

**Staffordshire and Stoke-on-Trent
Integrated Care Board Meeting
HELD IN PUBLIC**

**Thursday 16 May 2024
12.30pm-2.30pm**

**MPFT (Stafford) Trust HQ Boardroom, Mellor House, St George's Hospital,
Corporation Street, Stafford ST16 3SR**

[A = Approval / R = Ratification / S = Assurance / D = Discussion / I = Information]

	Agenda Item	Lead(s)	Enc.	A/R/S/ D/I	Time	Pages
1.	Welcome and Apologies • Leadership Compact	Chair	Enc. 01	S	12.30pm	2
2.	Quoracy		Verbal			
3.	Conflicts of Interest		Enc. 02			3-4
4.	Minutes of the Meeting held on 18 April 2024 and Matters Arising	Chair	Enc. 03	A		5-14
5.	Action Log Progress Updates on Actions	Chair	Enc. 04	D		15
6.	Questions submitted by members of the public in advance of the meeting	Chair	Verbal	D	12.32pm	
7.	Journey to Work, ICS Health & Care People Team	MI	Enc. 05	I	12.40pm	16-19
Strategic and System Development						
8.	ICB Chair and Chief Executive Update	DP/PEJ	Enc. 06	I	12.55pm	20-29
9.	System Level Access Improvement Plan	PEJ/SJ	Enc. 07		1.00pm	30-84
System Governance and Performance						
10.	Quality and Safety Report	HJ	Enc. 08	S	1.10pm	85-88
11.	Finance & Performance Report • Finance & Performance Committee Assurance Report	PB/PS MN	Enc. 09 Enc. 10	S	1.20pm	89-100 101-104
12.	2024/25 Operating Plan	PB	Verbal	I	1.35pm	
13.	Health and Care Senate Terms of Reference	PEJ	Enc. 11	S	1.45pm	105-115
14.	People Culture and Inclusion Committee Report • PCI Assurance Reports	MI SL	Enc. 12 Enc. 13	S	1.55pm	116-129 130-132
Committee Assurance Reports						
15.	Audit Committee Chair Report	JHo	Enc. 14	I	2.10pm	133
Any other Business						
16.	Items notified in advance to the Chair	All		D		
17.	Questions from the floor relating to the discussions at the meeting	Chair			2.15pm	
18.	Meeting Effectiveness	Chair				
19.	Close	Chair			2.30pm	
20.	Date and Time of Next Meeting 20 June 2024 at 1.00pm held in Public – via MS Teams					

ICS Partnership leadership compact



Trust

- We will be **dependable**: we will do what we say we will do and when we can't, we will explain to others why not
- We will act with **integrity** and **consistency**, working in the interests of the population that we serve
- We will be willing to take a **leap of faith** because we trust that partners will support us when we are in a more exposed position.



Courage

- We will be **ambitious** and willing to **do something different** to improve health and care for the local population
- We will be willing to make **difficult decisions** and take proportionate risks for the benefit of the population
- We will be **open to changing course** if required
- We will **speak out** about inappropriate behaviour that goes against our compact.



Openness and honesty

- We will be **open** and **honest** about what we can and cannot do
- We will create a **psychologically safe environment** where people feel that they can raise thoughts and concerns without fear of negative consequences
- Where there is disagreement, we will be prepared to **concede** a little to reach a consensus.



Leading by example

- We will **lead with conviction** and be ambassadors of our shared ICS vision
- We will be committed to **playing our part** in delivering the ICS vision
- We will live our **shared values** and agreed leadership behaviours
- We will positively promote **collaborative working** across our organisations.



Respect

- We will be **inclusive** and encourage all partners to contribute and express their opinions
- We will **listen actively** to others, without jumping to conclusions based on assumptions
- We will take the time to understand others' points of view and **empathise** with their position
- We will respect and uphold **collective decisions** made.



Kindness and compassion

- We will show **kindness, empathy** and **understanding** towards others
- We will **speak kindly** of each other
- We will support each other and seek to solve problems **collectively**
- We will challenge each other **constructively** and with **compassion**.



System first

- We will put **organisational loyalty and imperatives** to one side for the benefit of the population we serve
- We will spend the Staffordshire and Stoke-on-Trent pound **together** and **once**
- We will develop, agree and uphold a **collective** and **consistent** narrative
- We will present a **united front** to regulators.



Looking forward

- We will **focus on what is possible** going forwards, and not allow the past to dictate the future
- We will be **open-minded** and willing to consider new ideas and suggestions
- We will show a willingness to **change the status quo** and demonstrate a positive 'can do' attitude
- We will be open to **conflict resolution**.

**STAFFORDSHIRE AND STOKE-ON-TRENT INTEGRATED CARE BOARD
CONFLICTS OF INTEREST REGISTER 2024-2025
INTEGRATED CARE BOARD (ICB)
AS AT 03 MAY 2024**

Key Declaration completed for financial year 2024/2025
 Declaration for financial year 2024/2025 to be submitted

Note: Key relates to date of declaration

Date of Declaration	Title	Forename	Surname	Role	Organisation/Directorate	1. Financial Interest	2. Non-financial professional interests	3. Non-financial personal interests	4. Indirect interests	5. Actions taken to mitigate identified conflicts of interest
3rd April 2023	Dr	Buki	Adeyemo	Chief Executive	North Staffs Combined Healthcare Trust	Nothing to declare	1. Membership of WRES - Strategic Advisory Group (ongoing) 2. CQC Reviewer (ongoing)	1. Board of Governors University of Wolverhampton (ongoing)	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company.
1st April 2023	Mr	Jack	Aw	ICB Partner Member with a primary care perspective	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Principal Partner Loomer Medical Partnership Loomer Road Surgery, Haymarket Health Centre, Apsley House Surgery (2012 - present) 2. Clinical Director - About Better Care (ABC) Primary Care Network (2019 - ongoing) 3. Staffordshire and Stoke-on-Trent ICS Primary Care Partner Member (2019 - present) 4. Director Loomer Medical Ltd Medical Care Consultancy and Residential Care Home (2011 - ongoing) 5. Director North Staffordshire GP Federation (2019 - ongoing) 6. Director Austin Ben Ltd Domiciliary Care Services (2015 - ongoing) 7. CVD Prevention Clinical Lead NHS England, West Midlands (2022 - ongoing) 8. Clinical Advisor Cegedim Healthcare Solutions (2021 - ongoing)	1. North Staffordshire GP VTS Trainer (2007 - ongoing) 2. North Staffordshire Local Medical Committee Member (2009 - ongoing)	1. Newcastle Rugby Union Club Juniors u11 Coach (ongoing)	1. Spouse is a GP at Loomer Road Surgery (ongoing) 2. Spouse is director of Loomer Medical Ltd (ongoing) 3. Brother is principal GP in Stoke-on-Trent ICS (ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
1st April 2023	Mr	Peter	Axon	CEO ICB	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
8th April 2024	Mr	Paul	Brown	Chief Finance Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Previously an equity partner and shareholder with RSM, the internal auditors to the ICB. I have no on-going financial interests in the company (January 2014-March 2017) 2. Previously a non-equity partner in health management consultancy Carnall Farrar. I have no on-going financial interests in the company (March 2017-November 2018)	Nothing to declare	Nothing to declare	(h) recorded on conflicts register.
1st April 2023	Ms	Tracy	Bullock	Acute Care Partner Member and Chief Executive	University Hospitals of North Midlands NHS Trust (UHNM)	Nothing to declare	1. Lay Member of Keele University Governing Council (November 2019 - November 2023) 2. Governor of Newcastle and Stafford Colleges Group (NSCG) (ongoing)	Nothing to declare	Nothing to declare	(h) recorded on conflicts register.
26th July 2023	Mr	Neil	Carr OBE	Chief Executive Officer	Midlands Partnership University NHS Foundation Trust	1. Member of ST&W ICB (ongoing)	1. Fellow of RCN (ongoing) 2. Doctor of University of Staffordshire (ongoing) 3. Doctor of Science Keele University (Honorary) (ongoing)	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.	
6th December 2023	Mrs	Claire	Cotton	Director of Governance	University Hospitals of North Midlands NHS Trust (UHNM)	1. Employee of University Hospital of North Midlands NHS Trust (UHNM) (2000 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
10th April 2024	Dr	Paul	Edmondson-Jones	Chief Medical Officer and Deputy Chief Executive	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Employed session a week (0.1 wte) by MPFT as Head of SSoT PH Alliance (as a locum public health consultant) (June 2024 - ongoing)	1. Fellow of the Faculty of Public Health (FFPH) and registered with the GMC (December 2022 - ongoing)	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
4th January 2024	Mr	Patrick	Flaherty	Chief Executive Officer and ICB Board Member	Staffordshire County Council	1. Chief Executive Officer of Staffordshire County Council (July 2023 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
1st April 2023	Mrs	Gillian (Gill)	Hackett	Executive Assistant	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
1st April 2023	Dr	Paddy	Hannigan	Clinical Director for Primary Care	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Salaried GP at Holmcroft Surgery integrated with North Staffordshire Combined Healthcare Trust and contract responsibilities taken over by NSCHT (1st January 2020 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
3rd April 2023	Mrs	Julie	Houlder	Non-Executive Director Chair of Audit Committee	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Owner of Elevate Coaching (October 2016 - ongoing)	1. Chair of Derbyshire Community Health Foundation Trust (January 2023 - ongoing) (Non-Executive since October 2018) 2. Non-Executive George Eliot NHS Trust (May 2016 - ongoing) 3. Director Windsor Academy Trust (January 2019 - ongoing) 4. Associate Charis Consultants Ltd (January 2019 - ongoing)	1. Owner Craftykin Limited (July 2022 - ongoing)	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on ICB conflicts register
4th May 2023	Mr	Chris	Ibell	Chief Digital Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
12th July 2023	Ms	Mish	Irvine	ICS Director of People	ICS/MPFT (hosted)	Nothing to declare	Nothing to declare	1. Trustee (NED) of the YMCA, North Staffordshire (July 2023 - ongoing)	Nothing to declare	(h) recorded on conflicts register.

Date of Declaration	Title	Forename	Surname	Role	Organisation/Directorate	1. Financial Interest	2. Non-financial professional interests	3. Non-financial personal interests	4. Indirect interests	5. Actions taken to mitigate identified conflicts of interest
25th April 2024	Mrs	Heather	Johnstone	Chief Nursing and Therapies Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Visiting Fellow at Staffordshire University (March 2019 - March 2025)	Nothing to declare	1. Spouse is employed by UHB at Heartland's hospital (2015 - ongoing) 2. Daughter is Marketing Manager for Voyage Care LD and community service provider (August 2020 - ongoing) 3. Daughter-in-law volunteers as a Maternity Champion as part of the SSOT maternity transformation programme (2021 - ongoing) 4. Brother-in-law works for occupational health at UHNM (ongoing) 5. Step-sister employed by MPFT as Staff Nurse (ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
3rd April 2023	Mr	Shokat	Lal	Non-Executive Director	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Local government employee (West Midlands region) and there are no direct or indirect interests that impact on the commissioning arrangements of the ICB (ongoing)	Nothing to declare	Nothing to declare		(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
17th April 2024	Ms	Megan	Nurse	Non-Executive Director	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Independent Hospital Manager for Mental Health Act reviews, MPFT (May 2016 - ongoing) 2. NED at Brighter Futures Housing Association, member of Audit Committee and Remuneration Committee (September 2022 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register
8th April 2024	Mr	David	Pearson	Chair	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Non-Executive Chair Land based College linked with Chester University (2018- 31st March 2024 retired) Entry to be removed from register September 2024	Nothing to declare	1. Spouse and daughter work for North Staffs Combined Health Care NHS Trust (2018 - ongoing)	(h) recorded on conflicts register.
4th October 2022	Mr	Jon	Rouse	Local Authority Partner Member and CEO of Stoke City Council	Stoke-on-Trent City Council	1. Employee of Stoke-on-Trent City Council, local authority may be commissioned by the ICS (June 2021 - ongoing) 2. Director, Stoke-on-Trent Regeneration Ltd, could be a future estates interest (June 2021 - ongoing) 3. Member Strategic Programme Management Group, Staffordshire & Stoke-on-Trent LEP, may have future financial relationship with the ICS (June 2021 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
11th April 2024	Mrs	Tracey	Shewan	Director of Corporate Governance	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. I sometimes do shifts for MPFT that I am not paid for (ongoing)	Nothing to declare	1. Husband in NHS Liaison for Shropshire, Staffordshire and Cheshire Blood Bikes (August 2019 - March 2024) (Declaration to be removed from register September 2024) 2. Sibling is a registered nurse with MPFT (August 2019 - ongoing) 3. Daughter works for West Midlands Ambulance	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
9th April 2024	Mr	Phil	Smith	Chief Delivery Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
17th April 2024	Mrs	Josie	Spencer	Independent Non-Executive Director	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Non-Executive Director Leicestershire Partnership Trust (May 2023 - ongoing) 2. Non-Executive Director for Coventry and Rugby GP Alliance (December - ongoing)	1. Company Director for Coventry and Rugby GP Alliance (December 2023 - ongoing)	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company (h) interest recorded on the conflicts register.
17th May 2023	Mr	Baz	Tameez	Healthwatch Staffordshire Manager	Healthwatch Staffordshire	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
9th April 2024	Mr	Paul	Winter	Associate Director of Corporate Governance and	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required

ANY CONFLICT DECLARED THAT HAS CEASED WILL REMAIN ON THE REGISTER FOR SIX MONTHS AFTER THE CONFLICT HAS EXPIRED

- 1. Financial Interest** (This is where individuals may directly benefit financially from the consequences of a commissioning decision, e.g. being a partner in a practice that is commissioned to provide primary care services)
- 2. Non-financial professional interests** (This is where an individual may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the ICB)
- 3. Non-financial personal interests** (This is where an individual may benefit personally, but not professionally or financially, from a commissioning decision e.g. if they suffer from a particular condition that requires individually funded treatment)
- 4. Indirect interests** (This is where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g. spouse, close relative (parent, grandparent, child etc) close friend or business partner)
- 5. Actions taken to mitigate identified conflicts of interest**
 - (a) Change the ICB role with which the interest conflicts (e.g. membership of an ICB commissioning project, contract monitoring process or procurement would see either removal of voting rights and/or active participation in or direct influencing of any ICB decision)
 - (b) Not to appoint to an ICB role, or be removed from it if the appointment has already been made, where an interest is significant enough to make the individual unable to operate effectively or to make a full and proper contribution to meetings etc
 - (c) For individuals engaging in Secondary Employment or where they have material interests in a Service Provider, that all further engagement or involvement ceases where the ICB believes the conflict cannot be effectively managed
 - (d) All staff with an involvement in ICB business to complete mandatory online Conflicts of Interest training (provided by NHS England), supplemented as required by face-to-face training sessions for those staff engaged in key ICB decision-making roles
 - (e) Manage conflicts arising at meetings through the agreed Terms of Reference, recording any conflicts at the start / throughout and how these were managed by the Chair within the minutes
 - (f) Conflicted members to not attend meetings, or part(s) of meetings: e.g. to either temporarily leave the meeting room, or to participate in proceedings but not influence the group's decision, or to participate in proceedings / decisions with the agreement of all other members (but only for immaterial conflicts)
 - (g) Conflicted members not to receive a meeting's agenda item papers or enclosures where any conflict arises
 - (h) Recording of the interest on the ICB Conflicts of Interest/Gifts & Hospitality Register and in the minutes of meetings attended by the individual (where an interest relates to such)
 - (i) Other (to be specified)



**Staffordshire and Stoke-on-Trent
Integrated Care Board Meeting
HELD IN PUBLIC
Minutes of the Meeting held on
Thursday 18 April 2024
1.00 pm - 2.30pm
Via MS Teams**

