorporate some shared, some local and some contracted services?

These are considerations that we will actively explore with our partners and others over the coming years. There will be other ways of doing things that we can also consider, develop and embrace as technology changes and as the organisational landscape develops further





**Shropshire, Telford
and Wrekin**
Clinical Commissioning Group

Our way forward

and the task ahead



Starting with a ‘new normal’

- Covid-19 has had a significant impact on how we operate, as a healthcare commissioner, as an organisation, as an employer and as a partner in the wider healthcare-system in the region.
- Whilst much of the planned transformation across the system was paused, by necessity, in the digital and technology space some things have had to develop at pace in order to “keep the lights on” and to ensure that the response to the pandemic, continued consultation with and treatment of patients and the ability of our own people to continue working for the good of the people we serve; were manageable, supported and responsive. With the later advent of reliable vaccines, we have worked alongside system partners to deliver our elements of the the most rapid and large-scale population-wide treatment programme in history.
- From new devices to new digital tools, work was spun up quickly to offer agility to our teams and to make our systems as accessible as possible.
- We, and our system partners, realise and accept that some of that necessity to do things quickly has meant that some choices had to be made which, in the normal course of things, would have been differently made and with different outcomes. Where we need to look again at things, we will – given more space and time to consider and make appropriate decisions that fit into the wider-whole.
- We also know that much of what has been achieved – particularly in terms of keeping primary care accessible and in providing agile ways of working – will need to be revisited and, where possible, maintained with improvements and greater reliability of equipment, software, apps and tools.
- Much work has been done – and will continue to be done – across the whole healthcare system (with our ICS partners and others) to enable all to focus on the continued improvement in the health and care of our population.

Digital First

- NHS England is supporting primary care to move towards a digital first approach, where patients can easily access the advice, support and treatment they need using digital and online tools. These tools need to be integrated to provide a streamlined experience for patients, and quickly and easily direct them to the right digital or in-person service. From new devices to new digital tools, we worked quickly to offer agility to our teams and to make our systems as accessible as possible.
- The CCG are completely aligned with the national drive to seek out new, more intuitive ways of enabling patients to access, engage in and drive their healthcare journeys using digitally enabled tools.
- We are committed to leaving no-one behind; we know that “Digital First” cannot mean *digital only* and that a comprehensive system and toolset are needed to make sure that everyone has the best experience and outcomes possible.
- Our GP practice partners are offering wider and more diverse access to online services; we, in the CCG, will continue to work with them and other partners to further enhance and improve those tools and the experience that patients and professionals have of using them.
- NHS England has commissioned research, for example, to better evaluate the impact of online consultations on general practice. The evidence so far bears out our own view; that technology and digital, implemented as part of a comprehensive primary care service, tend to enhance the experience of most service users and professionals.
- For us, Digital First also encompasses all the emerging technology and capabilities that will enable better monitoring of patients and, particularly, chronic conditions; from remote monitoring in care and residential homes to working with partners to develop ways of providing supported monitoring and guidance to patients in their own homes.

Digital First: the promise

The NHS Long Term Plan has committed to offering all patients the right – and ability – to be offered digital first primary care by 2023-2024. As part of that commitment, a ‘core digital offer’ is set out in the [GP Contract](#) (annex C)

Practices offering online consultations that can be used by patients, carers and by practice staff on a patient’s behalf, to gather submitted structured information and to support triage, enabling the practice to allocate patients to the right service for their needs

Two-way secure written communication between patients, carers and practices

Signposting to a validated symptom checker and self-care health information (e.g. nhs.uk) via the practice’s online presence and other communications

Request and management of prescriptions online

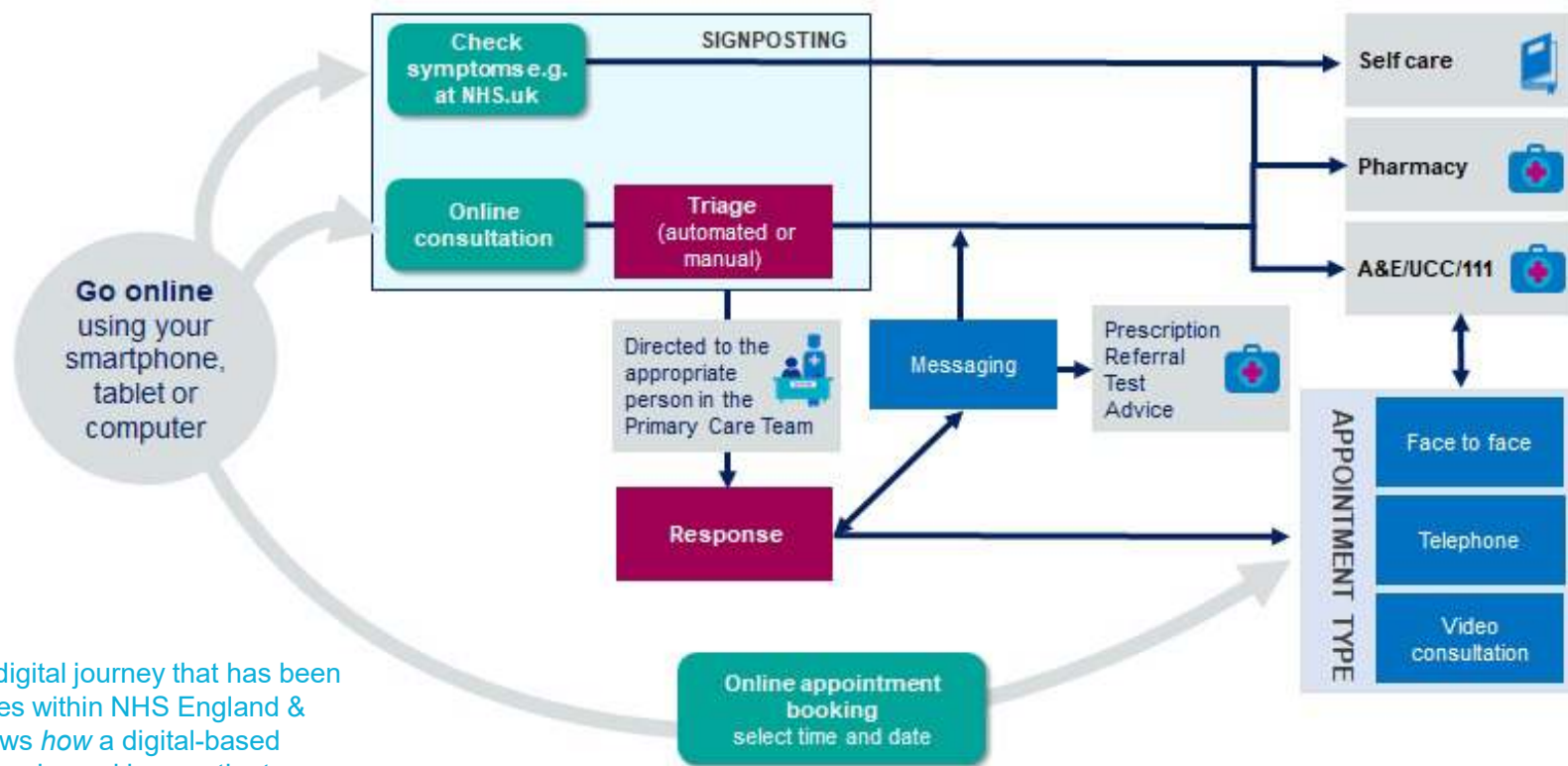
The ability to hold a video consultation between patients, carers and clinicians

An up to date and accessible online presence, such as a website, that, amongst other key information, links to online consultation system and other online services prominently

Shared record access, including patients being able to add to their record

Online appointment booking

Digital First in Primary Care: a model journey



This is an *example* digital journey that has been created by colleagues within NHS England & Improvement; it shows *how* a digital-based journey *might* be experienced by a patient

- As part of the emergency response to Covid-19, practices were supported to implement remote working capabilities
- One element of those capabilities was related to online, telephone and video consultations for patients
- Triage mechanisms were implemented in many practices

Already done

- We are actively engaging with partners across primary care, in particular in general practice, to review what has been implemented, what works well, what could be improved and what could be added or removed.
- That review will feed into a process for defining the specification for new and more appropriate applications (apps), hardware and technology to enable us to meet the commitments laid down in the NHS Long Term Plan.
- During the next 6-12 months, we will procure and implement tools and apps chosen as a result of these reviews

2020-2022

- There is an emerging field around technology that will enable a Digital First model in primary care and secondary care. Over the period we will, alongside our ICS partners, continue to engage with the market to find new and innovative solutions that persistently improve the experience and outcomes for patients and improve ways of working, collaborating, securely sharing and workload balancing for professional colleagues in clinical practice. These will include developing remote monitoring capabilities for patients in care and residential homes
- We will work with practices to roll out N365 in a reliable and robust manner

2022-25 plan

- £12.2m of funding has been allocated to the Midlands region for 2021/22; the allocation to our ICS (including the CCG and our partners) in 2021/22 is £545,000
- There will, likely, be further funding available in 2022/23 and 2023/24
- We will work with our ICS partners to ensure that the available funding is allocated to projects and programmes that will deliver the best outcomes

Funding

- All Digital First Primary Care work is overseen at an ICS level
- Funding is allocated at the ICS level
- All DFPC work is, by necessity, a collaboration between partners
- N365 is the NHS version of Microsoft365 (M365) which is being rolled out across ICS partners (either the "N" version in NHS partners or the "M" version elsewhere)

Alignment (to system)

- Easier, more direct access for patients, carers and clinicians to the right person, right data and right approach to enable the best possible outcome

Benefits

Digital as standard: reducing reliance on paper

- As long ago as 1975 business periodicals were publishing articles on the idea of the 'paper free' office
- Despite the growth in use of computer and digital technology, between 1980 and 2000, the use of paper in the workplace is estimated to have more than doubled
- In the NHS, the use of paper is a particular problem: there is the obvious issue of storage and the less obvious issue that a patient who lives in Telford but requires urgent treatment elsewhere cannot be assured that their full medical notes will be available to the treating clinician or physician
- Steps have been taken over more recent years to make this better; electronic prescribing has – to an extent – reduced the use of manual scripts (although pharmacies still produce a printed version in order to dispense)
- There have been further developments, such as the phased introduction of the ICR (Integrated Care Record) which brings together the various electronic records related to an individual's health and care
- There are three key areas that we want to focus on over the next few years:
 - **Digitisation of patients notes**; we have a programme (in line with national recommendations) to digitise the Lloyd George Envelope (introduced in 1911 when the eponymous politician introduced the National Health Insurance scheme)
 - **Making our offices paper"free"**; this also facilitates a move to 'best place working' instead of being allocated to a specific building, floor, room and desk
 - Embedding MS Teams and other tools to **enable better communication, sharing and collaboration** using digital technology rather than passing pieces of paper around
- We also want to focus on how we share information across the ICS partners – all in aid of assuring and providing the very best possible outcome for all

- Modelling of options has been undertaken
- ICR development has commenced and a phased approach has been developed
- Digitisation of notes (the Lloyd George Envelope) project has been created (the “Digitisation of Lloyd George Records (LGD) – wave 2b”) between NHSEI and our ICS

Already done

- Discussions and planning sessions for ICR continue
- Discussions and planning for Notes Digitisation is well-advanced and awaiting further national and regional guidance; we will develop a joint project with our partners for delivery of this key element of the overall ICR programme

2020-2022

- We will conclude the digitisation of notes
- We will conclude the deployment of current phases of the ICR programme and will embark on further phases of development with our partners across the ICS

2022-25 plan

- £416,950 funding has been made available by NHSEI for the ICS to implement the digitisation of notes
- NHSEI have been working with us and other CCGs, ICS and STPs to establish best procurement models to deliver this change

Funding

- ICR is a system-wide priority and work will cut across the partners of the ICS to ensure that, not only the process but also the outcomes are aligned and – ideally – alike across all partners; creating a single patient journey where possible
- The digitisation of notes project is an ICS wide piece of work under a memorandum of understanding (MOU) between NHSEI and the ICS

Alignment (to system)

- The wider anticipated benefits of the ICR programme are well documented elsewhere
- Considering technology as an enabler, the reduction in physical storage that is enabled by the technology is considerable; freeing up space in both primary and acute care settings that can be put to clinical or other uses
- We will also be able to better provide applicable and secure record access to clinicians at the point of need – when the patient is in front of them

Benefits

Assuring cyber and data integrity

- The NHS does not have an enviable record when it comes to being fully assured of our cyber-security.
- Since 12th May 2017, when the NHS (across the UK) was attacked with the WannaCry ransomware and services across the nation were brought to a halt, considerable time and investment has been put into making the NHS as cyber secure as other organisations.
- All of our sites and practices, along with our partners in the ICSD have secure HSCN connections through which sensitive and important data is transmitted.
- We continue to work with colleagues from across the STP/ICS, NHS Digital, NHS England and Improvement, Midlands and Lancashire Commissioning Support Unit and our specialist providers of services to persistently assure our own, and our primary care partners, cyber security and safety
- In June 2021, Microsoft announced that Windows 11 will soon launch. We will watch developments closely.
- We will engage with our partners – including Microsoft – to ensure that, as soon as we can, we take advantage of new technology that is demonstrably of benefit to our organisations and, crucially, the patients and communities that we serve.

