

Integrated Care Board Briefing

Staffordshire and Stoke-on-Trent
ICB Meeting

18 April 2024

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

This briefing aims to keep partners informed of the discussions at the NHS Integrated Care Board (ICB) meeting in public. To watch the recording and read the papers [visit the ICB website](#).

Integrated Care Board (ICB) Chair and Executive update

- David Pearson, Chair, drew attention to the Fit and Proper Person's test criteria and confirmed it is close to being embedded in the governance arrangements of the Board. A more detail report confirming all Board members have been through the process will be coming to a future Board meeting.
- Peter Axon, CEO, confirmed all 11 ICBS within the midland's region approved the delegation arrangements for specialised commissioning. As of 1 April 2024, the ICBS collectively have that delegated authority. There will be a West Midland's Joint Committee led oversight of the specialist commissioning. That group will direct development activities to improve the commissioning of specialist commissioning arrangements. Peter confirmed that there will be direct activities locally, to influence the regional West Midland's processes.
- Peter drew attention to the NHS IMPACT tool and commented that this tool gives us the opportunity to be able to fundamentally understand our productivity and efficiency position and make necessary changes.

The Board asked how the delegation of specialist commissioning is being integrated into the portfolios. Peter confirmed many of the services will move into the Planned Care portfolio but depending on the nature of the service, they will be integrated into the most appropriate portfolio. The Board asked what communications are happening with patients breaching 65 and 78 weeks waits. Phil Smith, Chief Delivery Officer, responded stating that there is a continuous validation process occurring to address the long waiters and that there is a process run through the Acute Trusts to monitor and communicate with these patients. The Board commented on the Staff Survey results and were pleased with the results. The Board asked where the ICB Staff results were going to be monitored. Mish Irvine, Interim Chief People Officer, confirmed that a full analysis of the results has happened, and conversations are being held with Executives before individual meetings with Directors being planned, and action plans are created. These action plans will fit in with the overall system-wide action plan. Heather Johnstone, Chief Nursing and Therapies Officer, confirmed that the NHS IMPACT tool is part of a wider system programme of quality improvement. The Board asked if there was a cause behind the increase in attendances at University Hospitals of North Midlands NHS Trust (UHNM). Phill Smith confirmed that 1000 of these attendances are currently being reviewed, with an indication that Norovirus and trauma demand was a cause of the increased attendances. Further analysis will highlight if missed opportunities to direct people elsewhere occurred. The Board asked if the NHS IMPACT tool will align with other local tools that measure the quality of services. Peter confirmed this tool will fill in any gaps we have in the system and create rigour in everything we do.

Emergency Preparedness, Resilience and Response (EPRR) Annual Report

- Phil Smith, Chief Delivery Officer, and Katie Weston, EPRR Strategic Lead, introduced this report.
- Phill confirmed the annual assurance position for 2023 of substantial compliance.
- Katie confirmed there has been demonstrable progress against the EPRR priorities and excellent engagement in training by all on-call managers.
- Katie outlined the three recommendations to the Board:
- Recommendation 1 - Board are asked to confirm the ICB has put in place adequate resources to meets its roles and responsibilities with respect to EPRR and Business Continuity planning.

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- Recommendation 2 – Board are asked to note the 2023 EPRR annual assurance compliance rating of substantial compliance.
- Recommendation 3 – Board are asked to note and support the EPRR annual assurance 2024/25 priorities as listed.

The Board thanked Phil and Katie for the report. The Board asked if the key partners across the system are giving the same level of assurance regarding resources. Katie confirmed that all NHS health providers can give the same level of assurance. Other key partners work towards similar resilience standards and are meeting these standards. The Board acknowledged the hard work it has taken to get to this level of compliance, and Katie's leadership on this project. The Board approved all the recommendations.

Quality and Safety Report

- Heather Johnstone, Chief Nursing and Therapies Officer introduced the report.
- Heather commented that there has been some variation in understanding of compliance in relation to the number of Looked After Children who receive an Initial or Review Health Assessment. There are several pieces of work happening to meet or exceed the 85% target.
- Heather confirmed the 38 outstanding Learning from Lives and Deaths of People with a Learning Disability and Autistic People (LeDeR) reviews have been brought back into the ICB. 27 of these reviews are under review already.
- Josie Spencer, Non-Executive Director, confirmed there has been continued improvement in maternity and neo-natal services.

The Board thanked Heather for the update. The Board commented that there is a fundamental need that we understand our safeguarding duties in relation to children and young people. The Board asked if there was any intelligence around the number of dentistry appointments for children. Paul Edmondson-Jones, Chief Medical Officer, and Deputy Chief Executive Officer responded that it would be appropriate to bring a full report regarding Dentistry to an upcoming Board meeting, so this will be organised for a future Board meeting.