Members:	Quoracy	18/04/24	16/05/24	20/06/24	18/07/24	26/09/24	17/10/24	21/11/24	19/12/24	16/01/25	20/02/25	20/03/25	
David Pearson (DP) Chair, Staffordshire & Stoke-on-Trent ICB	Over 50% of the quorum (nine out of seventeen members) with there being an equitable balance to represent that of a Unitary Board, split between proportions of Executive, Non-Executive and Partner Members, including: the Chief Executive plus six Executive Directors (from CFO, CTO, CDO) - either the Medical Director (CMO) or Director of Nursing & Therapies (CATO) - three Independent Members (a Chair plus two Non-Executive Members - three Partner Members with ideally at least one from each of the three sectors)	✓											
Peter Axon (PA) Chief Executive Officer, Staffordshire & Stoke-on-Trent ICB		✓											
Paul Brown (PB) Chief Finance Officer, Staffordshire & Stoke-on-Trent ICB		✓											
Phil Smith (PSm) Chief Delivery Officer, Staffordshire & Stoke-on-Trent ICB		✓											
Heather Johnstone (HJ) Chief Nursing and Therapies Officer, Staffordshire & Stoke-on-Trent ICB		✓											
Dr Paul Edmondson-Jones (PE-J) Chief Medical Officer, Staffordshire & Stoke-on-Trent ICB		✓											
Chris Bird (CB) Chief Transformation Officer, Staffordshire & Stoke-on-Trent ICB		✓											
Julie Houlder (JHo) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓											
Megan Nurse (MN) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓											
Shokat Lal (SL) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓											
Josephine Spencer (JS) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓											
Jon Rouse (JR) City Director, City of Stoke-on-Trent Council		✓											
Patrick Flaherty, (PF) Chief Executive, Staffordshire County Council		✓											
Dr Jack Aw (JA) Primary Care Partner Member, Staffordshire & Stoke-on-Trent Integrated Care Board		✓											
Tracy Bullock (TB) Chief Executive, University Hospitals of North Midlands NHS Trust		✓											
Neil Carr (NC) Chief Executive, Midlands Partnership NHS University Foundation Trust		✓											
Dr Buki Adeyemo (BA) Chief Executive, North Staffordshire Combined Healthcare NHS Trust		✓											
Participant Members:													
Simon Fogell (SF), Stoke-on-Trent Healthwatch		✓											
Baz Tameez (BT), Support Staffordshire		✓											
Tracey Shewan (TS) Director of Communications, Staffordshire & Stoke-on-Trent ICB		✗											
Chris Ibell (CI) Chief Digital Officer, Staffordshire & Stoke-on-Trent ICB		✗											

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Paul Winter (PW) Associate Director of Corporate Governance & DPO, Staffordshire & Stoke-on-Trent ICB		✓													
Mish Irvine, Chief People Officer, Staffordshire & Stoke-on-Trent ICB (People Directorate, Midlands Partnership University NHS Foundation Trust)		✓													
Katie Weston (KW), Staffordshire & Stoke-on-Trent ICB		✓													
Claire Cotton (CC), University Hospitals of North Midlands NHS Trust		✓													
Gill Hackett (GH), Executive Assistant, Staffordshire & Stoke-on-Trent ICB		✓													

		Action
1.	Welcome and Introductions	
	<p>DP welcomed attendees to the ICB Public Board meeting. DP advised that it was a meeting being held in public to allow the business of the Board to be observed and members of the public could ask questions on the matters discussed at the end of the meeting.</p> <p>DP reminded member of the importance of the Leadership Compact document which was used in all of the meetings transacted by the ICB and it guided the way they conducted business and he would return to that at the end of the meeting</p> <p>It was noted that the meeting was quorate.</p>	
2.	Apologies	
	No apologies were received for the meeting.	
3.	Conflicts of Interest	
	Members confirmed there were no conflicts of interest in relation to items on the agenda other than those listed on the register.	
4.	Minutes of the Meeting held on 21 March 2024	
	The minutes of the meeting held on 21 March 2024 were AGREED as an accurate record of the meeting and were therefore APPROVED .	
5.	Action Log	
	There were no actions to review.	
6.	Questions submitted by members of the public in advance of the meeting	
	No questions were received prior to the meeting.	
7.	ICB Chair and Chief Executive Update	
	<p>DP referred to the Fit and Proper Persons Test (FPPT) within the report and stated that they were in the process of embedding it within the governance systems of the Board. He was intending that he would bring a more detailed report to the Board regarding FPPT in due course and added that it would also dovetail in the appraisal and other processes for validation.</p> <p>PA reported that all 11 ICBs within the region had approved the specialist commissioning delegation arrangements last month. Therefore, from the 1st April they collectively had that delegated authority within their ICBs. In terms of next steps, they had agreed to have West Midlands led joint committee conversations with regard to the oversight and management of specialist commissioning and that group would direct</p>	

	<p>certain activities to improve the specialist commissioning arrangements on a local basis.</p> <p>PA advised that the NHS Impact was one of a number of tools that helped the NHS provide organisations and systems to evaluate their effectiveness from a continual improvement perspective. All systems had been challenged on productivity and efficiency and a lot of work was needed to do to understand how much deterioration had occurred and those tools would give the ICB the opportunity to improve productivity and efficiency. In 2024/25 they were in the process of approving that challenging productivity ask for the system.</p> <p>JHo asked how the delegation was being implemented into the portfolios. PA responded that it would depend on the service, as many of those services would move to planned care. However, over time, delegations may occur in relation mental health and LDA and therefore the portfolio would be the lead for that.</p> <p>JHo asked for assurance, in respect of patients breaching 78 or 65 weeks, on how communication continued with those patients while they were waiting.</p> <p>PS confirmed that, in terms of maintaining contact with those patients, there were processes in place that were managed through the acute trusts to ensure they were keeping track of those patients. If there were any concerns flagged on any breakdown in process, they would then be monitored through the FPC.</p> <p>JS referred to the staff survey results and noted that they were the highest in the region. In terms of the ICB and their own staff she asked where the oversight of those staff would be as it was important that they did not lose sight of the internal staff in that process. MI confirmed that the ICB had done a full analysis of the survey results and the People function would be having individual meetings with directors to develop an action plan which would then go to PCI Committee.</p> <p>HJ reassured members that NHS Impact was part of the bigger partnership work with all ICB partners.</p> <p>MN noted that UEC performance was 70% and asked about the increases in attendance in February and what was driving this. PS advised that they had just completed missed opportunities work with partners to look through 1,000 of those cases to try and understand where there were opportunities for patients to be seen. This linked in with the demand management programme where they saw a rise in acuity over that period and also had significant outbreaks of Norovirus which did drive some of that increase, as well as trauma demand. He added that the results of the review would be presented to FPC.</p> <p>TB also gave assurance in relation to the NHS Impact in that most organisations had their own quality improvement processes that they all aligned. PA agreed and stated that this was for filling in any gap that they had to ensuring that continual quality improvements across the system.</p> <p>The Staffordshire and Stoke-on-Trent Integrated Care Board NOTED the contents of the report for information.</p>	
8.	<p>Emergency Preparedness, Resilience and Response (EPRR) Annual Report</p>	
	<p>PS confirmed that the EPRR Report had been fully considered through the ICB Audit Committee and advised that it was a requirement of their national core standards assessment for EPRR and that the Board had received the same level of detail.</p> <p>PS commended KW for the excellent leadership she had shown on this programme over the last year driving the improvements that were within the report.</p>	

<p>KW advised that the report demonstrated the progress against the EPRR workstream priorities and their ability to respond to incidents that had been dealt with from June 2023.</p> <p>KW referred to the recommendations to the Board</p> <p>Recommendation 1: Board were asked to confirm the ICB had put in place adequate resources to meet its roles and responsibilities with respect to EPRR and Business Continuity planning.</p> <p>SL stated that a lot of the work relied on partners and asked if the key partners were working in parallel in giving adequate resources. KW confirmed that, in terms of wider resilience forum, they all worked towards resilience standards and everyone was working to the same requirements.</p> <p>The Staffordshire & Stoke-on-Trent ICB Board CONFIRMED the ICB had put in place adequate resources to meets its roles and responsibilities with respect to EPRR and Business Continuity planning.</p> <p>Recommendation 2: Board were asked to note the 2023 EPRR annual assurance compliance rating of substantial compliance.</p> <p>The Staffordshire & Stoke-on-Trent ICB Board NOTED the 2023 EPRR annual assurance compliance rating of substantial compliance.</p> <p>JHo drew attention to and acknowledged the amount of much work that had been undertaken during the year.</p> <p>Recommendation 3: Board were asked to note and support the EPRR annual assurance 2024/25 priorities as listed in section 5.</p> <p>The Staffordshire & Stoke-on-Trent ICB Board NOTED AND SUPPORTED the EPRR annual assurance 2024/25 priorities as listed below:-</p> <ul style="list-style-type: none"> • Building upon the focus of establishing robust and scalable frameworks for EPRR policy and response arrangements to enhance organisational resilience and compliance. • Ensuring individuals had opportunities to embed learning through exercise opportunities and sharing of experiences, and through the further development of business continuity arrangements. • Areas for improvement have been identified through the EPRR assurance process, predominately in the domains of risk assessment and management, and supply chain resilience of commissioned providers, and would form the focal points of the 2024, alongside risk-based response arrangements identified across the system and local resilience forum. • Risk assessment and risk management would be a key focus to ensure the risk management process becomes more mature, with risks raised by Central Government, NHS England, the Local Resilience Forum and Providers underpinning EPRR priorities. The new NHSE regional risk management framework would be utilised across EPRR to support this. • EPRR would also seek to work closely with commissioning and procurement teams to support robust supply chain resilience arrangements which could be utilised during tender processes to assess the resilience of commissioned service business continuity arrangements. • The ICB EPRR team held a system EPRR away day in February 2024 to enhance the system EPRR community, sharing expertise, learning, and collaboration
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	<p>opportunities, identifying where provider collaboration and matrix working could be explored across EPRR priorities to build a system approach to EPRR.</p> <ul style="list-style-type: none"> • Following the system EPRR away day, the Local Health Resilience Partnership (LHRP), chaired by the Chief Delivery Officer, and Director of Public Health for Staffordshire County Council, had identified work programme priorities within response arrangements such as mass countermeasure distribution, evacuation and shelter arrangements, and mass casualty response arrangements. • The 2024 EPRR annual assurance standards had been set and were being worked through by the EPRR Strategic Lead with an aim to maintain substantial compliance for 2024. The ICB self-assessment would be submitted at the end of August. <p>DP commented that traction like this did not happen accidentally and reiterated that it had been a well executed and well planned piece of work.</p>	
9.	<p>Quality and Safety Report</p>	
	<p>HJ took the report as read, but highlighted the following:-</p> <p>HJ reported that Looked After Children who did not receive an Initial or Review Health Assessment in statutory timescales were at risk of having unmet health needs which could have a detrimental impact on their physical and emotional wellbeing, in both the short term and long term as they transition into adulthood. The current compliance for Staffordshire and Stoke-on-Trent was 7% and 11% respectively against a target of 85% within statutory timescales. However, this did not include children placed out of area. She advised that delays in the completion of Initial Health Assessments would also impact on decisions made for children who were being considered for adoption and the timescales for court proceedings which not only impacted on their physical and emotional wellbeing, but their plans for permanency. HJ advised that this issue had been discussed at the Children and Young People Project Board and confirmed that a working group had been set up to provide a better understanding of the issues and offer some short and long term resolutions. They had also had discussions with the Midlands Associate Director for Safeguarding at NHSE to share the challenges, understand the regional position and learn from any areas that had developed solutions to those challenges. HJ assured the Board that she would continue to give updates in relation to this.</p> <p>Page 44 2.5.3 - we commissioned an external CSU to provide a service for us. There are 38 outstanding LeDer reviews and 27 are being reviewed. There are a number of bank reviewers and will have significant resource available to us. The child death over view process.</p> <p>HJ reported that the ICB had instigated a "Step in process" for Learning from lives and deaths for people with a learning disabilities and autistic people (LeDeR) reviews, due to the deteriorating performance. They were currently developing a business case to support the ICB to fulfil its statutory obligations related to LeDeR and ensure robust and timely learning. She stated that the back log of cases for review was 35 which went back to August 2023. The ICB had advertised LeDeR bank reviewer roles and 8 had been appointed and were currently undertaking the onboarding process. There were also a further thirteen nurses within the ICB who were training to undertake reviews and senior reviews and she confirmed that a small number of reviews had already commenced.</p> <p>PF stated that it was a good report. He added that there was a fundamental need to understand their needs under safeguarding and that there were some processes that they needed to grip in the here and now. He offered whatever support and guidance</p>	

	<p>to enhance the understanding and grip. HJ confirmed that they work very closely with Neelam and the team and welcomed the offer as they would need to do things differently and working together would help to get where they needed to.</p> <p>JS confirmed that there was a lot of policy work that needed to be improved, but the main issue was the looked after children and health assessments. She added that they were also happy to see continued improvement around neonatal and maternity services.</p> <p>MN referred to the item on Healthwatch and the increased number of calls regarding the lack of dentistry appointments available and asked how that related to the number of appointments across the region. PEJ advised that this sat jointly between the ICB and the Office of the West Midlands and they were now starting to understand what information was available. He added that it was still work in progress, but he could bring an update to the Board, perhaps at the end of Q1, on all dental plans and they could look at what data was available and what they could understand from it.</p> <p>JR confirmed that he would welcome a report coming to Board on dentistry.</p> <p>The Staffordshire & Stoke-on-Trent ICB Board:</p> <ul style="list-style-type: none"> • RECEIVED the report and sought clarification and further action as appropriate • WERE ASSURED in relation to key quality assurance and patient safety activity undertaken in respect of matters relevant to all parts of the Integrated Care System. • ACKNOWLEDGED the LeDeR issues for Looked After Children. 	
10.	Finance and Performance Report	
	<p>Finance</p> <p>PB advised that they were now closing down the position for the year and confirmed that they had lived within the plan set in the Autumn. They were expecting, subject to audit, a deficit position of £90.9m, all of which sat within the ICB and added that the three providers would be reporting small surpluses.</p> <p>PB reported that in terms of the operating capital that the ICB controlled, they had lived within that limit and had met the plan that was agreed with the regulators.</p> <p>Performance</p> <p>PS reported that UEC continued to see high levels of demand in the system linked to demand and acuity, particularly following the Easter period where UHNM declared a critical incident, they mobilised system support and were able to stand it down quickly. He confirmed that they were maintaining flow and were now moving into de-escalation of winter capacity.</p> <p>In light of that, they held a reflective event which gave them an opportunity to reflect on successes and a full report would be provided to FPC. They delivered 6% improvement in 4 hour performance over the year and more notably during March, they saw 39% improvement in Cat 2 ambulance response times. The winter period saw us managing 4 sets of critical incidents and 13 periods of Industrial Action. PS added that the one clear thing that came out of the event was how well development relationships were in the partners and emergency services.</p> <p>PS advised that for planned care they had seen an improvement at year end, for 78ww following the impact of Industrial action and higher impact pressures, with 100 78ww at the end of March and will be seeking full clearance of those by the end of June. He added that they started with 37,000 last year and had started this year with 1,000.</p>	

	<p>PS stated that for cancer performance, UHNM had delivered the back log reduction targets for patients waiting for cancer diagnosis and treatment.</p> <p>JHo mentioned that they needed to pay particular attention to the key targets not being met for improving population health and wondered when the deep dive was going to be done and how that would play into the 2024/25 planning. PS confirmed that they were focused on the input and output metrics and in order to make strong progress in demand management.</p> <p>MN felt that although good progress had been made in the system recovery programme, it needed to be accelerated.</p> <p>The Finance and Performance Committee received a report on old age continuing care which was to be discussed later in meeting; they supported 2 integrated care hubs business cases developed by MPFT, in Longton and Leek.</p> <p>MN reiterated that they had good engagement and involvement in the Committee across the system.</p> <p>DP thanked the NEDs for bring the committee reports aligned to the Exec reports.</p> <p>The Staffordshire & Stoke-on-Trent ICB Board</p> <ul style="list-style-type: none"> • NOTED the headlines, escalation and exceptions highlighted • NOTED the year-to-date deficit position and efficiency delivery. • TOOK ASSURANCE from the conversations taken at F&P Committee. 	
11.	Board Assurance Framework	
	<p>CC advised that the continued to develop the report and were discussing at system level how they could further progress on risk appetite. They were also working on a different report for board consumption.</p> <p>The Staffordshire & Stoke-on-Trent ICB Board RECEIVED the BAF and considered whether the Q4 risk scores and assurance assessments were an accurate reflection of the position, noting the changes and that the BAF would be presented at committees and board the month following the quarter end.</p>	
12.	CHC Proposal	
	<p>NC declared a conflict of interest in this item; JA also declared that he had a conflict as his practice had a relationship with a non-domiciliary care services. the Chair confirmed that both members could stay in the meeting, but would not take part in any discussion or decision.</p> <p>HJ confirmed that significant work had taken place to improve patient care and that was highlighted the available options for improvement.</p> <p>KO gave a summary of the proposal and stated that the ICB remained responsible and accountable for eligibility.</p> <p>She stated that the best approach was to inhouse within the ICB and work with the local authority to develop a single model. This would improve patient experience and outcomes and they felt that the timelines were achievable.</p> <p>JR praised HJ and her team for their engagement with the Local Authority prior to the board meeting, it was exemplary behaviour which had made a difference. JR confirmed that the Local Authority would be supporting the recommendations in terms of the positive intent of the ICB to evolve the system over time. However, they did</p>	

