



### STP Highlight Report

<b>Name of Work Stream</b>	Shrewsbury, Telford & Wrekin STP
<b>Work Stream Leads</b>	Chief Officers
<b>Report Author</b>	Phil Evans

Actions achieved or not achieved as planned in last reporting period		Current RAG rating
1	To understand the detailed neighbourhood plans including the 'community offer' and agree activity required	G
2	Develop 90 day plans for all programmes under the STP including – <ul style="list-style-type: none"> <li>• Telford, Shropshire and Powys Neighbourhoods –               <ul style="list-style-type: none"> <li>○ Unscheduled Care</li> <li>○ Planned Care</li> <li>○ Community Resilience and Prevention</li> <li>○ Neighbourhood Teams</li> <li>○ Systematic speciality review &amp; transfer of service to community</li> <li>○ Primary Care Development and GP Five Year Forward View</li> <li>○ Population Health Management</li> <li>○ Secondary Care Admission Avoidance</li> <li>○ Community Services Review</li> </ul> </li> <li>• MSK</li> <li>• Community services</li> <li>• Frailty (System)</li> <li>• FF</li> <li>• Enablers -               <ul style="list-style-type: none"> <li>○ Workforce</li> <li>○ Digital</li> <li>○ Estates</li> <li>○ Finance</li> <li>○ Comms &amp;E Engagement</li> </ul> </li> </ul>	G
3	Updated governance structure and membership	G
4	PMO to amalgamate STP, SSP & Workstream / Enablers 90 day plans	G
5	Workshop to share the system wide views and plans, agree gaps and actions required – 'one plan' (monthly workshops in diaries for 4 months)	G
6	Recruit substantive Head of PMO, communications and engagement programme manager and digital programme manager	G

Actions planned for next reporting period		Current RAG rating
1	Co-Designed system draft of the STP next iteration	G
2	Set up system wide repository for files, folders and version control	G
3	Set up system wide programme management platform and reduce the need for excel etc.	G
4	Recruit substantive PMO programme managers X2	G
5	Agree system metrics with key stakeholders e.g. <ul style="list-style-type: none"> <li>• Improve access times to services</li> <li>• Increase non consultant clinic contacts</li> <li>• Reduce OP DNA rate</li> <li>• Increase volume of planned care provided</li> <li>• Reduce new follow up ratio</li> </ul>	G

Issues for Escalation