Assuring cyber and data integrity (continued)

- The NHS is custodian of some of the most personal and intimate data regarding individuals
- There are many rules which govern the use, purpose, storage and retention of all data held by the CCG, primary care and our partners in the STP/ICS
- Not least are our lawful obligations under the Data Protection Act 2018 (which incorporated into UK law the provisions of the General Data Protection Regulation (GDPR))
- It is of critical importance that not only do we assure compliance with the law and rules but, more prosaically, that we reduce our cost of maintaining vast storage capacities for both paper and digital records
- We will develop policies for the retention of data – working with our partners and closely advising our colleagues in primary care – to both assure what we’re doing and to ensure that we bring down maintenance and administrative burdens
- The ICR programme (see *Digital as standard: reducing reliance on paper*) will be an enabler in this area
- Additionally, using better data and stripping away un-needed information, will allow us to focus more on population health management and monitoring – that in turn will inform and guide us as to what information and data we will need to retain or remove as time progresses
- We will also assure ourselves as to compliance with the NHS Digital Data Security and Protection Toolkit

Assuring cyber and data integrity

- Windows 10 is deployed across our environments; continual scanning and reporting takes place to ensure that this does not change
- Our server estate has been reviewed and upgraded where necessary
- Firewalls have been replaced and improved
- We have a full package of cyber security support, tools, with consulting and oversight provided via our NHS partners
- We undertook, with our NHS partners, the DSPT which demonstrated our continued compliance in accordance with the Data Security & Protection Toolkit

Already done

- Review of all mobile devices is underway; to assure that all gateways into our systems as possible are either secured or removed
- Review of all data held in corporate systems, alongside providing review guidance to primary care partners, to assure compliance with DPA 2018
- We are working with partners on developing plans to roll-out either N365 or M365 to assure security and ensure that our operational apps remain the best in class
- Developing plans with our IT service partners to implement cyber security training for all colleagues (across the CCG and primary care)

2020-2022

- We will work with our partners to conduct frequent testing for vulnerabilities, penetration, perimeter scanning; we will continue to measure our compliance with the Data Security & Protection Toolkit (or equivalent)
- We will develop policies to further embed data protection and retention best practice
- With our partners – including Microsoft – enable deployment of Windows 11 to our full estate at the first practical opportunity
- We will develop policies that require cyber and information security assessments for technology and digital elements of business cases and procurement exercises

2022-25 plan

- Our cyber security services are provided within our framework and contract for ICT and digital support within the NHS family; we will continue to appraise how these services are delivered and will seek and plan for additional funding as necessary

Funding

- At a system level, the ICS is developing a cyber security assessment model and action plan for all partners to engage and develop symbiotic/harmonious cyber security programmes; we are fully engaged and aligned with this approach

Alignment (to system)

- We will be able to better and continually assure that we are resilient and able to operate in the event of cyber incidents
- We will be able to provide faster access to the right data to the right people at the right time
- We will also be able to assure ourselves and the wider community that the data we hold is necessary, relevant and properly controlled

Benefits

Resilience through refresh

- It is a well-rehearsed aphorism that available technological capability *roughly* doubles every 18 months; that is to suggest that a brand-new piece of hardware purchased in January 2021 will be moving into obsolescence in July 2022
- We need to ensure that our hardware estate keeps pace with technological and software advances
- Hardware, for these purposes, includes (not exhaustively):
 - **INFRASTRUCTRE**: Servers, operating systems and server racks, network points, wifi access points, domain controllers, firewalls, cabling, air conditioning in server rooms and data centres etc.
 - **END USER**: Laptop, desktop, mobile device, tablet, operating systems and core business software (such as MS Office) etc.
- Refreshing hardware and software is a costly undertaking
- We will develop a management and asset strategy to ensure that we get the best functionality from our hardware for the most realistic period of time
- Working with our partners, we will develop a policy to categorise all hardware assets into a refresh cycle of either 3, 4 or 5 years
- End user devices will be at the lower range and infrastructure at the higher
- Also with partners, we will develop a policy for the rolling replacement of all devices over the course of their refresh cycle (i.e. so that within 3 years all laptops will be replaced – oldest first with the newer being replaced at, or shortly after, the 3 year cycle end)
- Working additionally with finance colleagues in developing a funding policy for these refresh cycles in order to avoid or mitigate unexpected capital costs or revenue pressures in any given year
- We will develop a policy that includes provision for all new software and app procurements to include details of refresh cycles, costs and funding plans which can be maintained and incorporated into appropriate budgets each year

Resilience through refresh

Already done

- Asset mapping across the whole organisation to establish our current hardware baselines
- Mobile telephony devices have been reviewed; further consideration will form part of the wider catalogue programme in 2020-2022

2020-2022

- Asset mapping across all primary care organisations to establish their current baselines
- Creating internal policies for hardware replacement and model policies for primary care
- Options assessment to establish catalogue of potential hardware (types, models, ideal use etc) with intention to align, insofar as possible, with ICS partners
- Evaluation of mobile device usage and need (in particular mobile phones)

2022-25 plan

- A programme of “rolling replacement” will be embedded in accordance with newly developed policies and funding models; this will be based on ensuring that our core infrastructure (networks, wifi, cabling etc) are reliable, resilient, secure and current – and – on ensuring that end-user devices (laptops, tablets, mobile devices etc) are equally reliable, secure and current

Funding

- Funding will be managed through the budget setting process in line with newly developed policies

Alignment (to system)

- We are, and will continue, to engage with our partners to ensure that we maintain a compatible and, where practical, unified approach to hardware and software change and development; we expect this to form an element of the system-wide digital strategy in due course

Benefits

- By ensuring that we are as stable and current as possible in terms of our digital and technology assets (hardware and software), we can look to avoid – or at worst – mitigate against such events as the 2017 WannaCry attack or similar such problems in the future; this also ties to wider cyber security considerations across the whole ICS and the NHS, UK and devolved administrations

Best place and collaborative working

- The 2020/21 lockdowns caused by the Coronavirus pandemic led to significant changes in how we work and where we work from
- Many colleagues, both in corporate and primary care, have found that flexibility of working arrangements has been beneficial
- We want to work with our partners and our own teams to develop best practice working arrangements – not “one size fits all” but a blended model that means working from the best place to do your job - and, ultimately, to deliver the very best outcomes for patients and the community
- That means a technology strategy that doesn't tie everyone to a single type of device or a specific location; each user may have different needs based on the type of work they do – home, office, hospital, clinic, desktop, laptop, tablet, hybrid, mobile... the options are almost infinite based on individual need
- We will work with HR colleagues as they re-develop and embed agile and remote working policies to ensure that digital and technology is a ‘front and centre’ consideration
- We will develop a catalogue of ‘standard’ devices and tools that will be supported within our technology ecosystem and will work with our ICS partners to align our approach with theirs
- We will work across the system to make it possible, practical and desirable for our colleagues, and for people from all of our ICS partners, to work reliably and fully from any of our operational sites
- We will work with our partners to make the best possible use of technology to enable a collaborative approach to working that maintains the security and integrity of our systems and data
- We also know that our role is to provide digital and technology solutions that *enable* but which do not direct or force a working or collaborative style

Best place and collaborative working

- By necessity – due to the Covid-19 pandemic – we have vastly changed our working practices; many colleagues (across the CCG and primary care) are now working from locations other than a ‘base’ or office
- We have been working with colleagues across the ICS partnership to look at how to embed and enhance that new flexibility and what we can do with technology to make it easier

Already done

- Moving to “best place” based model
- Identifying and rolling out software for digital communications (e.g. *Unity*: mobile application to access internal telecoms systems)
- Review of office technology estate (inc. move from William Farr House)
- Development of a ‘no fixed desk’ policy and tools to enable shared / hot desks to be booked for periods of time

2020-2022

- Work with ICS and other partners to identify capacity and ability to provide connectivity across different partner estates for all users from all partners; also including the ability to work from those locations effectively (a ‘touchdown’ approach)
- Move to mobile (i.e. not desktop) device standard; including intuitive and logical networking capabilities
- Further development of unified communications to strip away duplicative or unnecessary technology and software (e.g. using MS Teams for telephony)

2022-25 plan

- Much of this work is dependent on access to technology and software that are funded/provided through other areas of this strategy (for example Microsoft 365 (N365) technology alongside mobile and flexible devices)

Funding

- Across the ICS work is being done to make flexible/agile working a genuine and embedded practical option; we agree that it is an important option – not least because it allows for agility in responding to the unexpected, but also because it allows the professionals who work in our organisations to make the choice for themselves about where/how they are best to do their job

Alignment (to system)

- By providing technology that enables people – clinicians, primary care staff, CCG and our partners staff – to be flexible and mobile in how and where they operate, we provide opportunities to enhance collaborative working to achieve faster and better outcomes for those we serve

Benefits



**Shropshire, Telford
and Wrekin**
Clinical Commissioning Group

Summary of key projects and programmes



- **Device refresh** [2021-2022]: review estate and evaluate needs-v-device; from Q4 2021-2022 deploy catalogue and commence roll-out of approved devices
- **Remote access** [2021-2023]: Develop or procure reliable and resilient tools that are easy to use, operate and manage (procurement exercise likely Q4 with deployment following in Q1-Q2 2022-2023)
- **N365 (Microsoft)** [2021-2023]: design and deployment of N365 (or M365) software in phases; pilot programme underway by Q4 with overall programme continuing into following year
- **Resilience policy and programme** [2021>]: development of policies for refresh and replacement of hard/software on a rolling basis; including a funding model and alignment with our partners
- **Publication of core digital and model digital policies** [2020-2022]: In collaboration and cooperation with primary care and our partners (including data retention, information governance etc.)