	<p>need to do something rapidly to remediate the situation. He added that they had been clear that the optimum model for CHC was to integrate with social care and then make decisions on individual needs. He continued that, pragmatically and realistically, it was more important that the ICS dealt with the situation in hand and this was the right short term model and a staging post to a more integrated model in the future. JR reiterated that he was investing trust with the ICB in its intentions. Although they must ensure there was no cost shunting and patients having to go through multiple funding options and reaffirmed his support.</p> <p>DP stated that it was good that they recognised good practices in working with partners.</p> <p>JHo echoed an integrated approach. She added that it was a useful report and it brought out the complexity of it and she supported the recommendation.</p> <p>JHo asked why they could not come earlier with this proposal. KO confirmed that it had so difficult to get to that position and with seeking legal advice to ensure they were doing the right thing and what they could and could not do within their scope.</p> <p>CU gave reassurance to members on the patient and public involvement and stated that they had set up a new quality & governance group to look at lived experience which also included representation from Healthwatch and patients groups.</p> <p>MN reflected on how far we have come as a system and this was a very different approach than previously.</p> <p>The Staffordshire & Stoke-on-Trent ICB Board APPROVED the recommendation that the ICB apply the hybrid approach outlined below:-</p> <ul style="list-style-type: none"> • Undertake an MSP for all elements of CHC, FNC, and ABI service delivery as outlined in the service specification, which would include Personal Health Budgets and would improve efficiency and the quality-of-service delivery by keeping these together. • ICB to inhouse the S117, joint funded, CYPCC and non CHC (MH) elements from the MLCSU with a plan to work with the local authorities to develop future joint arrangement during 2025/26 	
13.	<p>Operational Planning Update</p>	
	<p>PB stated that they were in a good place with strong engagement across the system. The Health and Care Senate were involved in the work up of the objectives and goals for the year.</p> <p>In terms of the operating targets all of which they ICB were complaint. He added that there had been quite significant workforce growth and the planned was to hold the workforce where it was in order to drive up productivity.</p> <p>PB reported that the System Collaborative focussed on CHC as a system and had delivered patient outcomes and had also delivered £67m so they had made people's lives better and saved money.</p> <p>However, they knew that the financial challenges needed to go further. The recovery programme was delivering better productivity and reduced activity into the secondary health sector and as well as cash savings; one of the recovery areas was around contracts and the ICS spent £175m outside the NHS and by in-housing some of the contracts they would like to bring care closer to the home of the patients. PB reiterated that their financial position was difficult and their latest position was a £130m deficit.</p>	

	<p>He added that they did not have a compliant financial plan and would continue to work with region with escalation meetings.</p> <p>PB advised that the longer term impact of the recovery would bring the system into balance, perhaps over a 3 year period. However, they had been asked to deliver a balance plan for 2024/25.</p> <p>JR thanked everyone involved in the system event that was held on 15 April and all the work they were able to do together. He stated that one year recovery plan was wholly unrealistic and it was important that they communicate that to NHSE and persuade them of the realism and rightness of a multi-year recovery.</p> <p>JR added that there was clearly a gap in achieving granularity, they already had that on CHC, but in terms of the other programmes because that would give credibility to a multi-year model with NHSE and that would mean that some rapid and hard choices would have to be made. Then they would need to focus in driving those opportunities with clear perspectives against those trajectories.</p> <p>NC gave tribute to Claire Underwood in supporting the CHC work. He agreed with JR that the reality was they had not focused significantly on the big ticket issues.</p> <p>DP felt that the comments made demonstrated the importance of the system events that was held on 15 April.</p> <p>DP advised that they were meeting NHSE for the QSRM the following day and would feedback many of the issues raised at the meeting today.</p> <p>The Staffordshire & Stoke-on-Trent ICB Board NOTED the progress made around the recovery plan, the publication of the national planning guidance, the timeline for the final operational plan submission and the comments made on a realistic timescale to return the system to a glance position and would be pressing that with regulators.</p>	
14.	Any Other Business	
	No other items of business raised.	
15.	Questions from the floor relating to the discussion at the meeting	
	<p>Ian Syme Dentistry – it has been know there are significant increases in children attending hospital for dental appointments, is this known in our ICB and are there any cost impacts and what is being done.</p> <p><i>Response: A fuller response would be given offline. In SOT the figure was 2.5k children per year accessing the acute services for having teeth extractions under general anaesthetic which was the highest incidents across the ICS. In the south areas there were lower incidents. The ICB were waiting for a health equity audit to allow the ICB to benchmark across the whole of the Midlands, but they also had a number of programmes on fluoride tooth brushing etc.</i></p> <p>NHS productivity report in the institute for governing NHS productivity and one of the things that they picked out was capital spend within the NHS.</p> <p><i>Response: It was noted that a full and complete response would be provided offline.</i></p>	

	<p>Health reviews and looked after children – are the targets accurate levels and are they prevalent to other ICBs. What are the statutory timescales and who is responsible to ensure health reviews are undertaken.</p> <p><i>Response: Initial health assessments need to be done within 20 working days; review health assessments need to be done within 6 months under 5s and 12 months for over 5s.</i></p> <p><i>JR added that the arrangements were slightly different in the City as opposed to the Council. He added that the accountability was from the ICB up to the Childrens Improvement Board. In his role as Chair of Childrens Health Board, they were taking this as a significant priority and monitoring improvement on a month by month basis and agreed that had to be improvement rapidly.</i></p> <p><i>HJ stated that it was important to note that this was about paediatricians who had to undertake these reviews and the ICB were currently campaigning if some of this work could be done by nurse specialists instead.</i></p> <p>The were no further questions received from the floor.</p>	
16.	Meeting Effectiveness	
	<p>The Chair confirmed that the meeting followed the compact.</p> <p>DP summarised that there had been some great examples of grip and control and governance and due diligence which could bring great benefit. He thanked everyone involved in presenting those elements whilst recognising the challenges ahead. He retreated that they had a better chance of meeting those challenges in building relationships across the system.</p>	
17.	Close	
	There being no further business, the Chair closed the meeting.	
18.	Date and time of Next Meeting	
	16 May 2024 at 12.30pm held in Public – MPFT, Stafford	

ACTION STATUS KEY
ACTION DUE
ACTION PENDING
ACTION COMPLETE

**Staffordshire and Stoke-on-Trent ICB Board Meeting
 HELD IN PUBLIC**

Date of Meeting 16/05/2024

Open Actions							
Reference Number	Meeting Date	Agenda Item	Agenda No	Action	Due Date	Responsible Officer	Outcome/update <small>(Completed Actions remain on the Live Action Log for the following committee and are then removed to the 'Closed Actions' Worksheet)</small>
				THERE WERE NO ACTIONS FROM THE MEETING HELD ON 18 APRIL 2024			

Report to:	Integrated Care Board				
Date:	16 May 2024				
Title:	Journey to Work, ICS Health & Care People Team				
Presenting Officer:	Mish Irvine, Chief People Officer				
Author(s):	Megan Page, Project Manager				
Document Type:	Other	If Other: Video			
Action Required (select):	Information (I)	<input checked="" type="checkbox"/>	Discussion (D)	<input checked="" type="checkbox"/>	Assurance (S) <input type="checkbox"/>
	Approval (A)	<input type="checkbox"/>	Ratification (R)	<input type="checkbox"/>	(check as necessary)
Is the decision within SOFD powers & limits	Yes / No	NO			
Any potential / actual Conflict of Interest?	Yes / No	NO If Y, the mitigation recommendations – Click or tap here to enter text.			
Any financial impacts: ICB or ICS?	Yes / No	NO If Y, are those signed off by and date: Click or tap here to enter text.			
Appendices:	Video to be shown during 16th May's ICB Meeting				

(1) Purpose of the Paper:

We are sharing our Journey to Work (J2W) video with the Board to highlight the system level approach, update on the progression of the J2W scheme and achievements so far; before sharing more widely with partners and the public.

The video will be an advertisement of the pathway, to be shared as widely as possible and used by the ICS Health and Care People Team and health and social care partners. The audience for the video will be anyone who may benefit from the opportunities the pathway offers (described further in the executive summary) and any partners who may wish to become involved.

We ask that members of the Board encourage Trusts and partner organisations to continue to support the scheme via vacancies, placement opportunities and collaboration on various projects applicable to their area of Health and Social Care and workforce.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
N/A	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

(3) Implications:

Legal or Regulatory	N/A
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NHS Staffordshire and Stoke-on-Trent Integrated Care Board

CQC or Patient Safety	N/A
Financial (CFO-assured)	N/A
Sustainability	N/A
Workforce or Training	J2W will support a new pipeline of staff
Equality & Diversity	J2W has been created with Equality, Diversity and Inclusion at the forefront of the project
Due Regard: Inequalities	The pathway has been created to be as accessible as possible
Due Regard: wider effect	N/A

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	DPIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>If N, why</i> Click or tap here to enter text. <i>If Y, Reported to IG Group on</i> Click or tap to enter a date.
	EIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.
	QIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>If N, why</i> Click or tap here to enter text. <i>If Y, signed off by QIA on</i> Click or tap to enter a date.
Has there been Public / Patient Involvement?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In the design of the scheme and offers. Workforce and public feature in the video

(5) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	<input type="checkbox"/>	BAF5	High Quality, Safe Outcomes	<input type="checkbox"/>
BAF2	Responsive Patient Care - UEC	<input type="checkbox"/>	BAF6	Sustainable Finances	<input checked="" type="checkbox"/>
BAF3	Proactive Community Services	<input type="checkbox"/>	BAF7	Improving Productivity	<input checked="" type="checkbox"/>
BAF4	Reducing Health Inequalities	<input checked="" type="checkbox"/>	BAF8	Sustainable Workforce	<input checked="" type="checkbox"/>

(6) Executive Summary, incl. expansion on any of the preceding sections:

We recognise that in Staffordshire and Stoke-on-Trent the Health and Social Care sector is a one of the largest employers. With endless opportunities and over 350+ careers to choose from, we want to demonstrate through the Journey to Work pathway that there is a job, career and route into health and care for all.

The ICS Health & Care People Team have created and developed a buildable pathway with health and social care organisations, as well as education providers; to bring as many opportunities as possible into one concept to make it easy for anyone looking to start, change or progress their career.

Journey to Work will help to facilitate a career journey through a variety of routes either hosted or co-ordinated via the ICS Health & Care People Team or via referral and signposting to partner organisations. This Journey to Work video showcases the four main areas which people may be supported by; Widening Participation, Outreach, Resourcing and Experience and Health and Wellbeing.

Individuals embarking on the pathway may be;

- Leaving education and ready to take their first step into the world of work
- Have never worked in care or the sector and would like to find a job and/or need support to

access roles

From seldom heard communities

- Looking for a career change
- Working in health and care already and looking for progression and development

Journey to Work is a collaborative scheme, made up of offers from Health and Social Care organisations across the system. The scheme is dependent on partners working together to offer opportunities to new and existing staff. The scheme and marketing materials have been discussed and collaborated on at various groups and Boards.

Through this approach, we want to improve employment and health outcomes for local people and show there is an entry point and career in Health and Social Care for all. In doing so we hope to create a diverse workforce representative of the community we serve.

(7) Recommendations to Board / Committee:

We ask that members of the Board support and endorse this approach, encourage Trusts and partner organisations to continue to support the scheme and projects applicable to their area of Health and Social Care and workforce.

Outreach and inclusive recruitment activities – working with refugees & seldom heard communities



College and University engagement to strengthen clinical education pathways and access to courses at all levels



Offering workplace learning initiatives including T-Levels & Apprenticeships

Secondary School Engagement - Virtual Work Experience Programmes



Primary School careers Engagement linked to CYP physical & mental health offers



Clear and accessible, innovative system wide career pathways - joint funded roles, rotations, careers across boundaries



Looking after our people with psychological and wellbeing services



Improving employee experience leading to better retention



Developing new non-registered opportunities and access to jobs for people NEW 2 CARE



Developing leaders and securing our talent pipeline

Equality, Diversity Inclusion and Compassion as a Golden Thread

Our 'Journey to work' model describes our approach to attracting, training and retaining our workforce; and the areas we will focus on collaboratively at system level. The model focusses on:

- Partnership working to develop the **One Workforce** approach with NHS, Primary Care, Councils, Social Care and Voluntary sectors.
- **Productivity** will only be gained by sharing our workforce over organisational boundaries
- Supporting our **local population to access jobs and careers**, reducing health inequalities and improving population health
- **Attracting and training a different type of workforce**
- Increasing support into **entry level jobs**
- **Looking after our people** to keep them well and with us

Report to:	Integrated Care Board					
Date:	16 May 2024					
Title:	Chair and Chief Executive Officer Report					
Presenting Officer:	David Pearson, Chair, and Peter Axon, CEO					
Author(s):	David Pearson, Chair, and Peter Axon, CEO					
Document Type:	Report	If Other: Click or tap here to enter text.				
Action Required (select):	Information (I)	<input checked="" type="checkbox"/>	Discussion (D)	<input type="checkbox"/>	Assurance (S)	<input type="checkbox"/>
	Approval (A)	<input type="checkbox"/>	Ratification (R)	<input type="checkbox"/>	<i>(check as necessary)</i>	
Is the decision within SOFD powers & limits	Yes / No	Choose an item.				
Any potential / actual Conflict of Interest?	Yes / No	NO <i>If Y, the mitigation recommendations –</i> Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	Yes / No	NO <i>If Y, are those signed off by and date:</i> Click or tap here to enter text.				
Appendices:	Click or tap here to enter text.					

(1) Purpose of the Paper:

This report provides a strategic overview and update on national and local matters, relevant to the Staffordshire and Stoke on-Trent system that are not reported elsewhere on the agenda.

Specifically, the paper details a high-level summary of the following areas:

1. System and General Update
2. Finance
3. Planned Care
4. Urgent Care
5. Key figures from our population
6. Quality and safety
- 7.0 Vaccinations

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
N/A	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

(3) Implications:

Legal or Regulatory	The areas discussed reflect ICB Statutory Duties and Functions
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CQC or Patient Safety	This report type may assist the 2024 ICS CQC inspection
Financial (CFO-assured)	N/A for the report, although the topics covered each have financial implications
Sustainability	N/A for the report
Workforce or Training	N/A – no specific training implications; workforce matters are inherent to each topic
Equality & Diversity	N/A in terms of Equality Act 2010 or Public Sector Equality Duty
Due Regard: Inequalities	Access to services and reducing inequalities is implicit throughout
Due Regard: wider effect	N/A – no decisions are required for the paper itself: it is to raise awareness

(4) Statutory Dependencies & Impact Assessments:					
		Yes	No	N/A	Details
Completion of Impact Assessments:	DPIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>If N, why</i> Click or tap here to enter text. <i>If Y, Reported to IG Group on</i> Click or tap to enter a date.
	EIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.
	QIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>If N, why</i> Click or tap here to enter text. <i>If Y, Approved by QIA Panel on</i> Click or tap to enter a date.
Has there been Public / Patient Involvement?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.

(5) Integration with the BAF & Key Risks:					
BAF1	Responsive Patient Care - Elective	<input type="checkbox"/>	BAF5	High Quality, Safe Outcomes	<input type="checkbox"/>
BAF2	Responsive Patient Care - UEC	<input type="checkbox"/>	BAF6	Sustainable Finances	<input type="checkbox"/>
BAF3	Proactive Community Services	<input type="checkbox"/>	BAF7	Improving Productivity	<input type="checkbox"/>
BAF4	Reducing Health Inequalities	<input type="checkbox"/>	BAF8	Sustainable Workforce	<input type="checkbox"/>

(6) Executive Summary, incl. expansion on any of the preceding sections:
Click or tap here to enter text.

(7) Recommendations to Board / Committee:
To receive the report and be assured the leadership are working on each topic as raised.