System Finance and Performance Report

- Paul Brown, Chief Finance Officer, Phil Smith, Chief Delivery Officer, and Megan Nurse, Non-Executive Director, introduced the finance report.
- Paul Brown confirmed we are closing the financial year ending 31 March 2023 and we have the met plan agreed with regulators.
- Phil Smith, Chief Delivery Officer, presented the performance report and stated that the pressure in Urgent and Emergency Care has been high following the Easter period. The challenges are still significant, and the teams are working hard to maintain flow. We are now able to de-escalate some of the winter capacity.
- Phil shared that an event to reflect on the effectiveness of the winter period was recently held. A full report will be provided, but some headlines include that there has been a 6% improvement in 4-hour performance, and there has been a 39% improvement in category 2 ambulance response times. This review highlighted the positive relationships between Urgent and Emergency Care providers.
- In terms of Planned Care, there has been an improvement with 78-week waiters. All these waiters aimed to be seen by the end of June.
- In terms of Cancer, there has been significant reduction in the backlog at University Hospitals of North Midlands NHS Trust (UHNM) and strong improvement in the 28-day faster diagnosis standard.
- Megan Nurse shared that work on the System Recovery Programme 2024/25 needs to be accelerated, and meetings are happening to implement this.

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- Megan shared that the Finance and Performance Committee approved two Outline Business Cases for Integrated Community Hubs, and the Final Business Cases (FBCs) will be worked up. The FBCs will be required to identify the net revenue cost by the utilisation of these facilities to support the delivery of the System recovery, therefore creating a revenue neutral solution for the System.

The Board thanked Paul, Phil, and Megan for this report. The Board asked when we would investigate the key deliverables of population health not being met and how this would impact 2024/25 planning. The Board will bring this to the Executive Board meeting for discussion, and it is being incorporated into the operational planning.

Board Assurance Framework (BAF) Summary

- Claire Cotton, Associate Director of Corporate Governance, introduced the refreshed Board Assurance Framework (BAF) for the final Quarter 4 for 2023-24. The BAF has been structured around eight key strategic risks, previously agreed by the Board, which threaten the achievement of the Strategic Ambitions set out within the Integrated Care Partnership (ICP) strategy and has been mapped accordingly.
- Claire shared work is still ongoing to develop the BAF and the reporting taken from it.

The Board received the BAF and agree they are an accurate reflection of the position.

All Age Continuing Health Care (CHC) Arrangements Proposal

- Heather Johnstone, Chief Therapies and Nursing Officer, Kirsten Owen, Associate Director of Special Projects and Claire Underwood, Director of Nursing for CHC introduced the proposal. The proposal shares the commissioning options for the All Age Continuing Health Care Service.
- Kirsten highlighted that although The ICB is accountable for CHC, it can commission someone else to deliver the service on our behalf. Due to the complexities around the service, the most suitable proposal is that these services are initially in housed while new joint working arrangements are developed between the ICB and Local Authorities (LAs) and the wider emerging collaboratives.

The Board thanked Heather, Kirsten, and Claire, and commended them on their system partnership working, and the engagement with the Local Authorities (LAs) over this subject. The Board commented that this partnership working has built trust between the ICB and LAs and is an important factor in the LAs supporting this proposal. The Board thanked Heather's team for bringing out the complexities of this subject in this proposal. The Board asked how we will communicate this to the public. Claire confirmed those with lived experience are involved in the discussion, and there has been public engagement to develop the proposal. The Board approved all the recommendations.

Operational Planning update

- Paul Brown, Chief Finance Officer, updated the Board on the Operational Plan. Paul confirmed that there is strong engagement across the system and there has been a successful process behind the plan.
- In relation to operational targets, we are compliant and there is a commitment to meet those targets.
- In relation to workforce, there has been significant workforce growth in the past few years. The plan is to maintain the workforce and drive-up productivity over the next year.

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- In relation to Continuing Health Care (CHC) there is a target to reduce the spend, which is likely to be achieved whilst also improving the quality of care patients receive.
- In relation to the System Recovery Plan, there is a strong commitment across the system.
- Work to date indicates a predicted financial deficit of £130million in 2024/25. Escalation meetings are happening with regional and national colleagues. However, the level of efficiency in the current 2024/25 plan is making in-roads into the underlying position and if we continue with the approach taken in 2024/25 of holding costs flat, and all Cost Improvement Programs (CIP) are delivered recurrently, then we could return the system to break-even in 2026/27.

The Board thanked Paul for his report. The Board stated that there are benefits to a multi-year recovery, including to patients and this should be discussed with NHS England. The Board stated that the other collaboratives need to be as efficient and focused as the Continuing Health Care Collaborative to see wider progress across the system. The Board noted the recommendations and comments made.

Date and time of next meeting in public: 16 May 2024 at 12.30pm held in Public at Midlands Partnership NHS Foundation Trust Headquarters Boardroom, Mellor House, St George's Hospital, Corporation Street, Stafford, ST16 3SR.