2020-2022

- **Remote access** [2021-2023]: As above – deployment of procured solution Q1-Q2
- **N365 (Microsoft)** [2021-2023]: As above – programme continues
- **Data cleansing and archiving** [2022-2023]: Development and embedding of policies and management tools to ensure continued compliance with DPA 2018/GDPR and to enhance our ability to manage data effectively across the estate
- **Print rationalisation and reduction** [2022-2023]: establish needs for secure and standard print in all locations; reduce reliance on physically printed matter as a means of reducing our environmental impact and providing additional data security by removing the risks inherent in printed material
- **Resilience policy and programme** [2021>]: development of device catalogues and ongoing deployment

2022-2023

- **Resilience policy and programme** [2021>]: continues with further system-wide alignment

2023 onward

- **Transition** to new, more resilient, network domain (from Athena)
- **Embed, enhance and improve** agile and 'best place' working practices; including desk booking/availability tools, assessments for home working needs etc.
- **Complete** deployment of Windows 10 to all corporate devices and embed continued reporting and assurance with our NHS partners
- **Review** and streamline the usage of mobile telephone devices across the organisation
- **Enable** the continued review of office estate – including the decamp from William Farr House and move to Ptarmigan House
- **Replace** out of warranty equipment identified by our partners in their review of our technology assets

2020-2022

- **Windows 11 programme** to develop plans for the deployment of Windows 11 across the corporate and system-wide technology stack; providing a model for future deployment to the primary and acute care estates
- **Other plans are dependent on the system-wide digital strategy (in development by ICS)**

2022-2023

- **Further plans are dependent on system-wide digital strategy (in development by ICS)**

2023 onward

- **Single GP domain** [2020-2022]: deployment of domain controllers (hardware enabling access to secure networks) and firewalls into primary care sites; will provide additional security, resilience and auditability
- **Full fibre** [2020-2021]: deployment of full fibre-optic broadband (FTTP) to all GP/Primary Care sites; will enable super and ultrafast connectivity meaning that data can be securely, reliably and quickly accessed
- **Video/audio consultations** [2021-2022]: procurement of tools, applications and technology to enable reliable, easy to access and easy to understand video and audio consultation tools for patients, carers and clinicians. These tools form part of the Digital First approach and provide a resilient option for patients and clinicians to engage. We expect to enter a procurement cycle on Q3-Q4 2021-2022

2020-2022

- **Digitisation of notes (part of ICR programme)** [2022-2023]: Deployment of procured solution (procurement may be Q4 2021-2022) alongside our system partners
- **Evaluate and develop** public and private cloud capability (for storage and resilience) using Microsoft technologies where possible/practical
- **Windows 11 programme** to develop plans for the deployment of Windows 11 primary care estate – based on model and learning from corporate deployments
- **Further plans are dependent on GP IT Futures requirements**

2022-2023

- **Further plans are dependent on GP IT Futures requirements**

2023 onward



**Shropshire, Telford
and Wrekin**
Clinical Commissioning Group

Looking beyond



Glancing into the future

The world of technology changes – rapidly. What is unachievable by digital means in 2021 may be commonplace by 2025. We will work with our ICS partners, NHS Digital, our local IT and digital partners and with other organisations to “scan the horizon” for new, emerging or developing technologies that may improve how individuals work, how we or they engage with patients, how the organisation functions or collaborates with others.

We will encourage our ICS partners to form working relationships with organisations (e.g. Gartner) at a system-level, that can help us to undertake the considerable task of monitoring, reviewing and assessing the technology marketplace so that we can be at the leading edge, with early deployment and implementation, of utilising digital technology to enable those we serve to experience the best healthcare outcomes possible.

REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body
Meeting held in Public on 8th September 2021

| | |
|---------------------|---|
| Item Number: | Agenda Item: |
| GB-21-09-064 | Revised Governance For Oversight of the Hospital Transformation Programme |

| | |
|--|--|
| Executive Lead (s): | Author(s): |
| Claire Skidmore Director of Finance claire.skidmore@nhs.net | Claire Skidmore Director of Finance claire.skidmore@nhs.net |

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

| | | |
|---|-------------|----------------------------|
| 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): |
| <ul style="list-style-type: none"> • Since agreement of the Decision Making Business Case (DMBC) for Future Fit, the CCG, SATH and Powys Teaching Health Board have sponsored the Implementation Oversight Group (IOG). • The purpose of the IOG is to oversee development of the Strategic Outline Case (SOC), Outline Business Case (OBC) and Full Business Case (FBC) for the hospital transformation. Also to seek assurance that development and implementation are in line with the DMBC agreed by the CCGs. • The IOG still exists in its current form as there has been no formal agreed change for that forum (though it has not met for some time due to the constraints of COVID-19). In the meantime, wider system governance for programmes of work has changed and therefore there is a risk that there is duplication of tasks between the amended structure and the IOG in its existing form. • With the HTP Board now in place and a new single CCG in operation from 1st April 2021, it is a good time to reflect on the role of the IOG and whether it is still fit for purpose now that the landscape has changed. • On review of the purpose and objectives set out in the IOG TOR it is apparent that the IOG in its current form will duplicate a significant amount of scrutiny and provision of assurance that is now picked up through the revised ICS structure. That said, the IOG could not be formally disbanded without due consideration of how we meet the assurance requirements of its members. There are a small number of stakeholders from that forum who are not part of the revised ICS structure who will require continued sight of progress with the programme and the opportunity to seek further information and assurance if required. • This paper proposes a refreshed TOR to remove duplication of tasks and to retain a focused membership of sponsors and stakeholders who require regular sight of progress with the programme and opportunity to review that it is progressing as agreed. |

Recommendations/Actions Required:

The CCG Governing Body 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).

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? | No |
| 2. | Is there a financial or additional staffing resource implication? | No |
| 3. | Is there a risk to financial and clinical sustainability? No, the HTP Programme seeks to contribute to improvements in financial and clinical sustainability. This report is considering a change in governance and oversight, not the programme itself | No |
| 4. | Is there a legal impact to the organisation? No decisions requiring legal advice are required | 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? Not for the consideration of change to the existing governance though the programme itself has a significant patient and public engagement requirement. This is the subject of a separate communication and engagement strategy for the programme. | 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. | No |
| 3. | To ensure the health services we commission are high quality , safe, sustainable and value for money. The Business Case for the Hospital Transformation Programme is designed to deliver high quality, safe, sustainable and VFM services. Strong oversight of its delivery and interdependencies with other key areas of system work is necessary for the CCG to address this priority | Yes |
| 4. | To improve joint working with our local partners, leading the way as we become an Integrated Care System. The IOG is a joint committee established to aid collaboration. | Yes |
| 5. | To achieve financial balance by working more efficiently. | No |

Introduction

1. After agreement of the Future Fit Decision Making Business Case (DMBC) in early 2019, the Future Fit Programme Board transitioned into:
 - SATH internal business case and implementation structure
 - CCG-led Implementation Oversight Group (IOG).
2. The purpose of the IOG was to oversee development of the Strategic Outline Case (SOC), Outline Business Case (OBC) and Full Business Case (FBC). Also to seek assurance that development and implementation are in line with the Decision Making Business Case (DMBC) agreed by the CCGs.
3. In our recently revised system governance structure, the Hospital Transformation Programme now has its own Programme Board that reports directly into the STW ICS Chief Executive Group, and through that forum into the ICS Board¹. The HTP Board includes members from across the system and NHSEI and is designed to take a lead role in ensuring that all aspects of the hospital transformation programme are delivered.
4. The IOG still exists in its current form as there has been no formal agreed change for that forum. It has not met for some time due to the constraints of COVID-19 which have also impacted on the overall project timeline.
5. With the HTP Board now in place and a new single CCG in operation from 1st April 2021, it is a good time to reflect on the role of the IOG and whether it is still fit for purpose now that the landscape has changed.
6. The last update to the TOR for the IOG was made and agreed by the group in July 2020. A review of the purpose and objectives set out in the TOR has been undertaken and what is apparent is that the IOG in its current form will duplicate a significant amount of scrutiny and provision of assurance that is now picked up through the revised ICS structure. That said, the IOG could not be formally disbanded without due consideration of how we meet the assurance requirements of its members. There are a small number of stakeholders from that forum who are not part of the revised ICS structure who will require continued sight of progress with the programme and the opportunity to seek further information and assurance if required.
7. It is therefore proposed that the Terms of Reference (TOR) for the IOG are amended to remove any areas of duplication and focus the group's attention on gaining assurance that the Strategic Outline Case (SOC), Outline Business Case (OBC) and Full Business Case (FBC) continue to describe and deliver the clinical model as confirmed post public consultation (2018/19) and incorporate the recommendations made in the Independent Reconfiguration Panel report (July 2019). As part of this update, the membership of the group has also been considered in order to ensure that appropriate key stakeholders are involved.
8. This proposition for change to the TOR requires formal sign off by the current IOG Sponsors (SATH, CCG and Powys Teaching Health Board).
9. An annotated full copy of the current IOG TOR is included at appendix B for information. Notes made in blue provide commentary on the purpose and objectives in the context of the updated system landscape.
10. The section below provides a proposed revised TOR which will prevent duplication of reporting and decision making and ensure that the most appropriate stakeholders are represented at the meeting.

¹ Terms of Reference included at Appendix A
Page 3 of 12

Proposed updated TOR

Shropshire, Telford & Wrekin Integrated Care System Hospital Transformation Programme Implementation Oversight Group (IOG) Terms of Reference Draft August 2021

1.0 Introduction and Purpose

The existing TOR for the IOG (set July 2020) has been reviewed and revised in line with actions to strengthen governance and oversight within the Shropshire, Telford and Wrekin ICS.

This is specifically in order that Shropshire, Telford & Wrekin and Powys programme sponsors and stakeholders can continue to receive programme updates and gain assurance that programme delivery remains in line with the clinical model agreed in the CCG Decision Making Business Case (DMBC) and with recommendations made by the CCGs and Independent Reconfiguration Panel.

2.0 Key Objectives

The key objectives of the Implementation Oversight Group will be to:

- seek assurance that the Hospital Transformation Board, through the SOC, OBC and FBC stages, continues to progress the delivery of the clinical model as confirmed post public consultation (2018/19) and incorporates the recommendations made in the Independent Reconfiguration Panel report (July 2019)
- seek assurance that the Hospital Transformation Programme continues to integrate effectively with other key interdependent programmes of work
- in doing so, receive a regular update of programme progress from the HTP Board
- ensure that there is a collective responsibility to determine whether the group is assured on any particular issue.

3.0 Chairing arrangements

The IOG will be chaired by the ICS Executive Lead who is also the Accountable Officer of Shropshire, Telford and Wrekin (STW) CCG.

4.0 Decision Making

The IOG holds no decision making authority. It would be the responsibility of the IOG only to raise issues or make any recommendations to the CCG Governing Body and ICS Board.

Where issues arise that require a different solution than is otherwise described in the agreed clinical model as set out in the DMBC and PCBC, then a decision would be necessary from the respective statutory bodies.

In the respect of the IOG raising issues or making any recommendations to the statutory bodies, the voting members would be the sponsor organisations of SaTH, STW CCG and Powys THB.

5.0 Governance and Reporting Arrangements

Minutes of IOG meetings will be made available to Sponsor Board members and to the ICS Shadow Board and also to the Shropshire and Telford and Wrekin Health and Wellbeing Boards.

6.0 Frequency

The meeting will be held bi-monthly, the Chair of the Board may arrange extraordinary meetings at their discretion.

7.0 Quoracy

The meeting will be quorate subject to each sponsor organisation being represented as a minimum

8.0 Administration

Administration will be managed within the CCG administrative team, with the intention that:

- Notes, actions and key messages from each meeting shall be circulated to members one week after the meeting has taken place via email.
- Meeting papers shall be circulated to members at least three working days prior to each scheduled meeting via email.

9.0 Attendees

Representatives from the following organisations will be members

Chair: ICS Executive Lead (Accountable Officer STW CCG)

Sponsor Members:

- SaTH - HTP Executive lead (Deputy Chief Executive)
- STW CCG - Executive Lead (Director of Finance/Deputy AO)
- Powys Teaching Health Board – Chief Executive

Stakeholder Members:

- T&W Local Authority JHOSC Co-Chair
- Shropshire Local Authority JHOSC Co-Chair
- Powys Community Health Council
- Healthwatch T&W
- Healthwatch Shropshire
- Telford and Wrekin Council - Director of Public Health
- Shropshire Council - Director of Public Health

In Attendance:

- SaTH - HTP Programme Director
- SaTH – HTP Medical Director
- Powys Teaching Health Board - Director of Planning and Performance/Deputy Chief Executive
- Local Care Programme Director
- ICS Communications and Engagement Lead
- NHSEI Representative

Other organisations/nominated colleagues to be co-opted to attend the meeting as deemed necessary.

Conclusion and Recommendations

11. This paper proposes a refreshed TOR for the IOG to remove duplication of tasks and to retain a focused membership of sponsors and stakeholders who require regular sight of progress with the programme and assurance that it is progressing as agreed.
12. The CCG Governing Body 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).

Appendix A – TOR HTP Programme Board



1 - HTP Programme
Board - draft ToR.doc

Reviewed and updated at 30.3.21 meeting

Shropshire, Telford & Wrekin STP Acute Reconfiguration Implementation Oversight Group (IOG) Terms of Reference July 2020

10.0 Introduction

The Joint Committee of the two CCGs met on 29th January 2019 and approved a series of recommendations for the reconfiguration of acute hospital services. The Future Fit Programme Board was established in 2014 and now the Programme is moving into implementation phase, the governance arrangements need to change.

The Programme Board has therefore transitioned into an Implementation Oversight Group (IOG) to support the oversight of the Acute Trust's development of the Outline Business Case (OBC) and the Full Business Case (FBC) over the following 5 years and provide assurance that the development and implementation is in line with what has been approved in the Decision-Making Business Case of the two CCGs.