1.0 System and general update

1.1 Primary Care

This month the primary care team have undertaken a stocktake of 2023-2024 achievements, some of these are highlighted below:

- We have improved access for our patients by delivering the following:
 - 5.8 million appointments in General Practice (8% increase on last year)
 - One of the few Integrated Care Boards (ICBs) to support additional activity across practices and Primary Care Networks (PCNs) in regard to winter clinics, to further support access - with 80,000 additional appointments delivered.
 - 91% of appointments took place within two weeks with all practices achieving the target of 85%
 - 72% were Face-to-Face appointments (higher than the national average)
 - 25 PCN Access Improvement plans assured.
 - 21,000 consultations were undertaken in Community Pharmacist Consultation Service (CPCS) in 2023/24. One of the best ICBs in region for utilising scheme.
 - Pharmacy First– 90% of community pharmacies signed up to deliver scheme.
- Our digital offer has expanded across practices for the benefit of our patients with 95% of practices now having access to online records and 78 practices are now using FibriCheck an online tool helping to event strokes and other cardiac arrhythmias.
- We have started to implement the national workforce strategy with the following headlines being achieved last year:
 - PCNs have recruited to 616 whole time equivalent Additional Role Reimbursement Scheme (AARS) posts First Primary Care staff survey completed.
 - 91% of AARS funding utilised through significant collaboration and working with mental health provider for mental health roles.
 - Increased GP full time equivalents (FTE) from 680.9 to 691 FTE.
 - 255 staff have been trained in Care Navigation across all practices.
- 32 Local Enhanced Services have all been reviewed with a proposal to expand the universal offer framework with new services available to all practices/patients.
- The £4.3m Service Development Funding was invested into General Practice
- 25 clinical and estate strategies have been developed with PCNs.
- Secured >£4.6m via section 106 agreements to support property developments.
- 657,155 of winter vaccinations given - 61% by GPs
- 82% of people with Learning Disability had a completed annual health check that's over 5000 people and 194 more than last year.
- 73% of people with Serious Mental Illness had a Physical Health Check which is 5,793 people.
- 422 Practice Friendly Schemes in place e.g. Dementia Friendly, Daffodil Standards, Veteran Friendly, Safe Surgeries

1.2 People team

1.2.1 National T-Levels Pilot

The system is representing the Midlands in the National T-Levels pilot in conjunction with the Department for Education. The aim of the pilot is to increase uptake of T-Levels, expand placements across the system and test innovative approaches to T-Levels in health and care.

Staffordshire and Stoke-on-Trent have already been recognised as an exemplar system across the pilot sites with our approach to partnership working and offers. Programme highlights to date include system wide case study which is being promoted on the Department for Education and Gatsby websites, webinar to highlight career opportunities in health and social care for current T level students, joint meetings to encourage greater communication and collaboration between partners and ultimately increase placement numbers.

1.2.2 ICS People Hub – Social Care Hub

After successful deployment of contingent workforce into independent social care providers during surge via the Integrated Care System's (ICS) People Hub, the Social Care offer has expanded to support substantive recruitment. Through partnership working with Local Authority and independent social care providers, the Hub is now converting bank workers to substantive employees. Candidates in the first cohort have undertaken values-based interviews, NHS pre-employment checks, NHS statutory and mandatory training and Skills for Care Rapid induction programme. These colleagues have then been placed in care homes for shadow shifts leading to permanent employment. Since April 2024, twenty shadow shifts have been completed, four permanent offers made with outstanding feedback for those individuals placed. This model supports our social care partners in swifter onboarding, filling health care assistant vacancies which in turn enable's improved service user experience and system flow.

1.2.3 Employee Experience, Health, and Wellbeing

The Staffordshire and Stoke-on-Trent ICS Health and Wellbeing Steering Group met in April and agreed three key strategic initiatives; Improving Staff Psychological Wellbeing, Improving Staff Health and Wellbeing by Collaboratively Growing our Occupational Health and Wellbeing Services and Improving Staff Experience through mutually agreed Targeted Interventions. Following review of a collection of system data and insights several projects within these, initiatives have been identified to drive forward and deliver as a system such as, growing health and wellbeing conversations, review of digital enablers, financial wellbeing, physical health support and a system wide catalogue of resources available to employees. The group also reviewed the Staff Psychological Wellbeing Hub report and a one year on reflection for the system wide Occupational Health contract. The risks around the potential closure of the Staff Psychological Wellbeing Hub were discussed by the group and the group were advised that the risks have been formally noted at the PCI committee.

1.2.4 Sexual Safety Charter

All NHS Trusts and the ICB have now signed up to the NHS Sexual Safety Charter. All Trusts and ICB are on track to deliver the 10 commitments set out by NHS England and the ICS People Team are bringing partners together from NHS, Primary Care and Social Care to explore opportunities to work together to implement the recommendations across the other sectors. Opportunities are being explored to develop communications and deliver training at scale.

1.3 Midlands Partnership University NHS Foundation Trust (MPFT) celebrates major Positive Practice in Mental Health Awards success

It was a triumphant night of success for Midlands Partnership University NHS Foundation Trust (MPFT) teams and services at the national Positive Practice in Mental Health Awards 2024.

MPFT won or was highly commended in a total of 15 awards at the ceremony, held by the Positive Practice in Mental Health Collaborative on 1 May. The annual awards identify, share, and celebrate positive practice in mental health, and this year's event recognised the fantastic work taking place across MPFT:

Winners

1. All Age In-Patient Care, including Psychiatric Intensive Care Award - Milford House, In-Patient Adult Acute Ward
2. Mental Health Rehabilitation and/or Recovery Services Award - Forensic Intensive Recovery and Support Team (FIRST)
3. Quality Improvement and/or Service Transformation Award - In-Patient Nursing Preceptorship Project, Forensic In-Patient Services
4. Innovation in Digital Mental Health Care Award - The Digital Angels

Highly commended

1. Older Adult Functional Mental Health Services and/or Dementia Care Award - Dementia in Prisons Service
2. Peer Support Services Award - Lived Experience Leadership Team

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3. Non-Clinical Team of the Year - People Partnering and Organisational Development
4. Quality Improvement and/or Service Transformation Award - Children and Families Care Group in partnership with Whose Shoes
5. Forensic Mental Health Services Award - Forensic Seated Chair Massage Team
6. Outstanding Leadership for Band 7 and 8 Staff Award - Faith Edensor-Ward, Clinical Lead, Eating Disorders Service
7. All Age Eating Disorders Services for Adults or Children and Young People Award - Eating Disorder Service, Kinver Centre
8. Innovation in Community Mental Health Award - Mental Health Practitioners in Primary Care, East Team
9. Integration of Physical & Mental Healthcare Award - Mental Health Practitioners in Primary Care
10. Children and Young People's Mental Health Services Award - Mental Health Support Team, South Staffordshire
11. Mental Wellbeing of the Workforce Award - Lived Experience Leadership Team

1.4 David Pearson visits University Hospitals of North Midlands NHS Trust

David Pearson recently visited University Hospitals of North Midlands NHS Trust (UHNM) and was kindly hosted for the day by their Chair David Wakefield. During his tour of the site, David was particularly impressed with the level of healthcare technology that the Trust have embraced. Throughout the day the level of commitment and enthusiasm of all the staff he met was also very noticeable. David would like to put on record his thanks to all the staff that he met on the day for their warm hospitality.

2.0 Finance

At month 12, at a system level, we are reporting a £90.9m adverse variance. The adverse position drivers are consistent with prior months across Continuing Health Care (CHC) and prescribing inflationary pressures, slippage on efficiency programmes, the ongoing retention of escalation beds due to urgent and emergency care (UEC) demands throughout the financial year. Our original break-even plan included several upside assumptions. Unfortunately, a number of these assumptions have not come to fruition, and we agreed with regional and national teams as part of the financial reset return a forecast out turn of £91.4m. The system was able to stay on track and deliver within the control total with a year-end position of £90.9m deficit for 2023/24 submitted in the draft accounts, subject to audit sign off.

3.0 Planned Care

On 2 May we submitted our final national planning submissions to NHS England. The final submissions were built off our draft plans submitted on 21 March and informed by ongoing system, national and regional NHSE discussions.

The 2 May submission is focused on system wide Activity, Finance and Workforce technical submissions and a narrative document, which focuses on the system's delivery of the national planning requirements for Elective Care, Urgent and Emergency Care, Cancer, Diagnostics, Primary Care, Mental Health and Learning Disabilities and Autism and a focus on Health Inequalities. The system plan is materially compliant with most operational targets. However, we have been unable to achieve a financial balance and so the proposed plan would lead to a financial deficit of £90m.

The Activity submission is compliant in all areas but diagnostic performance and outpatient procedure rate. We have sought to maintain 2023/24 capacity into 2024/25, and to deliver all planning requirements. In terms of Elective Recovery, we are aiming for no patients to be waiting more than 65 weeks for planned care by September 2024. We are also planning for Cost Weighted Activity (CWA) of 106.1% against the system target of 103.0%. CWA is a way of measuring the volume of activity and associated costs i.e., instead of measuring only volume of activity a weighted cost is also applied to the

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calculation. This enables us to account for complexity of activity that ordinarily costs more but takes longer to deliver.

A small increase in the substantive workforce of 78 whole time equivalents (wte) is planned. This is driven by TUPE of staff into Midlands Partnership University NHS Foundation Trust (MPFT) following new business won from outside of the system. There are reductions of 403 wte to bank and 164 to agency planned. This is leading to a net reduction in the workforce of 489 wte.

The system outturn deficit for 2023/24 was £91m. We were told by NHS England that we needed to improve on that position in 2024/25. Consequently, we have agreed a plan that would lead to a deficit of £90m. We await a decision from NHSE as to whether this is an acceptable plan. If it is we would expect to receive additional allocation to allow these costs to be covered from a cash perspective, if not we would be required to look further at how we would reduce costs.

The recovery programme agreed is an essential first step in the return to sustainable financial position for the system. That work needs to be stepped up over the Spring and Summer so that an agreed medium-term plan is in place for Autumn, providing a baseline for planning for 2025/26. The system faces a significant medium-term challenge to achieve this financial sustainability.

The next steps in planning are to develop our locally focused system facing operational plan by the end of May. The plan will cover the national planning submission and wider local deliverables, including the recovery plan pillars and will be brought through the System Performance Group in May and System Finance & Performance Committee in June. This will complement the individual organisation plans, focussing on the system level priorities for 2024/25.

3.1 Elective Waits (104, 78 and 65 week waits)

The Integrated Care Board (ICB) and system partners continue to address the backlog of patients on the elective waiting list, with the ambition of treating all those waiting more than 78 weeks by the end of Quarter one 2024, and 65 weeks by the end of Quarter two 2024 in accordance with the national planning guidance. However, despite progress being made the rate of improvement has been impacted upon by the ongoing industrial action by both junior doctors and consultants. The above ambitions apply to all providers across the system. The Independent Sector continues to support our recovery.

NHS England have confirmed that the system will remain in Tier one for Elective Care and Cancer, with the addition of Diagnostics added within the weekly oversight.

Current position is as follows:

104-week waits:

One patient breached at the end of March at University Hospitals of North Midlands NHS Trust (UHNM) due to capacity. There is a forecasted position of zero breaches for April and May.

There were zero breaches at the end of March for patients who are outside of the system.

78-week waits:

For patients waiting beyond 78 weeks for treatment, the number of breaches across the system at the end of March was 82 (70 at UHNM and 12 at Medefer). The forecast position for the end of April is 33 (23 at UHNM and 10 at Medefer), with a forecasted position of nine breaches for May (all at UHNM). There are no further forecasted breaches after the end of May.

As previously reported the ICB does continue to track long-waiters that receive their elective care outside of the Staffordshire and Stoke-on-Trent System. In the latest unvalidated data (28 April), there are 10 patients waiting over 78 weeks outside of the system, five (all are at University Hospitals of Derby and

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Burton NHS Foundation Trust (UHDB)) are on the admitted part of the pathway and five (four of these are at UHDB) are on the non-admitted part of the pathway. UHDB are on Tier one elective oversight and are subject to weekly monitoring by NHS England.

65-week waits:

Good progress is being made overall on the 65-week-wait cohort; the revised target is now September 2024, where previously it was March 2024. Initial submission is showing 854 breaches at the end of March (813 at UHNM, seven at Nuffield North Staffs and 34 at Medefer). As of 10 March, the total cohort of potential breaches was c1,400 so a significant reduction was made during the later end of the month.

As of 29 April, there is a forecasted position for the end of April of 946 breaches (908 at UHNM, two at Nuffield, 36 at Medefer), with a forecasted position for the end of May of 1,267 breaches (1,248 at UHNM and 19 at Medefer).

For providers outside of the system, in the latest unvalidated data (28 April) the potential cohort of patients who could breach 65 weeks if not treated, by the end of April is 380 patients, 216 of these are on the admitted part of the pathway and 164 on the non-admitted pathway.

3.2 Cancer Performance

University Hospitals of North Midlands NHS Trust (UHNM) have seen a continued steady reduction in the 62-day backlog since September, but it has seen a slight increase in the past month. As of 28 April, the 62-day backlog was at 248, this is compared to 222 as of 31 March.

The 104+ day backlog has also seen a downward trend. As of 28 April, the 104+ day backlog was 60, this is compared to 79 as of 31 March.

The position of 28-day faster diagnosis standard for cancer has seen a steady improvement since November but did see a slight decline in January. November position was 65%, December position was 70%, January position was 67%, February position was 75%, March position was 75.8%. As of 28 April the April position was at 68.7%

4.0 Urgent and Emergency Care (UEC)

Unvalidated four-hour performance in April achieved 70.03%, slightly down on March's position of 70.24%. For the second month this was assisted by near-perfect performance at Haywood, whilst Leek Hospital and the Eye Clinic reported no breaches during the month. Type one activity at Royal Stoke and County Hospital reported minimal change when compared to last month. When comparing overall Emergency Department performance to the same period last year, April 2024 was down 0.8 percentage points in April 2023. This stabilisation of performance was achieved whilst seeing an increase over the previous month of 15 patients per day across UHNM, which when compared to 2023 increases to an additional 50 patients per day seen through April 2024.

Twelve-hour performance, not representing the full month at this point in time, has reduced to 8.3% from 8.6% and represents the 3rd month in a row of an improving position. Royal Stoke was responsible for the improved position and recorded a drop of 1.4 percentage points over the previous month, whilst County Hospital reported an increase from 3.5% to 5.4% reaching the highest reported level since January 2023. County does continue to support Royal Stoke University Hospital (RSUH) with regular diverts to reduce ambulance holds at RSUH Emergency Department and have closed beds as part of the de-escalation plan from winter.

Long Length of Stay (LoS) performance reported improving 7+ and 14+ day levels with reduction in both over March 2024, however, 21+ day levels, having started the month high, could not match the level of improvement in the two other time bands resulting in a reported proportional increase of 0.4 percentage points over the previous month, and 0.6 percentage points higher than the same period last year.

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Category 2 performance through April saw improvement although times increase towards the end of the month resulting in the latest four-week average reporting as 31m 20s, which saw the system move up to 21st out of 42 nationally and fall to fifth out of 11 regionally.

Medically Fit for Discharge (MFFD) reduced overall during April however individual periods reported significant variation with County Hospital recording the third highest level of the last 12 months one day, which corresponded with RSUH reporting a markedly lower number than normally expected. Overall, there was improvement over March of on average 8 patients per day, which was also the level of improvement over the same period last year.

COVID-19 bed numbers in April continued the downward trend of March falling to 23 in total through the first week, however, there followed a period of stabilisation of numbers which began to increase during the second half of the month and have risen to 77 beds as at the end of April. COVID-19 Bed Occupancy at Burton Hospital has remained low and steady showing little signs of following the pattern of increase seen at UHNM. The increase of COVID-19 Admissions and expected increase within the community will likely lead to increased staff absences with the proportion of COVID-19 related absences through April remaining low but beginning the turn to trend upwards. Flu numbers at UHNM reduced through the month reaching 0 on the last day of April 24, whilst diarrhoea and vomiting (D&V) is no longer responsible for any Infection prevention controls (IPC) concerns at either UHNM site.

5.0 Key figures for our population

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	Last 3 to 4 months in current financial year				Comparator month		Change on same month previous year		
	Dec-23	Jan-24	Feb-24	Mar-24	Feb-23	Mar-23			
* 111 calls received	40,198	37,000	34,894	40,317		32,784	7,533	23.0%	↑
Percentage of 111 calls abandoned	7.1%	13.0%	12.5%	10.0%		14.1%	-4.1%	-29.2%	↓
A&E and Walk in Centre attendances (UHNM)	19,877	20,461	19,593	21,483		20,545	938	4.6%	↑
A&E and Walk in Centre attendances (other providers)	17,605	17,639	17,580	18,856		17,100	1,756	10.3%	↑
Non elective admissions (UHNM)	7,638	8,140	7,580	8,068		7,521	547	7.3%	↑
Non elective admissions (other providers)	5,744	6,677	6,528	6,634		5,687	947	16.7%	↑
Elective and Day Case spells (UHNM)	6,431	7,685	7,567	7,653		7,311	342	4.7%	↑
Elective and Day Case spells (other providers)	7,411	8,426	8,208	7,957		8,309	-352	-4.2%	↓
Outpatient procedures (UHNM)	4,707	4,915	5,205	5,031		4,556	475	10.4%	↑
Outpatient procedures (other providers)	7,530	9,775	9,697	9,562		7,972	1,590	19.9%	↑
GP Appointments (all)	466,525	596,636	558,380	538,699		560,859	-22,160	-4.0%	↓
** Physical Health Community Contacts (attended)	122,865	143,115	128,825		122,545		6,280	5.1%	↑
** Mental Health Community Contacts (attended)	37,150	47,370	41,165		42,130		-965	-2.3%	↓

Most datasets are subject to change following refresh

*NHS 111 - latest month is provisional and subject to change

**Physical and Mental health contacts - latest month is provisional and subject to change and both datasets are sometimes one month behind the other datasets depending upon timing of publication

The comparison with the same month the previous financial year is the same month for most measures, apart from measures that lag one month behind. The month being compared is indicated by the absence of dark grey shading.

Variation in Planned Care type activities (e.g. Elective/ Day Case admissions, OP/ GP appointments) is influenced by a variety of factors, including the number of working days in the month (activity in some months is affected by bank holidays). We will flag up if variation in these activities is abnormal.

6.0 Quality and safety

6.1 Masters in Strategic Leadership

Members of the Nursing and Quality team have collaborated with Staffordshire University to provide a series of lectures to support the ongoing development of Post Registration students studying for a Masters in Strategic Leadership. The lectures have covered Agile Strategy and Leadership, Power in business, Strategic decision making, and Influence and motivation. The members of the team have been able to bring these subjects alive for the students providing a wealth of knowledge, experience and skill developed through application within the real world. The lectures have been well received with positive feedback given by the students and University staff.

6.2 International Day of the Midwife and International Nurses Day

This month sees Nurses and Midwives join to celebrate the enormous contribution nursing and midwifery professionals make across the NHS, health and social care, our communities and the world. There have been a series of events members of the ICB Nursing and Quality team have participated in together with the diverse and highly skilled ICS workforce to reflect upon the dedication and expertise they give everyday to make a difference to so many patients and families.

6.3 Mental Health Host and Home guidance

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In April 2024 the new Mental Health Host and Home guidance document was published supporting the national Mental Health and Learning Disability and Autism Inpatient Quality Transformation Programme. Staffordshire and Stoke-on-Trent ICB Quality and Nursing team supported by North Staffordshire Combined Healthcare NHS Trust have volunteered to be a pilot site in the implementation of the proposed Host Commissioner guidance for mental health rehabilitation inpatient services. This role will assist in putting into place robust systems and processes which will provide assurance regarding the quality and safety of services. The team are collaborating with key stakeholders in the development of the plan which will underpin this important initiative.

7.0 Vaccinations

The Spring COVID-19 vaccination programme started on 15 April for residents in older age care homes. From 22 April all those aged 75 and over (including those turning 75 by 30 June 2024) and immunosuppressed individuals aged 6 months to 74 years, will be eligible.

Staffordshire and Stoke-on-Trent have seen a very positive start to the campaign with 56,533 vaccinations being undertaken within vaccination sites. 33.68% of the 161,209 individuals who are eligible have been vaccinated in the first three weeks of the programme. Care home residents have been the priority for sites and 62.6% of eligible individuals have already received their COVID-19 spring dose.

There have been some delays in vaccine supply to sites due to limited capacity within the national logistic team however this is now resolved and increased flow of vaccines is being seen to all sites.

The Spring campaign continues until 30 June.

David Pearson, ICB Chair

Peter Axon, ICB Chief Executive Officer

Report to:	Integrated Care Board					
Date:	16 May 2024					
Title:	System Level Access Improvement Plan (SLAIP)					
Presenting Officer:	Dr Paul Edmondson-Jones & Sarah Jeffery					
Author(s):	Mel Mahon, Tracey Cox, Vicky Oxford, Andy Hadley					
Document Type:	Strategy	If Other: Click or tap here to enter text.				
Action Required (select):	Information (I)	<input checked="" type="checkbox"/>	Discussion (D)	<input checked="" type="checkbox"/>	Assurance (S)	<input checked="" type="checkbox"/>
	Approval (A)	<input type="checkbox"/>	Ratification (R)	<input type="checkbox"/>	<i>(check as necessary)</i>	
Is the decision within SOFD powers & limits	Yes / No	YES				
Any potential / actual Conflict of Interest?	Yes / No	NO <i>If Y, the mitigation recommendations –</i> Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	Yes / No	NO <i>If Y, are those signed off by and date:</i> Click or tap here to enter text.				
Appendices:	Appendix 1 – Staffordshire & Stoke on Trent SLAIP Appendix 2 Presentation					

(1) Purpose of the Paper:

To present the most recent Staffordshire & Stoke-on-Trent System Level Access Improvement Plan to the Board for information and assurance.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
Finance and Performance Committee for Assurance and Information	14/05/2024
Primary Care Forum for Assurance and Information	16/05/2024

(3) Implications:

Legal or Regulatory	NHS England have requested that the updated SLAIP is presented to ICB Boards in May 2024.
CQC or Patient Safety	This is a plan that aims to improve access for our patients and improve the experience they have. All practices are CQC registered and any impact on patient safety should be a positive one.
Financial (CFO-assured)	All finances referenced in the plan are national allocations which finance are aware of.
Sustainability	N/A
Workforce or Training	The plan looks to address the current challenges facing the primary care workforce, through retention schemes and new training opportunities.
Equality & Diversity	The plan ensures the actions being taken to address access are equitable for the public and practice workforce.

Due Regard: Inequalities	The plan addresses the health inequalities within the system and ensures that investment in areas of need is being provided equitably
Due Regard: wider effect	Health & Wellbeing of GPs and Practice staff are considered within the plan.

(4) Statutory Dependencies & Impact Assessments:					
		Yes	No	N/A	Details
Completion of Impact Assessments:	DPIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>If N, why No new information is being collected</i> <i>If Y, Reported to IG Group on Click or tap to enter a date.</i>
	EIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	An EIA will be developed for each key programme of work within the SLAIP
	QIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>If N, why No service change so not applicable</i> <i>If Y, signed off by QIA on Click or tap to enter a date.</i>
Has there been Public / Patient Involvement?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is a section within the plan that describes the patient engagement that has taken place.

(5) Integration with the BAF & Key Risks:						
BAF1	Responsive Patient Care - Elective	<input checked="" type="checkbox"/>	BAF5	High Quality, Safe Outcomes	<input checked="" type="checkbox"/>	
BAF2	Responsive Patient Care - UEC	<input checked="" type="checkbox"/>	BAF6	Sustainable Finances	<input checked="" type="checkbox"/>	
BAF3	Proactive Community Services	<input checked="" type="checkbox"/>	BAF7	Improving Productivity	<input checked="" type="checkbox"/>	
BAF4	Reducing Health Inequalities	<input checked="" type="checkbox"/>	BAF8	Sustainable Workforce	<input checked="" type="checkbox"/>	

(6) Executive Summary, incl. expansion on any of the preceding sections:
<p>General practice is seen as the bedrock of the healthcare system, it remains the first point of contact for many people seeking health services in their local community. It plays an important ‘gatekeeper’ role, ensuring as many people as possible receive the care they need close to home. GPs and their teams make up the vast majority of NHS contacts that take place, in Staffordshire & Stoke on Trent (SSOT) more than six million appointments took place last year (2023/2024)</p> <p>General practice is under extreme pressure with intense workload and workforce challenges and is struggling to maintain a level of service that meets the demand and accessibility needs for our patient populations. People want to be able to get through on the telephone and know how their appointment is going to be dealt with. The ICBs ambition is to enable people to have more choice around when, where and how they access general practice, to have greater continuity where this is needed and to have a positive experience.</p> <p>A national ‘Delivery Plan for Recovering Access to Primary Care’ was published by NHS England in May 2023 to help to address these challenges and ensure that general practice can keep at pace with the growing demand and be sustainable and resilient now and in the future. This System-Level Access Improvement Plan (SLAIP) has been written in response to the national plan and works through the 4 national ambitions; to empower people, to build modern general practices, to cut bureaucracy and build capacity.</p> <p>A draft System Level Access Improvement Plan was presented to the ICB Public Board in November 2023 with a requirement for an update of the plan to be presented to the ICB Board in May 2024.</p> <p>The Improvement Plan provides an update of work undertaken, progress towards the national</p>

ambitions and ongoing focus for 2024-25.

This plan will continue to evolve and grow, and the ICB intends to apply the 5 principles of the NHS Improving Patient Care Together (IMPACT) to help us continually improve our approach to access:

- 1) Continue to build on our shared vision and purpose.
- 2) Continue to invest in people and culture, this will reach across the ICS, ICB and into general practice through the workforce programme and Organisational Development (OD).
- 3) Develop leadership behaviours through the PCN Maturity Matrix that will then act as the foundation for change over time.
- 4) Build improvement capability and capacity; this will be evidenced throughout this plan as described in the PCARP.
- 5) Embed improvements into management system and processes. The four main aims of the PCARP are to; reduce bureaucracy, build capacity through its workforce, empower people and implement the modern general practice model, all of which embeds the IMPACT principles.

(7) Recommendations to Board / Committee:

The Board is asked to note the contents of the plan and key priorities for 2024-25

Staffordshire and Stoke-on-Trent Recovering Access to Primary Care Improvement Plan

May 2024



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DRAFT

1. Executive Summary

General practice is seen as the bedrock of the healthcare system, it remains the first point of contact for many people seeking health services in their local community. It plays an important 'gatekeeper' role, ensuring as many people as possible receive the care they need close to home. GPs and their teams make up the vast majority of NHS contacts that take place, in Staffordshire and Stoke-on-Trent (SSOT) **over six million appointments took place last year (2023/2024).**

General practice is under extreme pressure with intense workload and workforce challenges and is struggling to maintain a level of service that meets the demand and accessibility needs for our local population. **People want to be able to get through on the telephone at 8am** and know how their appointment is going to be dealt with. The Integrated Care Board (ICB) ambition is to enable people to have more choice around when, where and how they access general practice, to have greater continuity where this is needed and to have a positive experience.

A national 'Delivery Plan for Recovering Access to Primary Care' was published by NHS England in May 2023 to help address these challenges and ensure that general practice can sustain the growing demand and be resilient now and in the future. The System-Level Access Improvement Plan (SLAIP) is in response to the national delivery plan and aligns to the 4 national ambitions; **to empower people, to build modern general practices, to cut bureaucracy and build capacity.**

In SSOT **96% of practices are now using digital telephony systems** and there is commitment from the remaining 4% to advance as soon as operationally possible. GP practices have already **achieved a 90% target for people to access their own patient records**, book appointments and order repeat prescriptions through use of the NHS App, and further support will be provided to outline the advantages of these systems.

It is important that the SSOT population understands how general practice is transforming. *The workforce is changing.* If a patient with a musculoskeletal issue contacts the surgery, they may be redirected to a First Contact Physiotherapist (FCP) in the first instance. **Getting the communications right is vital** to ensuring the changes taking place are recognised and understood by our population.

In SSOT, 712 Whole Time Equivalent (WTE) posts have been recruited to, such as FCPs, Mental Health Nurse Specialists, Advanced Nurse Practitioners, Paramedics and many more.

28,231 referrals have been made in the last 12 months within SSOT to the Community Pharmacy Consultation Service (CPCS) creating additional capacity within the system. The ICB is working with other community providers to increase the number of **services our people can self-refer to. The plan was to have 6 services mobilised by March 2024, however two services, Audiology and Weight Management are live** and there is some limited musculoskeletal, podiatry and falls services available by self-referral with work continuing to make these available for self-referral during 2024.

Improving access for our people cannot be done by primary care in isolation, there are many interdependencies with other work programmes and providers across the system who have a part to play. There needs to be a renewed focus on our model of care which builds on the Fuller Stocktake Report, around population health management and integrated teams whilst continuing to develop and deliver the ongoing work that already exists across the various programmes.

Our ICB is made up of 7 key portfolios which operate as a matrix approach to deliver the ICS priorities, aims and ambitions, underpinned by 4 enabling functions with quality assurance, improvement and safety running throughout. It is essential that our Primary Care portfolio works in collaboration with our other portfolios, enabling functions and provider collaboratives to deliver the access ambitions, for example:

- The **Urgent and Emergency Care (UEC)** portfolio will work with us to ensure same day urgent access pathways are in place and work for our population and will reduce the number of contact points currently being experienced by patients between providers.
- **Population Health Management** will support us to understand where inequalities lie, where access may be more difficult for some than others.
- **End of Life, Long Term Conditions, Frailty, and the Mental Health** portfolios will help us to ensure the appropriate appointment types/times are in place, for example patients may need a 20-30min appointment to ensure holistic physical and mental health checks can be undertaken, or comprehensive care planning can take place having identified our moderate to severe frailty patients.

This plan will continue to evolve and develop and the ICB intends to apply the 5 principles of the NHS Improving Patient Care Together (IMPACT) to help continually improve our approach to access:

- 1) Continue to build on our **shared vision and purpose**.
- 2) Continue to **invest in people and culture**, this will reach across the ICS, ICB and into general practice through the workforce programme and Organisational Development (OD).
- 3) Develop **leadership behaviours** through the PCN Maturity Matrix that will then act as the foundation for change over time.
- 4) Build **improvement capability and capacity**; this will be evidenced throughout this plan as described in the PCARP.
- 5) Embed **improvements into management system and processes**. The four main aims of the PCARP are to; reduce bureaucracy, build capacity through its workforce, empower people and implement the modern general practice model, all of which embeds the IMPACT principles.

The four building blocks from the Fuller stocktake integrate into our existing work programmes and golden threads that will underpin the work we do with general practice for the benefits of our population. This is demonstrated in [appendix 1](#).

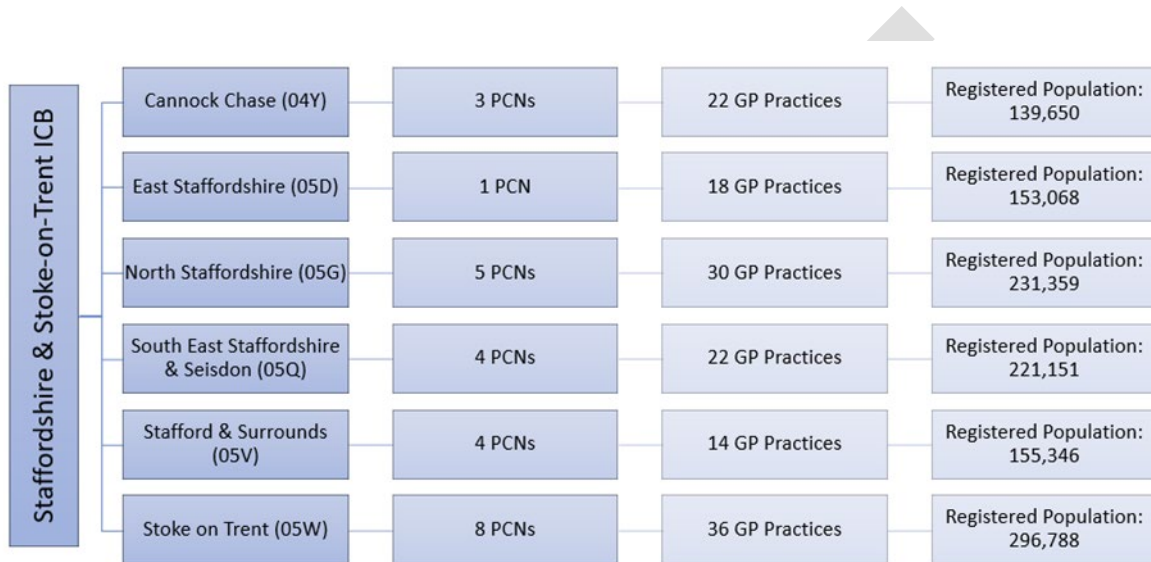
Signed

Dr Paul Edmondson-Jones
Chief Medical Officer, Deputy Chief Executive and Senior Responsible Officer (SRO) for the System Level Access Improvement Plan (SLAIP)

2. Our Local Picture

Staffordshire and Stoke-on-Trent ICB-PCN and GP Practices

The current GP registered population for SSOT is 1,197,362 (March 2024). The population continues to increase year-on-year, with a 3.4% increase since April 2019. This increase is expected to continue in excess of 1.2 million by 2035 (6% increase). The largest increase is expected within age group 65+, whilst the younger age groups will see little variation.