These Terms of Reference for the IOG set out the revised process by which Shropshire, Telford & Wrekin and Powys programme sponsors and stakeholders will oversee this implementation phase and ensure that any recommendations set out by the CCG Joint Committee are delivered. This IOG will sit within the STP governance structure and report to the System Leaders Group and any future Shadow ICS Board. Appendix 2 sets out the wider governance structure for the STP.

11.0 Purpose

The purpose of the IOG is to oversee arrangements, in accordance with detailed mitigation plans and subsequent implementation plans for the reconfiguration of acute hospital services, that address the recommendations and assumptions as set out in Appendix 1 and approved by the Joint Committee of the two CCGs in January 2019.

[The CCG has senior representation at the HTP Programme Board and can seek specific assurance there regarding the recommendations and assumptions agreed in January 2019. The wider stakeholder group can also do this through the IOG.](#)

It will ensure that these plans are also adequately reflected in the Final Business Case and where changes are proposed that these have the necessary approvals through the relevant statutory organisations. It will need to ensure, as far as possible, that final arrangements set out in the OBC and FBC and approved by both the Acute Trust and Commissioners, are progressed effectively throughout the implementation stage over the next 5 years. Currently the development of the OBC and FBC is led by SaTH's Hospital Transformation Programme (HTP), formerly the Sustainable Services Programme (SSP). Appendix 3 sets out the governance arrangements for progressing this work within the Trust.

[The ICS governance and HTP Board within it will hold these responsibilities. The CCG \(or its successor in the system post 1st April 2022\) will seek assurances that plans are adequately reflected in the OBC/FBC and that these plans are an integrated element of the overall system plan and are implemented as agreed. Wider stakeholder assurance can be gained through the IOG.](#)

The IOG group will provide scrutiny for the actions taken by all partners to address and mitigate operational and quality risks and provide key sponsor organisations with a single forum to oversee and seek assurance on behalf of the system for the implementation of the reconfiguration of acute hospital services. It is expected that the Trust HTP Programme Director will report progress through the IOG as well as progressing appropriate approvals through its own governance structure. (Appendix 3). It is also expected that the Programme Director for the Out of Hospital Services Programme will also report on progress of any interdependencies. STP enabling workstreams will also provide regular progress updates where relevant.

[Risk management will be undertaken at both individual organisation and system level. The HTP Board will provide the forum for scrutiny and oversight of the programme. This is set within our system programme and is not separate to it.](#)

12.0 Key Objectives

The key objectives of the Implementation Oversight Group will be to:

- Ensure the smooth transition from the Future Fit Programme Board Governance arrangements into the implementation phase of the Hospital Transformation Programme (HTP).
HTP Board will do this. Its TOR state: “To drive forward the implementation of the Hospitals Transformation Programme (HTP) in line with agreed plans, delivering required scope (and benefits) to time and within budget”.
- Seek assurance that detailed plans identify (a) those priority issues that must be dealt with prior to the approval of the FBC, and (b) those issues that will need to continue to be addressed during implementation phase.
Satisfied though HTP Board and scrutiny by IOG, ICS Board and CCG Board
- Seek assurance on progress for the development of the final FBC for approval by the statutory bodies – SaTH, Shropshire CCG and Telford and Wrekin CCG.
Satisfied though HTP Board and scrutiny by ICS Board, CCG Board and IOG.
- Seek assurance that sufficient resources are in place to deliver key agreed milestones.
Satisfied though HTP Board and scrutiny by ICS Board and CCG Board.
- Ensure appropriate assurance is provided to statutory bodies of SaTH, Shropshire CCG and Telford and Wrekin CCG on a quarterly basis.
HTP Board report will go to ICS Board, and IOG (SATH take additional assurance from their Assurance Committee, CCG Board will receive assurance via IOG)
- Ensure appropriate assurance is provided to regulators.
NHSEI Director of Finance sits in the membership of the HTP Board. NHSEI Seat on IOG also proposed. Further assurances can be given through the regulatory regime currently in place (eg system to region and national meetings)
- Provide assurance reports to the JHOSC.
HTP Board Chair (and partners if required) can do this directly if required. (TOR state: “To ensure stakeholders are fully engaged in (and support) the development and delivery of the programme”). JHOSC Chairs will also retain their seats at IOG.
- Receive progress updates from the Shropshire system in relation to the implementation plans and any interdependent programmes, working together to gain the required assurance within an agreed timescale.
Revised system governance is better equipped to manage interdependencies. HTP Board TOR state: “To ensure ongoing alignment of the programme with system strategy and plans”.
- Receive a detailed regular update of OBC and FBC progress from the HTP.
HTP Board TOR state: “To monitor the delivery of key objectives and the achievement of milestones/outcomes across all work streams and activities (including the acceleration of HTP pathways), ensuring that risks and/or issues are managed proactively and escalated in a timely fashion (if required)”. IOG would continue to receive updates.
- Ensure the system and regulators receive assurance regarding any identified risks.
HTP Board TOR state: To oversee the management of risk and issues within the Hospital Transformation Programme (HTP) and support its mitigation”. Reporting to IOG would incorporate description of risks and mitigations.
- Work together through this forum to coordinate work to reduce the burden of multiple contacts, multiple plans and requests.
This will be handled through the new ICS structure though noting a requirement to ensure that our communication and engagement activity in this area must be sufficient to provide the required assurances to **all** stakeholders.
- Receive reports from HTP and other providers or commissioners where appropriate on implementation progress of acute reconfiguration plans and other interdependent programmes.
This is now picked up through ICS governance (notwithstanding comment above about communication and engagement with other stakeholders)
- Ensure that there is a collective responsibility to determine whether the group is assured on any

particular issue.

[This ethos prevails throughout the ICS structure.](#)

- Ensure that the group is sighted on all communications and reporting between the Trust and any other statutory bodies on matters relating to implementation to support the triangulation of information and assurance to the group.

[This will be managed through the HTP Board and shared with the IOG as part of the assurance process.](#)

13.0 Chairing arrangements

The IOG will be chaired by the Accountable Officer of the two CCGs.

14.0 Decision Making

The IOG holds no decision making authority. It would be the responsibility of the IOG only to raise issues or make any recommendations to the CCG Governing Bodies

Where issues arise that require a different solution than is otherwise described in the clinical model for option 1 as set out in the DMBC and PCBC, then a decision would be necessary from the respective statutory bodies.

In the respect of the IOG raising issues or making any recommendations to the statutory bodies, the voting members would be the sponsor organisations of SaTH, T&W CCG, Shropshire CCG and Powys THB.

15.0 Governance and Reporting Arrangements

A formal quarterly written report from the IOG to the respective statutory bodies will sets out progress and risks and opportunities and any issues that needs escalating..

The IOG will also formally report progress to the SLG and/or to the System ICS Shadow Board through the Acute Care Development Cluster. The Acute Care Development Cluster SRO also chairs the IOG.

Alignment of the work of the HTP and the wider STP work within the long term plan, will be assured through the IOG through clear links with the STP Programme leads for a number of established work streams:

Workforce; Estates; Travel and Transport; Communications and Engagement; Digital

The Governance structures of the STP and the SSP are included as Appendices 2 and 3 to these Terms of Reference.

Minutes of IOG meetings will be made available to Sponsor Boards members and to the ICS Shadow Board members and also to the Shropshire and Telford and Wrekin Health and Wellbeing Boards.

16.0 Frequency

The meeting will be quarterly, the Chair of the Board may arrange extraordinary meetings at their discretion.

17.0 Quoracy

The meeting will be quorate subject to each sponsor organisation being represented as a minimum

18.0 Administration

Administration will be managed within the STP administrative team, with the intention that:

- Notes, actions and key messages from each meeting shall be circulated to members one week after the meeting has taken place via email.
- Meeting papers shall be circulated to members at least three working days prior to each scheduled meeting via email.

19.0 Attendees

Representatives from the following organisations will be members

Chair: David Evans, Chief Officer T&W CCG.

Sponsor Members:

- SaTH - Director of Finance or nominated deputy

- SaTH -HTP Programme Director
- SaTH - HTP Medical Director or nominated deputy
- T&W CCG -Director of Finance or nominated deputy
- T&W CCG - Out of Hospital Care SRO
- T&W CCG- Clinical representative
- Shropshire CCG - Director of Finance or nominated deputy
- Shropshire CCG - Out of Hospital Care SRO
- Shropshire CCG - Medical Director/Clinical representative
- Powys Teaching Health Board

Stakeholder Members:

- Shropshire Community Trust
- Robert Jones Agnes Hunt NHS Foundation Trust
- T&W Local Authority
- Shropshire Local Authority
- West Midlands Ambulance Service NHS Foundation Trust
- Welsh Ambulance Services NHS Trust
- Healthwatch T&W
- Healthwatch Shropshire

In Attendance:

- STP Associate Director- Future Fit
- STP Communications and Engagement Lead
- STP Programme Director
- STP Finance Director

Observers:

- JHOSC Chairs
- Powys Community Health Council
- NHS England

Other organisations / nominated colleagues to be co-opted to attend the meeting as deemed necessary.

Appendix 1:

Recommendations approved by the Joint Committee of Shropshire and Telford and Wrekin CCGs in January 2019.

Recommendation 1: Consultation Process

The CCG Joint Committee is asked to confirm that the Committee and its constituent Clinical Commissioning Groups have met their statutory duties and ensured that an effective and robust public consultation process has been undertaken and will be used to inform the decisions made.

Recommendation 2: On-going Engagement

The CCG Joint Committee is asked to support the need for the Clinical Commissioning Groups to continue to engage with and feedback to stakeholders the outcome of the consultation and the decision-making process, including those from seldom heard groups.

Recommendation 3: Principles of Consultation

The CCG Joint Committee is asked to reaffirm the model underpinning the future provision of hospital services for Shropshire, Telford and Wrekin and mid Wales upon which the consultation process was based.

1. Our patients receive safer, high quality and sustainable hospital services by creating:
 - a. a separate emergency care site where specialist doctors treat the most serious cases
 - b. a single planned care site where patients would not have to wait as long and beds are protected for their operations
 - c. urgent care centres based at both hospitals providing care 24 hours a day, every day for illness and injuries that are not life threatening but require urgent attention
 - d. a model where both sites provide most women and children's services
 - e. a model where both sites continue to provide the vast majority of outpatient services and diagnostic tests
2. Patients receive the very best care in the right place at the right time
3. Patients receive their care in better facilities
4. We can continue to have two vibrant hospitals in our county
5. We attract the very best doctors, nurses and other healthcare staff to work at our hospitals and have the right levels of staff working across both sites
6. We reduce the time people spend in our hospitals
7. We reduce the number of times patients need to come to hospital
8. We are more efficient with our resources

Recommendation 4: Consultation Findings

The CCG Joint Committee is asked to note that the Programme Board has confirmed by consensus that the consultation findings have presented no new viable alternative models or no new themes or key issues that might influence the preferred option.

Recommendation 5: Preferred Option

The CCG Joint Committee is asked to confirm the previous unanimous decision on the preferred option, Option 1, in accordance with (a) the recommendation from the Programme Board; and (b) the following mitigations within the final DMBC:

- 5.1 Travel and Transport Report and mitigations plan.
- 5.2 Equality Impact Assessment (EIA) recommendations and mitigation plan is aligned with the previous recommendations from the Integrated Impact Assessments (IIAs) carried out in 2016 and 2017.
- 5.3 Progress on Out-of-Hospital Care Strategies for both Shropshire and Telford and Wrekin CCGs to be described and to focus on co dependencies in assuring the delivery of the acute model assumptions.²
- 5.4 A clear description of the services on each site, particularly around service provision at the Urgent Care Centres.
- 5.5 Reconfirming affordability, including the patient flow assumptions since the PCBC was approved; noting that further refinement will be included within the Outline Business Case (OBC) which is expected for approval in July 2019.

Recommendation 6: DMBC

The CCG Joint Committee is therefore asked to Receive and Approve the contents of the DMBC, including its key appendices.

Recommendation 7: Implementation Oversight

The CCG Joint Committee is asked to note and approve the proposal for an Implementation Oversight Group (IOG) to be established under the STP governance structure to take forward oversight of the development of the OBC and FBC. All sponsor organisations will be represented on this Group.