Registered Population: as of 1st March 2024

Figure 1: Population break down by locality

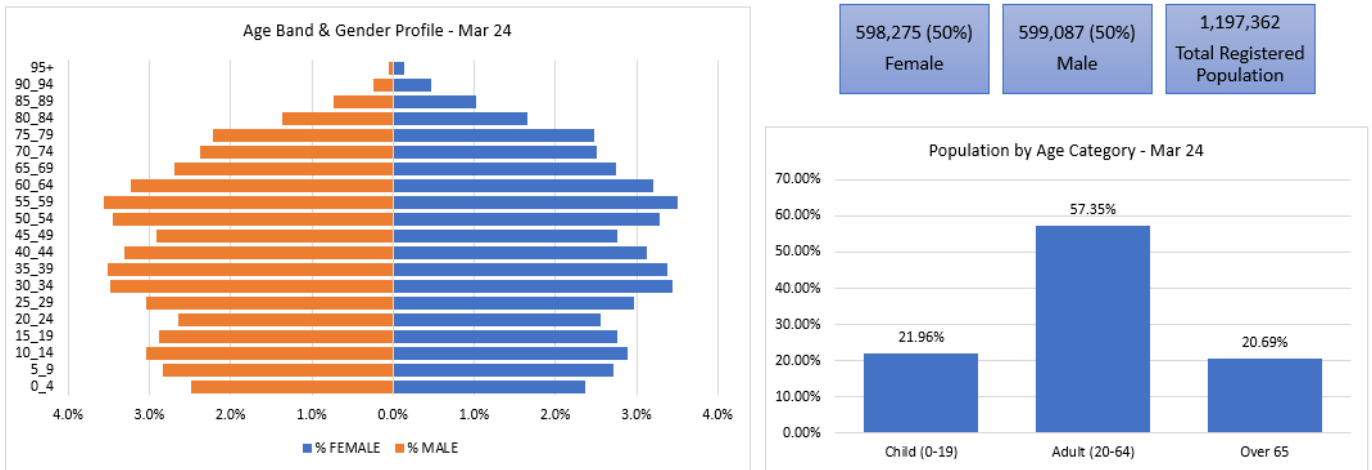
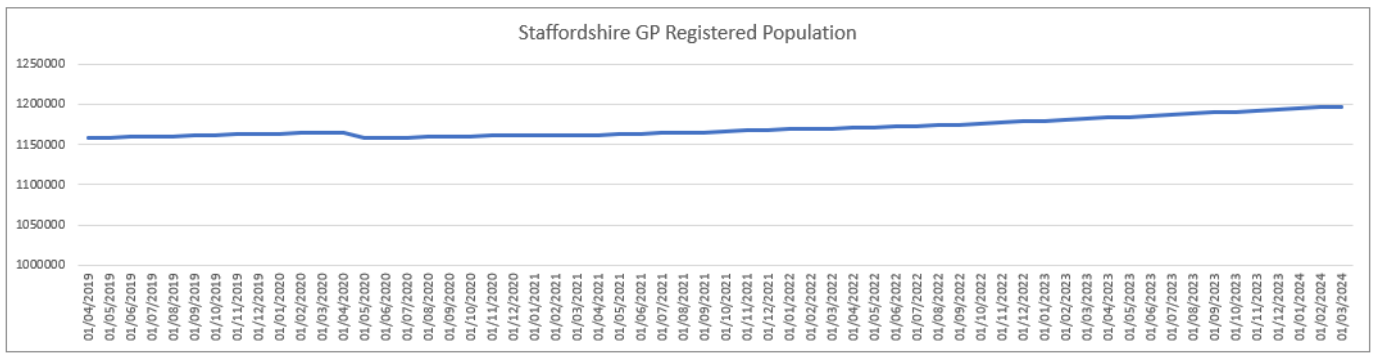


Figure 2: Age and Gender profiles



Data Source: NHS Digital - GP Registered Population Publication

Appendix 2 outlines the location of our Primary Care Networks.

Appointments in General Practice

Below are the key headlines for appointments in general practice with the increased number of appointments being offered in general practice supporting the Government commitment to deliver 50million more general practice appointments than in 2019:

Appointments risen since Covid-19 with a **peak 621,388** in October 23

In January 24 activity was **25.5% higher** than same period in 2019/20.

Face-to-face (January 24) **70.1%**, higher than the **national average of 66.6%**

Practice variation ranges from **32% to 98%** for **face-to-face**, with 66% of practices above the national average.

91.9% of appointments took place **within 2 weeks** from time of booking, **above the national threshold (>90%)**.

Sub-ICB comparison shows 4 out the 6 SSoT locations are in the **highest performing quartile** nationally for appointments within 2 weeks.

Figure 3 Appointments in General Practice from April 19 to Jan 24

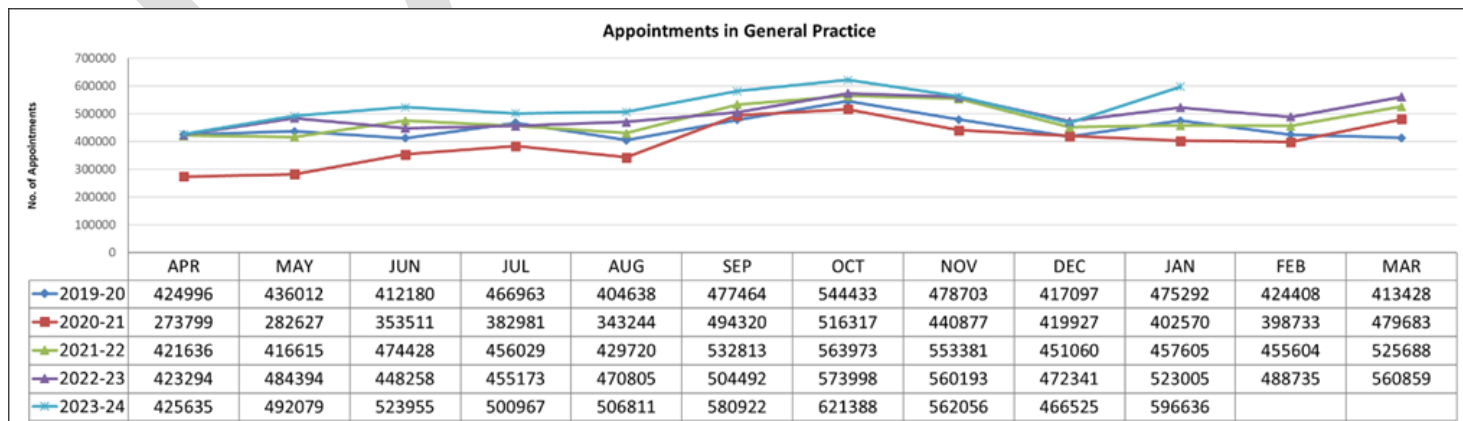


Figure 4: Appointment types compared across England & Midlands ICBs

	12 months -Feb 23 to Jan 24			Current Month Jan 24		
	England	Midlands	SSoTICB	England	Midlands	SSoTICB
No. of Appointments	350,897,457	68,236,157	6,326,568	32,409,039	6,256,471	596,636
Appointments per 10,000 Weighted Pop.	56,684.5	58,191.6	51,940.2	5,235.4	5,335.5	4,898.3
% Appointments Face to Face	68.7%	70.1%	72.4%	66.6%	68.4%	70.1%
% Face to face with GP	41.1%	41.0%	41.3%	41.6%	41.3%	41.1%
% Appointments with GP	46.3%	45.9%	44.3%	46.1%	45.4%	43.4%
% Same Day Appointments (all national categories)	43.0%	44.4%	45.9%	44.7%	45.9%	48.3%
% 14 Day Appointments (all national categories)	82.3%	82.3%	85.4%	83.8%	83.7%	87.1%
% 14 Day Appointments (8 national categories)	86.7%	87.1%	90.5%	88.3%	88.5%	91.9%

General Practice Workforce

The overall number of GPs has steadily declined from 2015 to mid-2018. GP Numbers subsequently increased, reaching a peak of 717 Full Time Equivalent (FTE) by November 2021. Since this point there has been a downward trend until December 2022 which saw a steep increase to GPs in Training Grade Specialty Trainee (ST) 2. A further increase has been seen over recent months, with the **overall GP numbers at 695 FTE for January 2024**.

A year-on-year comparison to January 24 shows the number of fully qualified GPs has remained **stable at around 500 FTE**. There has been **5 % decrease (9 FTE) within the GP training grades**. Over the same timeframe, there has been a **2 % increase within the Nurse staffing group**.

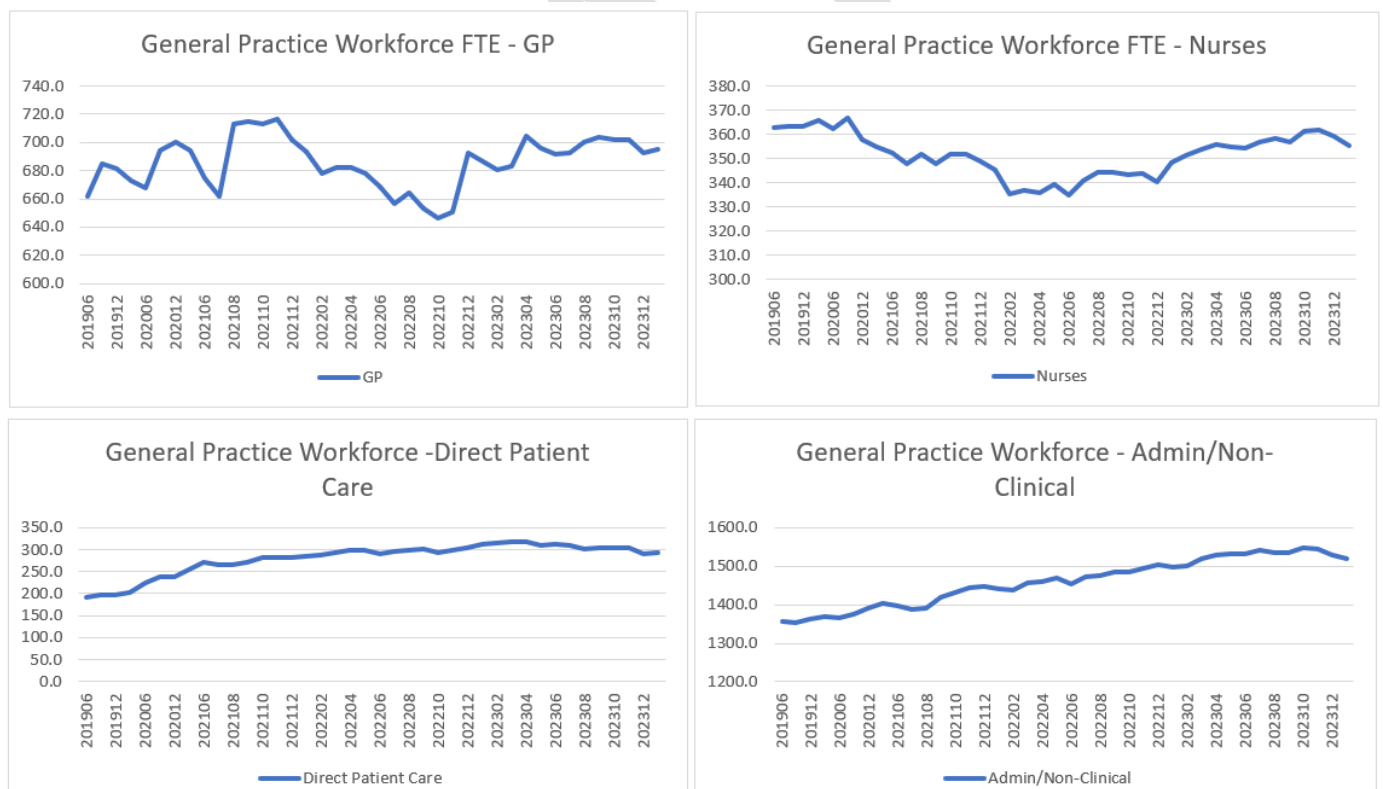
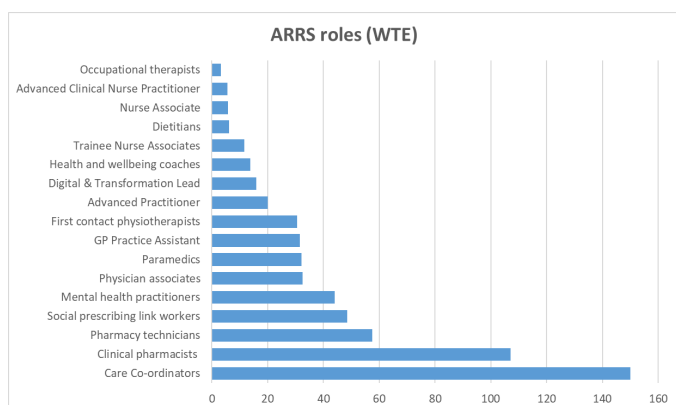


Figure 5: The GP FTE and Direct Patient Care (DPC) FTE as a rate per 10,000 weighted population are lower for SSOT compared to the National rate, whereas the rate for Nurses is marginally higher than National.

Primary Care Networks (PCNs) are continuing to recruit to additional roles to utilise their ARRS allocations with PCNs having 712 WTE in place by 31st March 2024 (based on Claims Portal) which is slightly less than the 730 WTE planned for, however this is attributed to nationally led changes in the way ARRS unspent budget was distributed between PCNs. The additional roles

support changing and expanding the workforce in primary care to provide additional capacity for people, providing personalised and preventative care to our people.



SSOT also performed well within the Midlands region in relation to coverage of certain ARRS roles, SSOT had:

- 100% coverage for Personalised Care Roles – this is at least 1FTE in place by the end of March 2023
- 95% coverage for Mental Health Practitioner Roles, this means at least 0.5FTE in place and SSOT is the highest in the Midlands.
- 100% coverage of Pharmacists and Pharmacy Technicians, at least 1FTE in place.
- 72% coverage of Paramedic roles, at least 0.2FTE in place and SSOT are the highest in the Midlands.

The ICB works closely with the Staffordshire Training Hub (STH) team, including the Additional Roles Reimbursement Scheme (ARRS) facilitator, who with the ARRS Ambassadors, supports the PCNs and the ARRS workforce colleagues with their development, along with initiatives to aid recruitment and retention. Further detail on work in progress is detailed in section 5 of this report.

People's Experience

Access to general practice remains one of the highest priorities for our communities. The National GP Patient Survey results for 2023 show an **increased number of positive ratings** for 4 out of 5 of the key questions compared to 2022 results. This contrasts with the national trend which predominantly decreased.

The ICB recognises there is variation in people's experience of accessing general practice, in particular, people being able to contact their surgery by telephone or being able to navigate the GP website. This was also reflected in a report by Healthwatch Staffordshire on access.

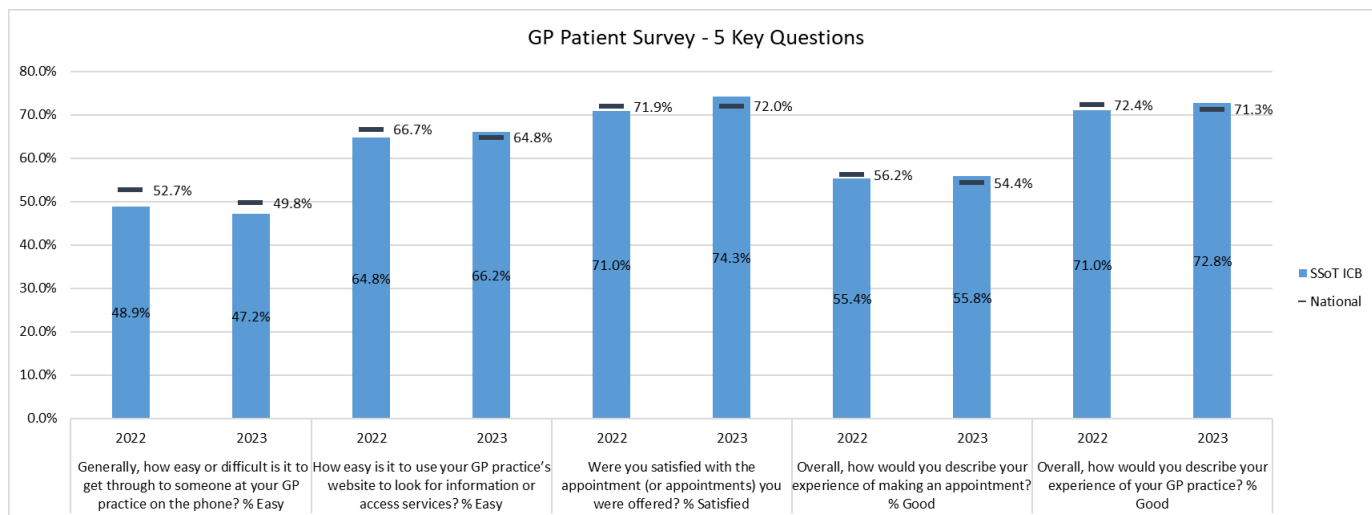


Figure 6: GP Patient Survey Results

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle for people accessing general practice services in which they have an opportunity to feedback their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.

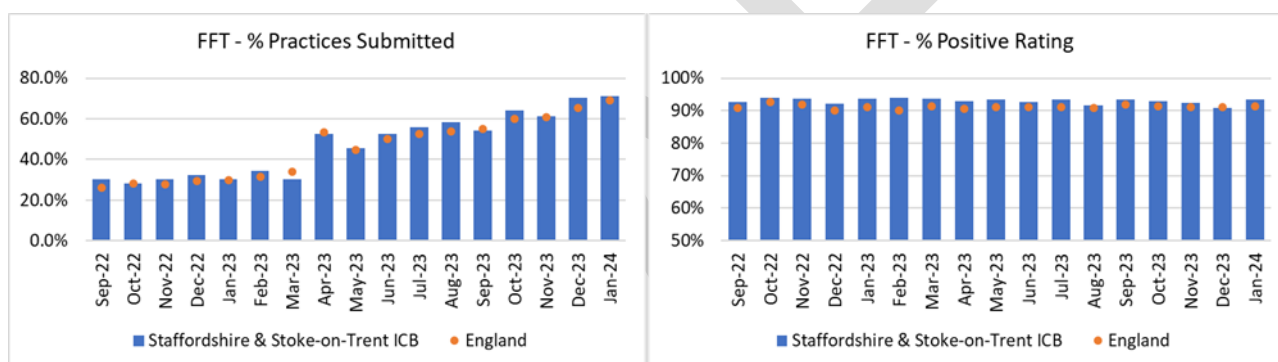


Figure 7: FFT Results from September 2022 to January 2024

A large proportion of general practices have input from Patient Participation Groups (PPGs). These are groups of people who wish to be involved in improving their local general practice services. The ICB will continue to work with PPGs to gain valuable insight and support practices in gathering more local real-time feedback, which can be used to shape improvement. Locally, PCNs are involving PPGs across their PCNs.

3. Health Inequalities (HI)

What Staffordshire and Stoke-on-Trent looks like through a Health Inequalities lens

Stoke-on-Trent is one of the 20% most deprived districts in England. People's health and life expectancy is below the England average for both men and women. There are disparities in life expectancy between the most and least deprived areas. Obesity for both children and adults are higher than the England average. The prevalence of smoking is higher than the England average. Under 75 mortality rates for cardiovascular diseases and cancer are also worse than the England average.

The average deprivation score (IMD) reports Staffordshire is lower than the England average. Life expectancy is similar to the England average for both men and women, although this varies between the most and least deprived area of Staffordshire. Obesity in adults is higher than the England average. Smoking prevalence in adults is lower than the England average prevalence. Rates of employment, homelessness and violent crime are better than the England average. Tables and deprivation maps can be found in [appendix 3](#).

What Support is Available

The ICB supports and enables general practice to provide a consistently high level of care, address unwarranted variation, and improve access, quality, and outcomes by using a population health management approach, currently being rolled out across SSOT. PCNs and practices are in the process of receiving HI focused Population Health Management data training from May 2024.

PCNs across SSOT have all identified a HI Lead who are championing and working with colleagues across the PCN, system health partners including the voluntary sector to identify, develop interventions and engage with patient focus groups to tackle neighbourhood health inequalities.

East Staffs PCN and its member practices have participated in the national Complete Care Communities programme, establishing a community and provider engagement programme to focus on Diabetes care in the area. The PCN and GP practices worked closely with public health, patient experts, health and care providers, community partners focusing on integration opportunities and a plan on a page for whole system community management has been developed. The initiative is supported through the implementation of the Joy App, a community and health connectivity platform. A community and health 'reach out' event was attended by 250 people and the work has resulted in the publication of a patient information booklet with a distribution of 10,000 hard copies within the community.

Several PCNs have identified cohorts of people whereby access to GP services can be improved, to support them in receiving care, for example, people with learning disabilities can

often find it difficult navigating the appointment system or do not engage, when invited to attend for their annual health check. Healthwatch Staffordshire also collected valuable patient experiences on this issue and feedback from people with lived experience has also been provided by Staffordshire County Council to support people to access healthcare. PCNs have been working with Learning Disability Nurses within the community and mental health charities to establish reasonable adjustments and interventions that can be implemented in how practices communicate and provide care for people.

The ICB primary care team also support practices to deliver against a Quality Improvement Framework (QIF), which are standards that are over and above those that are already nationally defined in the Quality Outcomes Framework (QOF). The QIF identifies those areas of deprivation and provides additional funding to those practices to enable them to focus on long term condition management to try and close the inequalities gap.

GP practices across Staffordshire and Stoke-on-Trent have been focusing on reducing health inequalities and supporting access to services through participation in the ICB engagement scheme focusing on becoming 'friendly practices'.

GP practices participated in 'practice friendly' evidence-based frameworks to provide an opportunity to better advocate for their patients and to help tackle health inequalities and provide accessible healthcare for those who need it.

Actions included focused staff training, identified practice leads, recording additional information to support patients with their needs, increased knowledge and signposting to services, updated accessible websites, notice boards and resources, changes to registration forms and processes, longer appointments, patient / carer point of contact at GP practices, better relationships with voluntary sector organisations, hospices and local authorities.

422 'practice friendly' schemes have been implemented including Veteran Friendly RCGP, Dementia friendly, Safe Surgeries toolkit, Digital inclusion, Deafness & Hearing loss, Daffodil standard for end of life care, Green impact for health toolkit.

'Practice friendly' schemes has resulted in positive feedback by patients, increased uptake in reviews, increased carer registration and condition registration, reduction in DNAs, changes to practice communications, increased use of translated resources, reduced carbon footprint schemes

Equality and Health Inequalities Impact Assessment (EHIA)

A Health Inequalities strategy is currently in development. This will articulate a system-wide approach to tackling health inequalities, particularly in access, experience and outcomes, in line with our new legal duties. This work will also include working alongside quality assurance and improvement leads in addressing inequalities and variation for services commissioned by the ICB.

4. PCN and Practice Actions

PCN Capacity and Access Improvement Plans

SSOT PCNs have developed improvement plans in collaboration with the Integrated Care Board and the plans were assured, by the ICB, by NHS England in July 2023.

The PCN access improvement plans have included the general practice elements of the National Delivery Plan for the Recovery of Access to Primary Care and focus on key areas to support improved patient experience of general practice;

- patient experience of contact,
- ease of access and demand management, and
- accuracy of recording in appointment books

The PCN improvement plans aim to address the challenges and risks presented to us around general practice access. Challenges include increased demand on general practice related to local demographics and an increase in the number of people aged 70+ with increasing dependency and some with multiple long-term conditions. There has been an increased demand for appointments and prescriptions, an increase in queries relating to hospital referrals and appointments and telephone access is impacted by referral queries and vaccination queries.

The PCN improvement plans detail actions the PCNs and their GP practices are undertaking with the aim of improving access for people;

- a commitment to move to Cloud Based Telephony (CBT) for analogue practices and number of PCNs are developing plans to move to one CBT system in the future once individual GP practice contracts come to an end. The commitment includes plans to implement greater functionality for cloud-based telephony such as call back options and queue functionality
- Use of the NHS England GP website improvement and benchmarking tool to ensure all practice websites are offering a consistent message and are up to date with the latest information to support easy information finding for people, reducing the need to telephone GP practices to request information
- Participation in digital inclusion work to support people to access online tools such as the NHS App online consultation and promotion of these tools to increase patient awareness
- Implementation of Patient Online Record Access
- Utilisation of Additional Roles Reimbursement Scheme (ARRS) Funding to secure additional roles within PCNs, offering greater choice of appointments to people
- Communication campaigns to inform people of GP practice teams, including ARRS roles

- Working with community pharmacists to utilise the Community Pharmacy Consultation Service where appropriate for people
- Exploration of the creation or growth of PCN PPG groups to support engagement with practice populations to improvement patient experience
- PCN plans for community collaboration and working with community groups to provide support and information to people
- Use of care navigation and accessing training

Further themes captured from the plans can be found in [appendix 4](#).

Some specific examples that PCNs identified within their plans are captured below, this is not an exhaustive list but provides a flavour of the actions being taken locally:

PCN Area	Action being taken
North Staffordshire	Digital Inclusion sessions are being held in GP practices within the PCN to support people to access information digitally where appropriate.
North Staffordshire and Stoke-on-Trent	A pilot project is taking place with a focus on backend workflow turnaround i.e. dealing with administration such as patient letters/tasks etc. Actioning the workflow within a specific time period following receipt has seen a reduction in telephone calls, appointment requests, patient queries and tasks. Staff satisfaction and morale has also increased due to a reduction in patient complaints and queries.
South Staffordshire	A General Practice Team leaflet has been produced for people who do not have online access, detailing the different ARRS roles and Health Care Practitioners available in general practice.
South West Staffordshire	Consistent messaging on websites across the PCN to inform people of services available in addition to general practice and consistent advice on usage of services including general practice.
South East Staffordshire	Use of a web-based community connectivity app platform used by the public and health professionals and links directly into our GP systems.

A Social Prescribing holistic community model using The Joy App improves health outcomes, reduces demand in Primary Care and provides a return on investment.

- 2100 clients successfully supported
- 98% satisfaction score
- 37% uplift in personal well-being captured ONS4
- 10,000 activity reduction in clinical interventions
- 73% clients reside in postcodes associated with areas of High Deprivation
- 40+ organisations referring into the Social Prescribing service
- 30% of all referrals come from organisations other than GP Practices
- 108 referrals to other organisations made by Social Prescribers
- £500k secured for people in 4 months through the form filling service

PCNS are utilising the IIF payments to support the implementation of their plans.

Challenges in delivering PCN Capacity and Access Improvement Plans

PCNs have highlighted workforce recruitment and retention as a concern within their improvement plans. During 2022/23 available funding for ARRS roles was not fully utilised due to recruitment challenges. The ICB has worked with PCNs to support them to develop plans to utilise ARRS funding to recruit staff to additional roles. The need for suitable estate to accommodate additional roles has also been highlighted within some plans and this has been captured as part of the PCN Estates Plans (see section below).

Elements for delivery in the PCN Improvement Plans are linked to work taking place at a national level and delays to national work could impact on local delivery. Delays in the publication of national frameworks, for example for the purchase of online consultation tools, may result in delays to implementation of PCN Improvement Plans. To mitigate this risk, the ICB has ensured that online consultation tools are available for all GP practices to utilise whilst the longer-term purchase of an ICB online consultation tool progresses. Information webinars and support available has been shared with GP practices and PCNs to facilitate understanding of the tools available and the benefits to people and practices.

PCN Estate Plans

The toolkit to support the PCN Estate Plan production had two objectives:

- To enable each PCN to identify and prioritise their estate optimisation, disinvestment, and subsequent capital investment requirements to address population health priorities and future service needs.
- To support the production of capital investment plans for PCNs and help ICSs to aggregate and prioritise local primary care investment requirements against other system demands for capital.

Each PCN Strategic Estate Plan has short, medium and long term options for estate identified within them. All 25 plans have estate investment/development needs in some form.

The following next steps are in place to develop the estate plans within SSOT:

- The ICB received the aggregated version of the 25 PCN Estate Plans from CHP. The aggregated version summarises the 25 plans.
- Each PCN Estate Plan is currently being reviewed by the ICB. An initial prioritisation has been completed and this will be further updated as more information is gained.
- The ICB will utilise the aggregated version, along with the individual plans, to respond to any planning application and to prioritise any funding that is made available to the ICB, this includes future Premises Improvement Grant funding and any additional space requests.
- The ICB will continue to work with each of the PCN's to further develop the Strategic Estates Plans with specific projects through option appraisals and feasibility studies.
- CHP has commenced a further phase of work called ADEPT (Activity-Driven Estates Planning Tool) as a pilot for the Midlands. The purpose, scope and benefits of ADEPT is:
 - Model current activity and future demand to determine functional space requirements across primary, community, mental health and acute sectors under 3 scenarios:

- Do Nothing Scenario – if nothing changed except population growth
- Do Minimum Scenario – if only implement what is currently in the pipeline.
- Do Maximum Scenario – selection of pathway interventions chosen by the system to reach agreed system targets.
- Toolkit will provide a set of national best practice interventions as a proxy for clinical strategy.
- Supports the System to identify where services need to be provided to improve health and wellbeing and reduce health inequalities.
- Supports clinical pathway redesign and left-shift care delivery.
- Evidence based and data driven.
- Builds on work already undertaken (no duplication).
- Helps to define the requirements for estate of the right size, in the right place, of the right type, which is of high quality and well utilised.
- Drives efficiencies for reinvestment through scenario planning.

End of Year Assurance

An end of year assurance process to assess PCN Improvements (or maintenance of good performance) has been developed and will involve a submission from the PCNs detailing implementation and progress against their Improvement Plans and a panel to approve the submissions, similar to that used to assure PCN Access Improvement Plans. Assurance will be based on PCNs implementing the plan, maintaining good performance or improving against the three key areas (patient experience of contact, ease of access and demand management, and accuracy of recording in appointment books). The year end payment consisting of 30% of the funding available will be split as per NHS England guidance at 10% per section. PCNs submitted their information in April 2024 and this will be subject to assessment and review during May and June 2024 with final payments to PCNs to be made by August 2024.

5. ICB Actions

1. Empower patients by rolling out tools they can use to manage their own health, and invest up to £645 million over two years to expand services offered by community

Through development of the Integrated Care Partnership (ICP) Strategy, 5 'Ps' have been agreed as operating principles and commitments by Partners. Personal responsibility supports the empowerment of people.