Recommendation 8: Meetings

Whilst the group will meet quarterly, the Chair of the Board additional meetings may be called by the Chair of the Board.

**REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body
Meeting held in Public on 8 September 2021**

| Item Number: | Agenda Item: |
|--------------|--|
| GB-21-09.065 | 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"/> | 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.</p> <p>The Governing Body is asked to note that the data is submitted on behalf of NHS Shropshire CCG and NHS Telford and Wrekin CCG as the data is drawn on the 31st March 2021.</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? | 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> | Yes |

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

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.

| Item Number: | Agenda Item: |
|--------------|---|
| | 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 CCG 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 which needs to be addressed.
- 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. 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

Date of report: month/year

| | |
|--|--|
| | |
|--|--|

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

Name and contact details of lead manager compiling this report

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

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

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

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

Report on the WRES indicators

1. Background narrative

a. Any issues of completeness of data

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

2. Total numbers of staff

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

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

Report on the WRES indicators, continued

3. Self reporting

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

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

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

4. Workforce data

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

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, compare the data for White and BME staff | | | | |
| 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 | Relative likelihood of staff being appointed from shortlisting across all posts. | | | | |
| 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. | | | | |
| 4 | Relative likelihood of staff accessing non-mandatory training and CPD. | | | | |

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 BME | White BME | | |
| 6 | KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months. | White BME | White BME | | |
| 7 | KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion. | White BME | White BME | | |
| 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 BME | White BME | | |
| | 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. | | | | |

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?

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.

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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 9.83% BME as compared to 85.25% White</p> <p>SCCG 2.04% BME as compared to 93.87%</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. | A Smith/ L Kelly/ S Smith | 31 March 2022 |
| 2. Relative likelihood of staff being appointed from shortlisting across all posts | <p>TWCCG 5.00% BME as compared to 25.00% White</p> <p>SCCG 33.33% BME as compared to 0.54% 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 | 21 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 0.54% 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 | TWCCG -3.2% difference between BME Board voting and overall BME workforce. SCCG 2.3% difference between BME Board voting and overall BME workforce. | 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, Telford and Wrekin CCG Governing Body
Meeting held in Public on 8th September 2021

| | |
|---------------------|----------------------------------|
| Item Number: | Agenda Item: |
| GB-21-09.066 | Auditor Panel Terms of Reference |

| | |
|----------------------------|-------------------|
| Executive Lead (s): | Author(s): |
| Claire Skidmore | Maria Tongue |

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

| | | |
|--|-------------|----------------------------|
| 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): |
| <ul style="list-style-type: none"> The CCG's current contract for external audit services expires on 30/06/22 and a re-tendering exercise needs to be undertaken to secure these services for the financial year 2022/23 onwards. The appointment of external auditors must be made through a local Auditor Panel, accountable to the Governing Body. It is proposed that the Terms of Reference of the legacy CCGs' Auditor Panels be adopted by Shropshire, Telford and Wrekin CCG and Governing Body members are asked to approve these. |

| |
|---|
| Recommendations/Actions Required: |
| <p>The Governing Body is asked to:</p> <p>Note the content of this report; Approve the adoption of the attached Auditor Panel Terms of Reference.</p> |

Report Monitoring Form

| Implications – does this report and its recommendations have implications and impact with regard to the following: | | |
|--|---|--------|
| 1. | Is there a potential/actual conflict of interest? <i>(If yes, outline who has the potential conflict of interest, what it is and recommendation of how this might be mitigated).</i> | 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/No |
| 2. | To identify and improve health outcomes for our local population. <i>(If yes, please provide details of the improved health outcomes).</i> | Yes/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> | Yes/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> | Yes/No |
| 5. | To achieve financial balance by working more efficiently. The Auditor Panel of the CCG oversee the procurement of External Audit services. It is important to regularly test the market for external audit services in order to secure value for money in these services. | Yes/No |

Detail

1. The current contract with Grant Thornton for the provision of external audit services expires on 30/06/2022. The regulations governing the appointment process of external auditors require CCGs to appoint an Auditor Panel to oversee the appointment and typically these are formed from existing members of the Audit Committee. It is the responsibility of the Auditor Panel to make a recommendation to the Governing Body who then formally approve the appointment.
2. The Auditor Panel Terms of Reference, (ToR), for the legacy CCGs were standard ToR, based on a national template. It is proposed that these ToR, attached at appendix 1, are adopted for use in Shropshire, Telford and Wrekin CCG.
3. It is acknowledged that at the point of the commencement of the new contract the CCG will have transitioned to an ICS. In the absence of any formal guidance the procurement will be undertaken by the CCG as the existing legal entity, with any changes required to the service specification being made once guidance is published.

Recommendations

The Governing Body is asked to:

Note the content of this report;

Approve the adoption of the attached Auditor Panel Terms of Reference.

Auditor Panel – Terms of Reference

Constitution

The Governing Board hereby resolves to nominate its Audit Committee to act as its Auditor Panel in line with schedule 4, paragraph 1 of the Local Audit and Accountability Act 2014. The Auditor Panel is a non-executive committee of the Governing Board and has no executive powers, other than those specifically delegated in these terms of reference.

Membership

The Auditor Panel shall comprise the entire membership of the Audit Committee with no additional appointees. This means that all members of the Audit Panel are independent non-executives.

This satisfies the requirement that an Auditor Panel must have at least three members with a majority who are independent and non-executive members of the Governing Board.

In line with the requirements of the Local Audit (Health Service Bodies Auditor Panel and Independence) Regulations 2015 each member's independence must be reviewed against the criteria laid down in the regulations.

Chair Person

Either the Audit Committee Chair Person will be appointed by the Governing Board to be the Chair Person of the Auditor Panel or one of the Auditor Panel members may be appointed as Chair Person by the Governing Board.

Removal /Resignation

The Auditor Panel Chair Person or members of the Auditor Panel can be removed by the Governing Board in line with rules agreed by the Governing Board.

Quorum

To be quorate, independent members of the Auditor Panel must be in the majority and there must be at least two independent members present or 50% of the Auditor Panel's total membership, whichever is higher.

Attendance at Meetings

The Auditor Panel's Chair Person may invite executive directors and others to attend depending on the requirements of each meeting's agenda. These invitees are not members of the Auditor Panel.

Frequency of Meetings

The Auditor Panel shall consider the frequency and timing of meetings needed to allow it to discharge its responsibilities but as a general rule will meet on the same day as the Audit Committee.

Auditor Panel business shall be identified clearly and separately on the agenda and Audit Committee members shall deal with these matters as Auditor Panel members and not as Audit Committee members.

The Auditor Panel's Chair Person shall formally state at the start of each meeting that the Auditor Panel is meeting in that capacity and not as the Audit Committee.

Conflicts of Interest

Conflicts of interest must be declared and recorded at the start of each meeting of the Auditor Panel.

A register of Auditor Panel members' interests must be maintained by the Auditor Panel Chair Person and submitted to the Governing Board in accordance with the organisation's current conflicts of interest policy.

If a conflict of interest arises, the Chair Person may require the affected Auditor Panel member to withdraw at the relevant discussion or voting point.

Authority

The Auditor Panel is authorised by the Governing Board to carry out the actions specified below and can seek any information it requires from any employee/relevant third parties. All employees are directed to co-operate with any request made by the Auditor Panel.

The Auditor Panel is authorised by the Governing Board to obtain outside legal or other independent professional advice (for example from procurement experts) and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Any such "outside advice" must be obtained in line with the organisation's existing rules.

Functions

The Auditor Panels functions are to:

- Advise the Governing Board on the selection and appointment of its external auditors. This includes:
 - Agreeing and overseeing a robust process for selecting the external auditors in line with the CCG's normal procurement rules.
 - Making a recommendation to the Governing Board as to who should be appointed.
 - Assuring that any conflicts of interest are dealt with accordingly.

- Advise the Governing Board on the maintenance of an independent relationship with the appointed external auditor.
- Advise (if asked) the Governing Board on whether or not any proposal from the external auditors to enter into a liability limitation agreement as part of the procurement process is fair and reasonable.
- Advise on (and approve) the contents on the CCG's policy on the purchase of non-audit services from the appointed external auditor.
- Advise the Governing Board on any decision about the removal or resignation of the external auditor.

Reporting

The Chair Person of the Auditor Panel must report to the Governing Board on how the Auditor Panel discharges its responsibilities.

The minutes of the Auditor Panel's meetings must be formally recorded and submitted to the Governing Board by the Panel's Chair Person. The Chair Person of the Auditor Panel must draw to the attention of the Governing Board any issues that require disclosure to the Governing Board or that require executive action.

Remuneration

Payment to Auditor Panel members will be in line with the CCG's existing approach to remuneration and allowances.

Administrative Support

The organisation's Governance Lead shall be responsible for organising effective administrative support to the Auditor Panel. The duties of the person appointed to fulfil this role will include:

- Agreement of agendas with the Chair Person.
- Preparation, collation and circulation of the papers in good time.
- Ensuring that those invited to each meeting attend.
- Taking the minutes and helping the Chair Person to prepare reports to the Governing Board.
- Keeping a record of matters arising and issues to be carried forward.
- Arranging meetings for the Chair Person.
- Maintaining records of members' appointment and renewal dates etc.
- Advising the Auditor Panel on pertinent issues/areas of interest/policy developments.
- Ensuring that Panel members receive the development and training that they need.
- Providing appropriate support to the Chair Person and Panel members.

REPORT TO: NHS Shropshire, NHS Telford and Wrekin CCG Governing Body held on 8th September 2021

| Item Number: | Agenda Item: |
|--------------|---|
| GB-21-09-067 | STW CCG Transition to ICS - Due Diligence Approach and Oversight Proposal |

| 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 | <input checked="" type="checkbox"/> | R=Ratification | <input type="checkbox"/> | S=Assurance | <input checked="" type="checkbox"/> | D=Discussion | <input type="checkbox"/> | I=Information | <input type="checkbox"/> |

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

| Executive Summary (key points in the report): |
|--|
| <p>This report outlines a proposal for the due diligence exercise that will be required for the close down of the existing CCG and transition of CCG functions and staff into the new STW ICS on 1st April 2022, which the Governing Body is asked to consider and approve.</p> <p>Guidance on the due diligence process has now been released by NHS England/Improvement and this proposal is based upon this guidance and the learning from the due diligence exercise that was undertaken at the beginning of this year to prepare the legacy CCGs to transition into a single CCG on 1st April 2021.</p> <p>The proposed approach to due diligence is attached as appendix 1 for consideration and approval.</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? Some elements of due diligence process relate to staff information, however the HR function of the CCG is provided by Midlands and | Yes |

| | | |
|----|---|-----|
| | Lancashire CSU and therefore any perceived conflict of CCG employees signing off on any of the HR activities is mitigated by the CSU's involvement and oversight of this part of the due diligence. | |
| 2. | Is there a financial or additional staffing resource implication? There may be additional cost implications arising from any additional assurance required from the CCG's legal advisors as part of this process on areas of particular complexity or risk. | Yes |
| 3. | Is there a risk to financial and clinical sustainability? | No |
| 4. | Is there a legal impact to the organisation? The proposed legislation outlines that existing CCG will be dissolved on 31 st March 2022 and a new ICS Integrated Care Board will be created from 1 st April 2022. This report outlines the proposal for the CCG to undertake a due diligence exercise in partnership with the ICS to identify and understand the assets and liabilities associated with staff and property that will transfer to the new ICS. | 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> | Yes – the successful transition of the CCG's function to the new ICS Integrated Care Board addresses all of the CCGs Strategic Priorities |
| 2. | To identify and improve health outcomes for our local population. <i>(If yes, please provide details of the improved health outcomes).</i> | |
| 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> | |
| 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> | |
| 5. | To achieve financial balance by working more efficiently. <i>(If yes, please provide details of how financial balance will be achieved).</i> | |

Recommendations/Actions Required:

NHS Shropshire, Telford and Wrekin CCG Governing Body is recommended to note the content of this 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.

**NHS Shropshire, Telford and Wrekin CCG
Governing Body Meeting Held on 8th September 2021**

STW CCG Transition to ICS - Due Diligence Approach and Oversight Proposal

1. Introduction

1.1 In June 2021 NHS England/Improvement published "Integrated Care Systems: design framework" which sets out in more detail the statutory basis of ICS's and outlines how component parts of the ICS are expected to operate. The publication also outlined some key principles for the transition from CCGs to ICSs and high level indicative outputs expected in every ICS; with one of the key outputs to begin due diligence planning in quarter 2.

1.2 In response to this specific output, this paper provides a proposal for the due diligence exercise that the CCG will be expected to undertake in partnership with existing ICS and the oversight of the process by both the CCG and ICS for consideration.

2. Transition Planning including Due Diligence

2.1 National guidance on the requirements of the due diligence exercise has now been released. The approach to due diligence outlined in appendix 1 is based upon this guidance and also includes the recognised good practice from the CCG merger due diligence that was undertaken earlier in the year.

2.2 The recently published guidance on due diligence from NHSE/I is very clear that CCGs and existing ICS should work together in partnership to develop and implement a due diligence plan to support the transfer of people, property and liabilities. Therefore it has been agreed that the management oversight of the due diligence process will form part of the ICS Transition Programme, overseen by the ICS Transition Steering Group which is composed of both ICS Executives and CCG Directors and which reports to the ICS CEO Group.

2.3 To ensure an independent oversight of the due diligence process we are proposing that this is undertaken via the Audit Committee of the CCG and the Audit and Risk Committee of the ICS. In order to facilitate this process, the Governing Body of the CCG is asked to delegate CCG oversight of the due diligence activities to the CCG Audit Committee. A similar recommendation will be presented to the ICS Board to delegate ICS oversight to the ICS Audit and Risk Committee. The Chairs of both Audit Committees for the CCG and ICS have been consulted on this proposal and are supportive of the approach.

2.4 It is proposed that the CCG Audit Committee and ICS Audit and Risk Committee receive at their meetings in September, the initial draft tracking framework for approval provided by NHSE/I, which will support assurance that all aspects of the due diligence will be appropriately considered and monitored. Following on from this, the CCG Audit Committee and ICS Audit and Risk Committee will receive in November the first formal tracking report based upon completion of actions up to 30/10/21.

2.5 It is proposed that January and March CCG Audit Committee and ICS Audit and Risk Committee meetings are used to track delivery of the final elements of due diligence. The CCG Audit Committee and ICS Audit and Risk Committee would then assure the CCG Governing Body/ICS Board respectively that all aspects of due diligence have been

appropriately managed, or to flag any outstanding issues via the regular Chair reports to the Governing Body/ICS Board following every Committee meeting.

2.6 Given that the CCG and ICS fall within the due diligence level 1 risk criteria (outlined in detail in appendix 1) there is an expectation that the CCG will not require wholesale legal advice on all aspects of the due diligence process, having received this during the merger process. However there may be some areas of complexity by exception that require additional legal advice and assurance that all issues have been addressed. It is therefore proposed that the CCG explores the need to procure some legal support to work with us in these final critical stages once a clearer picture of risk is known and understood.

2.7 It is proposed a full report on the due diligence process, together with any independent assurances subsequently commissioned, would be presented to a CCG Audit Committee and ICS Audit and Risk Committee meetings to be convened mid-March (as meetings in common) allowing for any final actions to be undertaken before 1st April 2021 and by sign off of the CCG Governing Body prior to its dissolution.

The new ICS Integrated Care Board would then formally receive the formal due diligence report at its first meeting in April 2021.

2.8 Timeline in summary

The timeline below is based upon the guidance that suggests systems should have a due diligence plan in place at least 6 months in advance of the expected date of transfer and legal establishment of the ICB. The timeline below does not at this stage include any review of the due diligence process by NHSE/I and this would need to be programmed in once this is clarified.

| Content | Meeting | Date 2021/22 |
|---|---|---------------------------------|
| Overview report on due diligence process for approval, including seeking delegation to Audit Committees | CCG Governing Body (public sessions) | 8 th September 2021 |
| | Transition Steering Group/CEO Group (ICS) | 24 th August 2021 |
| | ICS Board | 29 th September 2021 |
| Due Diligence Activity Tracker for approval of activities | CCG Audit Committee | 15 th September 2021 |
| | ICS Audit and Risk Committee | 13 th September 2021 |
| | Transition Steering Group/CEO Group (ICS) | 16 th September 2021 |
| Due Diligence Activity Tracker for noting level of progress in completion of activities | Transition Steering Group/CEO Group (ICS) | October - tbc |
| Due Diligence Activity Tracker for noting level of progress in completion of activities | CCG Audit Committee | 17 th November 2021 |
| | ICS Audit and Risk Committee | 8 th November 2021 |
| | Transition Steering Group/CEO Group (ICS) | November - tbc |

| | | |
|--|---|---|
| Due Diligence Activity Tracker for noting level of progress in completion of activities | Transition Steering Group/CEO Group (ICS) | December - tbc |
| Due Diligence Panels x 2 | <ul style="list-style-type: none"> • CCG Chair of Audit Committee and at least one other CCG Lay Member • ICs Chair of Audit and Risk Committee or deputy • ICS Chair of People Committee of deputy • ICS Executive Lead Workforce • CCG Internal Auditor – Interim Consortium Director, CW Audit Services | December 2021/ January 2022 |
| Due Diligence Activity Tracker for noting further level of progress in completion of activities | CCG Audit Committee ICS Audit and Risk Committee Transition Steering Group/CEO Group (ICS) | 19 th January 2022 10 th January 2022 tbc |
| Due Diligence Activity Tracker for noting further level of progress in completion of activities | Transition Steering Group/CEO Group (ICS) | tbc |
| Due Diligence Final Report noting completion of activities for recommendation to Governing Body/ ICS Board | CCG Audit Committee ICS Audit & Risk Committee Transition Steering Group/CEO Group (ICS) | 16 th March 2022 16 th March 2022 17 th March 2022 |
| Due Diligence Final Report for Approval by existing CCG Governing Body | CCG Governing Body | End of March 2022 (confidential section) tbc |
| Due Diligence Final Report for receipt by new ICS Integrated Care Body | New ICS Integrated Care Board | April 2022 – tbc (confidential section) |

3. Recommendations

NHS Shropshire, Telford and Wrekin CCG Governing Body is recommended to note the content of this 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.**

APPENDIX 1

STW CCG Transition to ICS – Approach to Due Diligence

1 Introduction

Following the publication in June 2021 by NHS England/Improvement of “Integrated Care Systems: design framework” and the recently published guidance there is a clear requirement that the CCG will undertake a due diligence exercise in preparation for the establishment of a Integrated Care Board (ICB).

This report sets out a proposed approach to undertaking due diligence in respect of the establishment of Shropshire Telford and Wrekin Integrated Care Board and the dissolution of the current CCG and the transfer of assets and liabilities to the successor organisation.

2 What does due diligence mean?

There is no legal definition of due diligence but it is generally recognised as a detailed examination of an organisation and its records and action that is considered reasonable for people to take to keep themselves or others and their property safe. Risks involved in a transaction should be identified, assessed and mitigated as part of due diligence.

Upholding governance standards and maintaining appropriate and accurate records of all NHS activity are always necessary. However, it is particularly important to preserve corporate memory when NHS organisations are changing, being created or abolished, and to ensure the safe and effective transfer of people and ‘property’. The term ‘property’ is used here in its widest possible sense, i.e. not just the estate (buildings), but all assets, including equipment, contracts, licenses, rights, claims and organisational policies. Liabilities must also be considered.

The legal transfer of people, property and liabilities

Due diligence is necessary to underpin the legal transfer of people, property and liabilities from the CCG to the ICB through a ‘transfer scheme’.

The guidance suggests there are three different starting points and corresponding levels of complexity for CCGs in the ICS implementation programme and the level of due diligence to be undertaken should reflect these starting points:

Level 1: where the boundary of a CCG is coterminous with its existing ICS, due diligence will involve listing all staff, property and liabilities so that this information is available to the new ICB. The listing is not required for legal purposes, i.e. for the transfer scheme, as this scheme will simply make provision for all CCG staff, property and liabilities to transfer to the ICB in a straightforward ‘lift and shift’ arrangement.

Level 2: where there will be no ICS boundary changes but there are multiple CCGs within an ICS there will be additional complexity and a need for co-ordination, with consideration of the processes to bring together the staff, property and liabilities from multiple CCGs. Whilst each CCG is accountable for their own staff, property and liabilities, further joint work may be required between CCGs to consider how organisational policies, processes, assets and liabilities may be consolidated and to ensure that arrangements are fit for purpose for a single ICB. As for level 1, the transfer scheme will make provision for the legal transfer of all people, property and liabilities of the CCGs to the ICB.

Level 3: where there will be changes to existing ICS boundaries, particularly any which involve CCGs being 'split' between ICBs, there will be further complexity as multiple CCGs will be involved in the development of the new ICB configurations and, where any ICS boundary change cuts across an existing CCG boundary, a full CCG 'lift and shift' arrangement cannot apply. In such circumstances, comprehensive lists will be required to confirm the specific people, property and liabilities to be transferred from each CCG to each ICB, and the lists will need to be included in a schedule to the transfer scheme. There will need to be joint working and information sharing between CCGs and existing ICSs to ensure the accuracy of the lists and that there are no gaps or duplication.

This system is fortunate in that the merger of the two pre-existing CCGs earlier in the year and the coterminosity of the CCG with the ICS boundary, means that it falls within the level 1 criteria above and therefore the complexity is limited and the risk would be expected to be at a lower level. The proposed approach outlined takes into account the level of risk and expected complexity.

There is a range of preparatory work that will assist in the effective implementation of the due diligence plan and subsequent transfers of staff, property and liabilities. Examples include cleansing of ESR (Electronic Staff Record) system data, clearing unallocated cash and balance sheet items, and ensuring that the CCG's list of authorised signatories is up to date. The CCG, having already undertaken this process as part of merger, is in a strong position as most of the foundations of good housekeeping are already in place and the focus will be on maintaining this structure rather than having to create and populate it from a starting position.

CCG close down and ICB establishment due diligence checklist

NHSE/I have issued with the due diligence guidance a practical tool to support / guide the due diligence process which has been co-produced by NHS England and NHS Improvement, CCGs and other stakeholders including the Healthcare Financial Management Association (HFMA).

The checklist is designed to be a live working document that can be updated as the due diligence process progresses. It is for use by CCGs and existing ICSs to provide evidence of due diligence, and to be passed on to ICBs so that there is a clear picture of the people, property, liabilities, risks and issues that they are receiving on legal establishment.

It is proposed that the CCG adopts this comprehensive checklist to be used as the basis for the due diligence exercise. The Governing Body is asked to note that completion of the full checklist is not itself mandated by NHSEI. However, the information on individual members of CCG staff must be provided by either completing the relevant tab in the checklist or in another form using the same data fields. The due diligence checklist will be the key mechanism for capturing progress and highlighting risk and reporting this to the CCG Audit Committee, ICS Audit and Risk Committee and ICS Transition Steering Group. The due diligence checklist may be used to reflect any work that has already been undertaken and adapted as necessary to be proportionate to local circumstances. A review of the content of the checklist will be undertaken and any recommendations to amend or adapt will be presented to the September meetings of the Audit Committees and Transition Steering Group for formal adoption.

Support, advice and assurance

NHS England and NHS Improvement regional teams are expected to provide assistance to CCGs and ICSs with implementation of the due diligence guidance and carry out 'light touch'

assurance of the due diligence process. The assurance by NHSE/I has not been outlined and the approach to due diligence and/or timeline may need to be amended once this becomes clearer, to ensure we have clear reporting milestones captured and agreed.

Proposed Due Diligence approach

2.1 Phase 1: Review of documentation

The ICS transition programme plan sets out the key steps required in ensuring all relevant actions have taken place in relation to the preparation for the dissolution of the CCG for Governance, Finance, Workforce, Communications and Engagement, Quality, Commissioning, Digital/Data/Technology and Population Health Management. Regular reports on progress including highlighting identified risks and issues will continue to take place at the ICS Transition Steering Group meetings.

The due diligence process is part of this wider transition programme plan and will be overseen by designated Transition Leads. Each Transition lead is expected to oversee the progress of actions within their area (including on due diligence) and ensure there is sufficient capacity to deliver the project within the required timescales. The ICS Programme Director oversees the due diligence programme of work as Senior Responsible Officer (SRO) with the support of the CCG Director of Corporate Affairs and the Programme Manager, who together will ensure the due diligence process outlined is followed in addition to providing support should this be required, to the Transition Leads on a day to day basis is provided and liaising with NHS England/Improvement Regional Team.

The first stage of the due diligence process is for Transition Leads to undertake a review of the due diligence checklist and ensure all key actions are understood and plans for completion are made and documentation that supports the due diligence process is collated and captured. All relevant documentation will be assessed and confirmed as appropriately completed by 31st November 2021. There may at this stage require some legal advice on any areas identified as complex or of a higher level of risk.

Any outstanding steps can then be planned for and completed within the final 13 weeks in the run up to the 31st March.

2.2 Phase 2: Due Diligence Checkpoint

It is proposed that in December 2021/January 2022 two full day checkpoint workshops take place where Transition Leads are able to present their work highlighting all completed actions. This will be an opportunity for panel challenge where any final gaps are identified or there remain unmitigated risks. An overview summary of the panel's findings will be presented to the CCG Audit Committee and the ICS Audit and Risk Committee for assurance purposes.

It is suggested that this panel process includes as a minimum, the CCG Chair of Audit Committee and at least one other CCG Lay Member, CCG Internal Audit Services – Interim Consortium Director of CW Audit Services, the Chair of the ICS Audit and Risk Committee (or deputy), the Chair of the ICS People Committee (or deputy) and the ICS Executive Lead for Workforce (or deputy).

It is at this stage that an element of external scrutiny could offer support and greater assurance that all issues or risks have been addressed. It is therefore proposed that the CCG considers seeking legal support where necessary to work with Transition Leads on areas of complexity or areas of higher risk in these final critical stages. Their feedback and

independent assurances would be used to confirm that a thorough process has been followed and all issues have been appropriately addressed. This information would form part of the due diligence assurance report.

2.3 Phase 3: Report to the Audit Committees and to NHSE/I

A full report on the due diligence process together with any independent assurances from a legal professional would be presented to the CCG Audit Committee and ICS Audit and Risk Committee in March. This in itself would form part of a clear hand over into the new ICS and could then be presented to the ICS Integrated Care Board at its first meetings as a statutory body.

In addition at the end of the due diligence process, the Accountable Officer of the CCG and ICB chief executive (designate), will be required to write to the relevant NHSE/I regional director confirming that an appropriate level of due diligence has been undertaken using the due diligence report and due diligence checklist as the basis for this assurance.

**REPORT TO: NHS Shropshire, NHS Telford and Wrekin CCG Governing
Body meeting on 8th September 2021**

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| Item Number: | Agenda Item: |
| GB-21-09.068 | Finance Committee |

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| Executive Lead (s): | Author(s): |
| Laura Clare Executive Director of Finance laura.clare@nhs.net | Geoff Braden Finance Committee Chair g.braden@nhs.net |

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

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| History of the Report (where has the paper been presented: | | |
| Committee | Date | Purpose (A,R,S,D,I) |
| Finance Committee | 23rd June 2021 | S |

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| Executive Summary (key points in the report): |
| <ul style="list-style-type: none"> • A paper was received on the Elective Recovery Fund and Detailed Diagnostics position. The current position is as forecasted and does form part of the H1 plan. Currently the Day Case and Elective Care is in a good position, with pressures on inpatient recovery, particularly around staffing pressures. Details of the various areas of spend were covered and risks associated. Currently the plan has £1.3m of unallocated funds with details on NHSEI monitoring/5 Gateways to deliver against. Further scrutiny of this work will be through the Recovery Group and then via the ICS board. In addition to the it will also be presented to the System Planned care board. This will be brought back to the September Finance Committee. • Update was received on the STP finance position for Month 2 including the new reporting process from the System Finance Group and Sustainability Committee. Progress is currently underway to achieve the H1 plan with further work now identifying the plan for 2-5 years and beyond. Further updates will be taken as this work progresses. • Executive Director of Finance gave an update on the financial work currently taking place as we await the first monthly reporting in month 2. Details were shared on the risk and the work taking place particularly against the different financial landscape in H2. Areas of significant risk still remain with the £7.2m gap along with volatile areas such as CHC and NHS 111 that require close scrutiny. Work continues to progress on the System plan along with the Big Six, but these will have very limited impact in 2021/22. • It was confirmed that the GBAF has been updated to ensure that the executive |

team are focused on the gap for the CGG of £13.5m efficiency savings.

- 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.

Significant risk still remains as there is still a significant £3m gap of opportunity to identify with staffing gaps on key projects a real issue. Areas were discussed as further opportunities with the links to investment cases and Task & Finish group identified.

There is still a significant gap that still requires work to identify activities towards the 3% and Finance committee requested that this was addressed with urgency.

- At this time, the Finance committee were unable to assure the board on achieving the £13.5m task with the detail currently received.

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

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|----|---|-----|
| 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 ensure that H1 plans and processes are in place with increasing focus on H2 and the Value for Money QIPP plans. To note that there still remains gaps in the identified savings and the need to finalise and confirm the opportunities against the £13.5m plan.

**REPORT TO: NHS Shropshire, NHS Telford and Wrekin CCG Governing
Body meeting to be held in Public on 8th September 2021**

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| Item Number: | Agenda Item: |
| GB-21-09.069 | Quality and Performance Committee held on 23 rd June 2021 |

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| 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 |

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

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| History of the Report (where has the paper been presented): | | |
| Committee | Date | Purpose (A,R,S,D,I) |
| Full minutes approved at the Shropshire, Telford and Wrekin CCG Quality and Performance Committee | 28 th July 2021 | S/I |

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| 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 28th July 2021 meeting.</p> <p>Performance</p> <ul style="list-style-type: none"> 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 and recent gains in performance are proving hard to maintain as overall numbers of A&E attendances and emergency admissions have increased in recent weeks. The number of 12 hr DTA breaches have reduced and is now back to very low levels. Ambulance handover delays in excess of 1 hour remain a challenge. 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. In general, cancer performance held up reasonably well until the latest Covid surge disrupted efforts to maintain this position, but now that has subsided, performance is improving again. |

- IAPT referrals are continuing to increase and are back to pre-COVID levels and the full capacity of the service is back in place.

Quality

- The number of falls in March for SaTH was above the monthly trajectory; however both 'falls per 1000 bed days' and 'falls with harm' performance were better than the national and local standards set.

The Maternity Dashboard was reviewed and of note the following was identified:

- Smoking at time of delivery. With the reintroduction of face to face Carbon Monoxide testing, the trust has seen an increase from the maternal self-reported rates experienced during Covid. The rate has risen to 16.4 %, which is above trust and national target of 6%. The national average rate is currently 10.4%. No face to face smoking cessation support was offered during Covid 19. The LMNS has invested in resource to SaTH to support achievement of the target and recruitment to specialist midwives to support the service is underway.
- Caesarean Section rate overall – 25.0% in line with NMPA levels. Emergency Caesarean Section rate is 11.1%, a small increase in month. Further assurance has been requested from SaTH once the latest GIRFT data is released, along with a response to confirm compliance with the recently published NICE guidance update for C-Sections.
- Delivery Suite – 'red flags' for staffing concerns – there were 13 recorded for April, 9 relating to delays in induction of labour and it is noted that the birth rate was increased during this month. SaTH continue to experience staffing gaps in midwifery leadership roles and also at Band 6.
- One Maternity SI is reported for May and a further 2 were reported in June pertaining to incidents that occurred in March 21, the delay in reporting due to Trust following due process of internal investigation and review.

Continuing Healthcare

- There is currently a significant assessment and review backlog that is not compliant with NHSE&I performance standards and Quality Premium indicators. Formal assurance processes resume in Q2 and a compliance/assurance trajectory has been requested. This will be monitored regionally as well as nationally. The team is currently operating with 10.15 WTE vacant posts. Recommendations have been made for investment in additional capacity. On 17/06/2021 the Investment group recommended approval and will be presented to the ICS Sustainability Committee on 29/06/2021 for final consideration.

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

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|----|---|----|
| 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 |

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| 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 in Public on 8th September 2021**

| Item Number: | Agenda Item: |
|--------------|--|
| GB-21-09.070 | Locality Chairs Summary Report (September 2021) |

| Executive Lead (s): | Author(s): |
|--|---|
| Ms Claire Parker Director of Partnerships NHS Shropshire CCG and NHS 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 | <input checked="" type="checkbox"/> D=Discussion | I=Information | |

| History of the Report (where has the paper been presented): | | |
|---|----------------------|---------------------|
| Committee | Date | Purpose (A,R,S,D,I) |
| Locality meetings | July and August 2021 | S |

Executive Summary (key points in the report):

The detail below provides a short summary of the items discussed at the locality meetings during July and August

CCG Chairs update:

- NHS England has given approval to elect Mr Mark Brandreth in August as CCG Accountable Officer and ICS executive lead. Mark starts on 1st September 2021.
- There is currently a role available for a GP or healthcare professional to sit on the Governing Body from Telford and Wrekin until 31st March 2022.
- Covid update was given to all localities.
- There is a fortnightly ICS Bulletin called 'Collaborate'.
- The new Medical Examiner role is to be piloted in specific surgeries within the area and implemented slowly.
- The Outpatient Transformation Programme – there is a plan for training to be provided for handling outpatients by a GP consultant for each of the five specialities, the five specialities are ENT, Gynaecology, Nephrology, Cardiology and Diabetes over 5 sessions.

Locality chairs update:

- Dr Matthew Bird (South Locality) has been appointed to the LMC
- All the localities raised the issue of the Wednesday lunchtime meetings stopping. The primary care team are reviewing all the communication processes and how best to facilitate information sharing. The lunchtime meeting was requested to be reinstated perhaps fortnightly as they were valued by practice staff.
Primary Care updates were given on phlebotomy, primary care capacity, diabetic foot screening.

Presentations and updates were given to all localities on the following areas:

- Integrated care record
- MSK transformation
- The commencement of the Macmillan 18 month pilot project in Shropshire, a project that is similar also runs in Telford.
- End of Life care review
- Regional Medicines Optimisation Committee have produced some shared care protocols and are releasing these documents in phases allowing people to make comments nationally to lead to finalised documents.
- Concerns regarding ESCA (shared care) and children's mental health prescribing were raised

Other issues of concern discussed at the meetings were the return to pre lockdown arrangements and the impact on primary care. Discussions were had about wearing of PPE in practices prior to national guidance.

There was discussion about the public perception of not being able to get face to face appointments with GP practices, and that practices were closed. Practices felt more communication locally and nationally was needed.

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

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

Recommendations/Actions Required:

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

**REPORT TO: NHS Shropshire, NHS Telford and Wrekin CCG Governing
Body meeting on 8th September 2021**

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|---------------------|--|
| Item Number: | Agenda Item: |
| GB-21-09-071 | Audit Committee – 21 st July 2021 |

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

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

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| History of the Report (where has the paper been presented: | | |
| Committee | Date | Purpose (A,R,S,D,I) |
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| 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. Assurance was provided that the strategic and operational risks had been identified and mitigation was presented. • Health & Safety and Security Management Annual Report for 2020/21 was received for both CCG's. It was noted that there was disruption to the plan because of the impact of COVID on CSU work. A plan was currently being worked upon for 2021/22 and this would be reviewed at the committee on a quarterly basis. • Policy alignment update combining the two CCG's into one organisation, with most of the policies now having been updated and signed off. Further progress will be monitored in future committee meetings. • Agile working Policy was approved, which the committee commended for its comprehensive nature and sections including HR, Health & Safety, IG and IT areas. • Social Media Policy was agreed, in line with best practice to protect the CCG and also advise employees of potential consequences of inappropriate behaviours. • 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. • Information Governance update was received and additional assurance sought around breaches. • Losses, Special Payments and Waivers were received with no losses or special payments in the period. It was noted that 14 waivers had been completed and it was requested that the process was reviewed and brought back to the next Audit committee in September. • Internal Audit Progress was received with an updated requested to refresh the outstanding actions and mitigation. |

- External Audit confirmed that the Financial Statement Audit was now complete and was confirmed to the committee. The Auditors Annual report is progressing and will be confirmed to the committee in due course.
- Counter Fraud report was received and details discussed.

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

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|----|---|----|
| 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 two policies approved.

**REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body
Meeting held in Public on 8th September 2021**

| Item Number: | Agenda Item: |
|--------------|---|
| GB-21-09-072 | Primary Care Commissioning Committee (PCCC) Summary Report (September 2021) |

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

| Action Required (please select): | | | | | |
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| 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 | 04/08/2021 | |

| Executive Summary (key points in the report): |
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| <p>The detail below provides a short summary of the items, discussion and actions from Primary Care Commissioning Committee 4th August 2021.</p> <p>Finance update: As at month 6 the forecast is that the delegated commissioning budget will overspend against its allocation by £840k. This is offset with a planned reserve in Primary Care. There is an under-spend on prescribing, mainly due to a prior year benefit, and that is non-recurrent. The estimated spend for the end of the last financial year was lower than anticipated.</p> <p>Next month, the Finance team will focus on how the £840k overspend will be addressed going forward, however this is an historical overspend.</p> <p>Estates update: The Whitchurch/Pauls Moss full business case is on target to be submitted to October PCCC and a business case writer has been engaged. The District Valuer is undertaking a review of the report to ensure it is fully up to date.</p> <p>No other issues were raised on specific estates projects although a general conversation on future estates planning was had to include rent reviews and it was agreed that a paper on that specific issue would be presented to PCCC.</p> |

GP Patient Survey 2020-21:

Key points of the survey-

- A summary of the overall CCG results, compared against national results. It was not possible to provide year on year comparisons at CCG level due to the establishment of the new CCG.
- Overall, GP Practices in Shropshire, Telford and Wrekin have consistently scored equal to or above national averages.
- Over 60% of Practices consistently scored above the national average, with the majority of Practices achieving excellent patient satisfaction scores.
- Although overall average scores across the CCG have met or exceeded the national average, individual Practice scores ranged widely in some areas.
- The Primary Care Team will work with the Practices that scored below the CCG and national average on multiple domains of the GPPS. Practice level data will also be incorporated in to the planning of future Practice visits carried out by the CCG, and will be an area of focus where required.
- Access to online services remains a potential area for improvement for the CCG. The Primary Care Team will undertake further work with regard to online access to services, in conjunction with relevant teams within the CCG.
- The Committee noted the results of the GPPS 2020/21 and acknowledged the high scores achieved by the majority of Practices against the challenges. The Committee also agreed to receive an update from the Primary Care team at a later date on the progress of those Practices.
- Access to some GP practices is currently an issue and a piece of work to identify the specific issues around telephone and physical access is underway.

NHSE/I funding for primary care:

- Agree that the recruitment process is commenced for the “Newly-Qualified GP Locum Champion” until the end of March 2021.
- A discussion about the use of non-recurrent funding was had by the committee as this creates difficulties in meeting expectations but managing the following financial years and presents potential financial risks.

Primary Care Quality:

- Discussion was had around the increased number of PALs complaints in one quarter due to the closure of Dodington Practice in Ellesmere but no other themes were identified.

Other matters:

- Governance of funding decisions from the Training Hub were to be considered as to whether PCCC was the appropriate place for decision.
- The risk register was reviewed.
- The Primary Care operational Group is having a positive impact on the papers for the primary care commissioning committee.

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

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

Recommendations/Actions Required:

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

**REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body
Meeting held in Public on 8th September 2021**

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|---------------------|---|
| Item Number: | Agenda Item: |
| GB-21-09.073 | Chairs Report for Strategic Commissioning Committee |

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| Executive Lead (s): | Author(s): |
| Steve Trenchard, Executive Director of Transformation | Steve Trenchard, Executive Director of Transformation |

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

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| History of the Report (where has the paper been presented: | | |
| Committee | Date | Purpose (A,R,S,D,I) |
| Strategic Commissioning Committee (SCC - Part 1) | 23 rd July 2021 | S |

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| Executive Summary (key points in the report): |
| <p>The meeting planned for 21st July 2021 was postponed due to papers requiring amendment and aligning with ICS Committee meetings and an extraordinary SCC set for 23rd July 2021. However the membership was not quorate but discussed the single item on the agenda which was the future of the Liothyronine Policy.</p> <p>There is clear national guidance on how this prescription should be used/prescribed so this paper is a policy to show how the CCG will implement the national policy around the use of Liothyronine.</p> <p>The SCC agreed to support the recommendation to move the service to secondary care.</p> <p>The decision would be rescheduled at the next meeting to ratify the decision ensuring full clinical endorsement of the decision.</p> |

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| Recommendations/Actions Required: |
| The Board are asked to note the record of this meeting. |

Report Monitoring Form

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

| Strategic Priorities – does this report address the CCG's strategic priorities, please provide details: | | |
|---|--|-----|
| 1. | To reduce health inequalities by making sure our services take a preventative approach and take account of different needs, experiences and expectations of our communities. <i>(If yes, please provide details of how health inequalities have been reduced).</i> | 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> | 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> | Yes |
| 5. | To achieve financial balance by working more efficiently. <i>(If yes, please provide details of how financial balance will be achieved).</i> | Yes |

**REPORT TO: NHS Shropshire, Telford and Wrekin CCG Governing Body
Meeting held in Public on 8th September 2021**

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| Item Number: | Agenda Item: |
| GB-21-09.074 | Assuring Involvement Committee (AIC) Chair's Report from the meetings held on 29th July and 26th August 2021 |

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

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

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| History of the Report (where has the paper been presented: | | |
| Committee | Date | Purpose (A,R,S,D,I) |
| This is the first Chair's report from the newly established AIC | | |

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| 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 for the first time at the end of July and received a presentation from the CCG's Lay Member for Patient and Public Involvement providing information about the role of the Committee in assuring public involvement and not being part of the public involvement itself.</p> <p>The meeting also heard from Claire Skidmore who gave a presentation of the CCGs role including the move to and Integrated Care System in the next year.</p> <p>Both presentations were of value to the Committee.</p> <p>Members were given an introduction to a number of documents to be used in the recruitment of volunteers for other roles with the CCG and following the meeting, members reviewed these and gave their feedback to members of the CCG Communication team.</p> <p>At the Committee's August meeting, the Committee received a presentation, and gave feedback, on the current Communication and Engagement Plan for the proposed Health & Wellbeing Hub in Shrewsbury.</p> <p>The August meeting also had chance to hear of, and discussed with CCG team members, the Communication and Engagement Plan for the Cancer Strategy Refresh. The Committee were disappointed with the level of Public Engagement that had occurred to-date in this work.</p> |

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| Recommendations/Actions Required: |
| <p>The Governing Body is recommended to:</p> <ul style="list-style-type: none"> • accept this report for information; and • to ensure CCG commissioning staff are aware of the Committee's role. |

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 8 September 2021**

| | |
|---------------------|------------------------------|
| Item Number: | Agenda Item: |
| GB-21-09.075 | Population Health Management |

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| 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) |
| This work stream reports to the ICS Population Health Operational Board. | Last update reported on 24 August 2021 | I |

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|---|
| Executive Summary (key points in the report): |
| This paper provides an update to the Governing Body regarding the development of our local Population Health Management work stream within the overarching Population Health approach |

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| Recommendations/Actions Required: |
| The Governing Body are asked to note the content of the report and support the ongoing development of the Population Health Management work stream as required |

| 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>Further to the completion of the BI skills mapping there is the potential for additional BI capacity and capability to be identified</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>The process of developing our PHM approach will require ongoing clinical input</i> | Yes |
| 7. | Is there a patient and public engagement requirement? <i>Patient and public engagement will be required as and when PHM intelligence informs commissioning decisions</i> | Yes |

| 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>A PHM approach will enable richer intelligence to inform commissioning decisions and help to focus work on the greatest areas of need in our population, supporting the tailoring of our approach as required</i> | Yes |
| 2. | To identify and improve health outcomes for our local population. <i>As for No. 1</i> | Yes |
| 3. | To ensure the health services we commission are high quality , safe, sustainable and value for money. <i>As for No. 1</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 development of our PHM approach</i> | Yes |
| 5. | To achieve financial balance by working more efficiently. <i>A PHM approach will allow us to more effectively deploy our limited resources to the areas which will have the greatest impact for our population</i> | Yes |

Population Health Management Update Paper

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

Introduction

The aim of the Population Health Management (PHM) approach is to improve population health by data driven planning and delivery of proactive care to achieve maximum impact.

It includes segmentation, stratification and impactability modelling to identify local 'at risk' cohorts – and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcomes.

Taking an overarching Population Health approach to improve health and wellbeing is a priority for Shropshire, Telford and Wrekin with all partners making the commitment that improving population health requires collaboration across the system

Currently we know that:

- Life Expectancy has stopped increasing and has fallen in recent years in STW, there remains a gap in healthy life expectancy across STW
- Health inequalities are widening (linked more recently to the impacts of Covid19)
- Demand on NHS services has been increasing and waiting times will increase post Covid19
- Much of this extra demand is for treatment of conditions which are preventable.
- At heart, the NHS remains a treatment service for people when they become ill. This needs to be reversed, we need to focus on early intervention and prevention and taking a population health approach

By understanding our population health and inequalities and tackling these collectively we will improve health and wellbeing outcomes for our residents and reduce health inequalities as well as investing up stream to save resources and reduce demand.

Our overarching approach to Population Health includes a number of work streams, of which Population Health Management is one:

- Population Health Management
- Prevention and Inequalities
- Economic Regeneration
- Climate Change

Our overall approach to Population Health is over seen via the Population Health Operational Board (SRO Andy Begley, Shropshire Council CEO) within the ICS Board governance structure

Population Health Progress and Delivery Plan

The STW system has committed to fulfilling a number of key steps in developing the Population Health agenda:

- Step 1: Systematically use our intelligence on Population Health & Health Inequalities
- Step 2: Agree priorities for **Population Health at Place & System** level – through the ICS and the Health & Wellbeing Boards (HWBs)
- Step 3: Use a **Placed based approach** to improve health & wellbeing and **reduce health inequalities** through our Integrated Care Partnerships (SHIPP and TWIPP)

- Take a **preventative approach** across all system-wide programmes for example promotion of Making Every Contact Count (MECC) approaches.
- Step 4: Monitor **outcomes at Place and System** level, reporting to the **ICS** and **HWBs** with **Scrutiny** Oversight by Local Authority committees.

To ensure that services are restored and developed inclusively, system leaders have committed to the implementation of a Population Health Strategy. This strategy will focus on improving the physical and mental health outcomes and wellbeing of our population, while reducing health inequalities. It will include action to reduce the occurrence of ill health as well as action to deliver appropriate health and care services and action on the wider determinants of health. Its delivery will require working with communities and partner agencies and it will be very much linked to the development of our placed based approach

Population Health Management

The first part of 21/22 has seen the commencement of a programme of work to implement Population Health Management within the overarching programme described in this paper.

The PHM work stream, which underpins the Population Health approach, has two elements; Firstly infrastructure to deliver a Population Health Management approach including analytic capability and creating the “engine room” to provide a rich evidence base to support programmes of work and secondly providing the evidence to support the development of our priorities to ensure the maximum impact for our population.

Work to ensure the enabling infrastructure is developing and linking in with existing Programmes, includes:

- Establishing a System wide Analysts Network, utilising our access to wider system resources via the West Midlands Strategy Unit/ West Midlands Decision Support Unit (CSU)
- IT Infrastructure capability development, led through the Digital Operational Group
- Developing our performance dashboard capability to support the PHM approach
- IG / Data Sharing / data safety compliance, led through the Digital Operational Group
- Professional Leadership assurance of data and evidence to support priorities, led through system professional Leadership Group

A Delivery Plan for the wider Population Health ambition, which includes key elements of Population Health Management is in development, work programmes include:

- Action to tackle climate change, which will include a response to the requirement for system to achieve a net zero position
- Programmes to focus on prevention and tackling health inequalities, including the system work to tackle inequalities in vaccination, implementation of the NHS prevention priorities and continuing work through both the Telford and Wrekin and the Shropshire Health and Wellbeing Boards to address wider inequalities issues.

Recommendation

The Governing Body are asked to note the content of the report and support the ongoing development of the Population Health Management work stream within the overarching Population Health approach as required