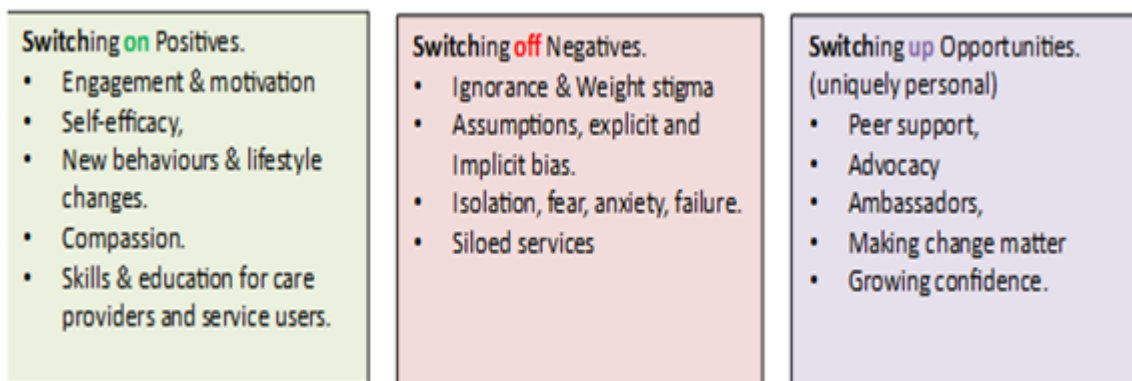
Figure 8: The 5 P's

Self-Referral Pathways

Progress has been made for several self-referral pathways to help empower people and encourage them to take control of their own health. A readiness assessment has been completed for NHSE and provides further details around these pathways. In summary:

- **Community Musculoskeletal and Podiatry's** referral service aim is to help patients to improve and manage problems that affect their muscles, joints and soft tissues without the need of a Primary Care Referral. Patients that live in the East of the Staffordshire are already able to self-referral themselves for MSK conditions and over 60% of patients that attend this service have self-referred. It was hoped that during quarter 4 of 2023-24, the provider would have rolled out this model across the rest of SSOT however it has been recognised that this is not thought to be the most efficient model of delivery. The service provider is exploring and piloting different models of self-referral in other localities to assess delivery during quarter 1 and 2 of 2024-25 to inform the future service model.
- **Audiology for older people including hearing aid provision.** Self-referral for patients with hearing loss was successfully launched in September 2023, ahead of the target date of December 2023. People who require NHS funded hearing assessments and hearing aids can now refer themselves to NHS community audiology (hearing) services without the need for a Primary Care Referral.
- **Weight Management Service.** The development of weight management services across the ICS went through its planning phase in 2023. The desired outcome is to implement comprehensive, integrated weight management services that allows various pathways and evidenced-based options as appropriate for individual service users. The ICS new weight management service model is named SWITCH (Staffordshire & Stoke-on-Trent's Weight-related Interventions Tailored in Care for Health) and is being rolled out during 2024. SWITCH adopts a biopsychosocial approach where pathways are tailored to individuals' needs. Individuals' pathways may include psychology, wellbeing, social connections, dietetics, physical activity, weight-loss pharmacotherapy and bariatric surgery. SWITCH was launched in April 2024 as a 12-month pilot. SWITCH is a specialised service offering to support people with managing the many contributing factors that can make reaching lifestyle and/ or weight goals difficult. It is designed to listen to participant's strengths,

goals, concerns and challenges to achieving personalised lifestyle goals along with how they would like to achieve them. The support from the SWITCH multidisciplinary team then aims to offer appropriate assistance in reaching these personalised goals.



- **Wheelchair Services.** Work has been underway to ensure that as part of the new service, which commenced in April 2023, people can re-refer themselves, having been accepted, into the service. The current provider is to develop a self-referral pathway. National guidance is being sought due to referrals requiring clinical assessment. The providers website identifies how people can be referred.
- **Community Equipment Services.** The current model does not include a self-referral route; however, the service is currently under review, and this formed part of the options appraisal during 2023/24. Work is ongoing with system partners to plan for the future of the service and work is progressing to determine timescales.
- **Falls services.** Self-referral pathways are in place in certain parts of the ICB footprint. Self-referral currently in place within South Staffordshire Falls Team through telephone only. Work currently underway with the Northern Staffordshire Falls Team to replicate the model. This is anticipated to be in place by January 2024.
- **Reactive Falls Pathway** - Self referrals into the Falls Service is available in North through Stoke Local Authority. This is a Telecare offer and is only in Stoke-on-Trent due to being an internal service offer. This is being reviewed.

The ICB will continue to enhance and promote self-referral pathways, ensuring healthcare staff and patients can readily understand the availability of self-referral locally. This will support the national aim of increasing use of these pathways during 2024-25.

Digital Empowerment

Enable people in over 90% of practices to see their records by 1st November 2023 and practice messages, book appointments and order repeat prescriptions using the NHS App

95% of practices in SSOT are now offering Full Prospective Access (FPA). Engagement with practices around promoting the use of the NHS app for record access will continue to take place and work to date has supported the achievement of the national target of 75% by 31st March 2024.

To make it easier to join a new practice, NHS England has simplified the forms and created an easy-to-use online registration service that is also available on the NHS App. The ICB will work with practices and PCNs to encourage publicity of the NHS App.

Online Access

The ICB has been working closely with NHSE and the National Commercial and Procurement hub to ensure high-quality online consultation, messaging and booking tools are available to general practice across SSOT. The launch of the Digital Pathways framework has been delayed and a revised launch date is not expected until later in 2024-25. and the ICB are keeping in close contact with the National Commercial and Procurement hub and NHS England.

The ICB will commission a new suite of solutions via the Digital Pathways Framework. This will be undertaken with input from Clinical Leads and a Clinical Safety specialist along with consideration to feedback from PCN and Practice engagement to capture people's whole journey through primary care services.

In the interim, the ICB has worked with the National Commercial and Procurement hub to ensure all practices across SSOT have access to online consultation, messaging and booking tools to aid the delivery of the PCN Access Recovery plans by the end of March 2024. NHSE have set up a data set to monitor Submissions via Online Consultation Systems in General Practice. This currently contains data from April to September 2023. The next publication will allow the ICB to demonstrate progress made by practices around volumes of online consultations. The ICB are working closely with NHS England to understand when this next data set will be published. The ICB are also working closing with solution suppliers and Redmoor Health to ensure practices are supported to utilise these tools effectively.

All practices across SSOT currently have access to solutions which enable the booking of routine appointments. The ICB facilitated a Primary Care Digital Workshop webinar to ensure practices and PCNs are aware of the solutions available and how best to embed these into their practice workflows.

Facing escalating patient volumes and overwhelmed telephone lines, the practice adopted a digital software solution to revolutionise patient engagement. This platform enabled patients to initiate online consultations for various non urgent requests, effectively reducing the strain on phones lines and administrative staff

- A significant reduction (35%) in total call volume.
- Enhanced efficiency, with reception staff processing double the number of consultations compared to the traditional model of managing requests via phone calls.
- Improved patient satisfaction, with over 90% of patients rating the service as excellent and showing a preference for online consultations.
- Integration of additional functionalities such as online prescription requests and self-booking appointments, further enhancing convenience for patients and streamlining administrative workflows.
- Majority of patients have taken up this mode of interaction which in turn frees up the phone lines for those patients that prefer a traditional way of contacting the practice.

The use of the NHS App is being promoted to our GP practices and the people of SSoT and is also included in the work of the Digital Inclusion Pilot being undertaken by a number of our PCNs. Currently 72 GP practices are signed up to enable GP Online Registration via the App and the ICB is focused on working with GP practices to increase this number.

The ICB will be looking to share best practice from peer PCNs and practices who are already successfully integrating these solutions and support will be made available from the solution providers to encourage the adoption and mobilisation of booking functionality where not currently enabled.

The ICB will also continue to engage with practices to understand which tools will be required to support the shift to the Modern General Practice Access model.

The ICB will engage with PCNs via its established Digital and Transformation Lead meetings to understand any areas of opportunity which can be supported by the tools available via the Digital Pathways framework.

A key focus of the digital work in 2024-25 will be supporting GP practices, PCNs and patients to use the online repeat prescription function and to enable patient access to their digital health record and the NHS App.

Challenges to delivering Digital Empowerment

Whilst digital tools have demonstrated potential in improving experience for both people and GP practices, there are challenges to delivering digital empowerment:

- Practices managing fluctuating demand across the day and ensuring a timely response to patient enquires.
- Adapting to evolving patient preferences and technological advancements in digital healthcare platforms.
- Maintaining a balance between digital and traditional modes of communication to cater for differing patient needs and preferences. These include accessibility challenges for patients unfamiliar with digital tools or those with limited internet access.
- Clinical triage: The variability in the quality and quantity of information provided by patients poses challenges for clinical triage. Balancing the need for thorough assessment with efficient resource utilisation remains a key consideration.
- Clinician Fatigue: The continuous nature of clinical triage via e-Consult can lead to clinician fatigue.

The move to maximise the potential of digital tools highlights the need for robust reporting functions within the digital tools to support trend analysis and inform decision making. This will support GP practices to allocate resource based on demand patterns experienced. Training for staff and digital inclusion for patients is key in the use of digital tools and the ICB will continue to support practices their work towards this. GP practices will be encouraged to focus on clinical triage protocols and criteria to enhance efficiency and accuracy of clinical assessments as well as prioritising clinician well-being through workload management strategies and support mechanisms.

Pharmacy

Launch Pharmacy First so that by end of 2023 community pharmacies can supply prescription only medicines for seven common conditions.

This service will enable SSOT pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) without the need to visit a GP. The Common Conditions service launched locally as an extension of the Community Pharmacist Consultation Service on 31st January 2024 and the service is available in 229 pharmacies across SSOT.

This significantly expands the current Community Pharmacist Consultation Service (CPCS) and Extended Care Enhanced Service and the ICB will continue to work collaboratively with pharmacy colleagues including the Local Pharmaceutical Committee and general practices to promote utilisation of these services to improve access for people. Currently Staffordshire and Stoke-on-Trent ICB is consistently one of the top referring systems in the Midlands region to the local CPCS. In a twelve month period (January 2023-January 2024), 28,000 referrals were made to the service for our people by GP practices. Stoke-on-Trent Overview and Scrutiny Committee is also supportive of the Pharmacy First service and in its deep dive report into Primary Care Access, recommended the continuation of work to promote and encourage use of the service.

The Independent Pharmacist Prescribing Pilot Pathfinder Project provides increased scope for this to provide an **extra 2,400 extra appointments** across our pathfinder sites by March 31st,

2024, because of the EOI proposed by our Community Pharmacy Clinical Leads to NHS England which resulted in SSOT being awarded the highest number of sites across the Midlands Region.

Expand Pharmacy Oral Contraception (OC) and Blood Pressure (BP) Services

There are now **153 pharmacies** offering oral contraception services across SSOT, with more achieving accreditation each month. Although service uptake has been slow across the region, the aim is to achieve 500 referrals each month by April 2024.

Viraj Parmar at Blythe Bridge Pharmacy in Stoke-on-Trent said;

"Since April, we have seen more than 75 women for oral contraception consultations. They are all really pleased to be able to pop into a local place at a time that suits them. I am thrilled to be doing more and seeing more people directly. I am sure it is a trend that will continue."

There are 224 community pharmacies currently delivering 4,800 BP checks each month, the aim is to deliver 6,000 by the end of the 2023/24 financial year. The ICB are building on their success by supporting contractors who have lower numbers to support their output.

Four new pathfinder sites will start BP medication prescribing to support treatment-to-target objectives and improve access to GP by moving over these cohort of people to Community pharmacy. One of our Community Pharmacies in Stone, Staffordshire received 200 APBM referrals testifying to the reduced waiting times for ABPMs vis-à-vis Secondary care longer waiting times.

Closer working relationship between GP practices and pharmacies will be key in realising the benefits of the plan for people and practices.

An oversight group has been established to support collaborative working between ICB, Local Pharmaceutical Committee, GP Practices and pharmacies.

A scheme of engagement has been launched and information on Pharmacy First as been presented at three GP engagement sessions and a webinar was attended by 80+ practice staff.

Every PCN has been offered a separate training/information session with eight delivered to date. Individual GP practices have also been offered bespoke one-to-one sessions. GP practices are being encouraged to engage with pharmacy colleagues as part of the PCN and emerging integrated neighbourhood team working arrangements.

The use of the Local Services Tool within EMIS is encouraged and the use of the Directory of Service, Service Finder to increase referral rates from GP practices is being promoted.

The national toolkit for the service has been shared to promote awareness and the GP 365 Intranet Dashboard page has been redesigned to provide a resource for GP practices on the Pharmacy First services as well as blood pressure and oral contraception services. Resources include a GP Toolkit and Care navigator support kit.

Community Pharmacy Clinical Leads will be engaging with the Local Authority Public Health Colleagues during 2024-25 to promote the services and improve access for the population.

The ICB will continue to encourage GP practices to refer people where clinically appropriate to pharmacy services and will support our people to access pharmacy service to support growth of patient volumes across the pharmacy service by March 2025.

2. Implement 'Modern General Practice Access' so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message.

PCNs have committed to providing Modern General Practice Access by transitioning from analogue to digital telephony, accessing support and training for care navigation, digital transformation and capacity backfill.

Currently 93 GP practices have confirmed their intentions to apply for funding to support implementation of a Modern General Practice Access model (39 for the North, 33 South West, 21 South East) and 21 applications have been received to commence implementation, practices are confirming their intentions via a memorandum of understanding process. The ICB will continue to engage with GP practices and PCNs to increase the number of practices committing to implementation during 2023/24 and 2024/25 to support contractual requirements for Modern General Practice Access.

The ICB will work with GP practices to support the identification and implementation of their models throughout 2024/25 and will be encouraging practices to participate in the General Practice Improvement Programme to facilitate identification and implementation of their models.

Care Navigation

Care Navigation commenced in SSOT in September 2017 as part of the General Practice Five Year Forward View (GPFV) programme across GP Practices.

Non-clinical staff undertake Care Navigation to effectively signpost patients who contact a GP Practice to the most appropriate staff member to meet their health needs.

It is essential for Care Navigators to understand roles within practice and local services in order to signpost effectively and safely, including the additional roles that are available to Primary Care Networks (PCNs).

Care Navigation supports the aim of making it easier for people to contact a GP practice to ensure everyone who needs an appointment with their GP Practice gets timely assessment and an appointment according to clinical need.

A new National Care Navigation Training programme has commenced and to date, 89 General Practice staff across SSOT have received training through the programme. The ICB has invested in an additional training programme to develop Care Navigators to support people and 255 general practice and PCN staff have been trained across SSOT via this route. Information on Pharmacy First has recently been added to the Care Navigation training to support implementation and utilisation of pharmacy services for our people.

Care Navigation training and implementation helps to:

- Improve the knowledge of people and GP practice staff around the different consultation methods available.
- Raise awareness of the different professionals now working in general practice and additional skills they bring to patient care.
- Increase the utilisation and satisfaction of using different professionals in general practice.
- support people and GP practice staff understand future changes around integrated care partnerships and how this benefits their care

The ICB continues to encourage general practice and PCN staff to access national and local training opportunities so they can continue to provide a Care Navigation offer for people.

Digital Inclusion Pilot

The ICB has developed a digital inclusion pilot to support development of skills, confidence and motivation by upskilling people on the basic NHS online tools, such as the NHS App, that will give people the opportunity for greater control of their own healthcare. Stoke-on-Trent Overview and Scrutiny Committee highlighted the importance of digital inclusion in its recent deep dive report into Primary Care Access. The pilot is a collaboration between GP practices and PCNs and local authorities.

The pilot initially encompassed six PCNs and has been expanded during 2023/24 to include a further nine PCNs. The pilot aims to:

- Increase patient and public engagement on digital services
- Improve accessibility for people that either struggle to access digital services or have little confidence in using features such as NHS App or online consultation
- Provide a convenient and better experience for people
- Create 'Digital Champions' across PCNs to support digital literacy
- Improve capacity in general practice by reducing the need for people to contact practices where they are willing to use self-service digital means, e.g. for repeat prescriptions or access to medical records
- Where appropriate, introduce people to quality apps to benefit their health condition
- Promote greater use of nhs.uk, NHS app, GP online services and 111 online symptom checker
- Reduce digital exclusion

Currently five of six PCNs have completed phase 1 of the pilot with one continuing towards completion and the nine PCNs within phase 2 of the pilot are progressing towards delivery.

Digital Inclusion - What did we do?

PCN member practices identified an NHS APP Ambassador and organised a community event to encourage patients to sign up to the NHS App, as well as increase usage by those who already had a log in.

Patients were supported with downloading / accessing the app and helping them to resolve real time issues they were having with the app in person on the day.

There were more than 600 scans of the NHS App QR code on the day

There is ongoing promotion of the NHS APP through GP practice competition for best display of NHS APP promotion and pull up banners in practices.

Behaviour Science Project

The Behaviour Science project aims to utilise the combined application of Demand Management, Behavioural Science and Operational Excellence disciplines to balance demand and improve engagement, demand and flow of services across the system.

The project supports:

- An understanding of the current demand patterns that people across Staffordshire create when engaging with Primary and Urgent Care services including GP practices, GP Out of Hours (OOH) services, NHS 111 and the Ambulance service.
- The use of behavioural science to illicit how and why people select their chosen access point for the services they believe they require and how this can inform the engagement and transformation strategies required to optimise best use of these services across the system.
- Use population analytics and key performance data to drive operational excellence to meet the integrated delivery requirements needed to optimise access across these services and the system.

Build a staff toolkit to support local people to identify and select the most appropriate service to meet their needs by improving their knowledge, confidence and decision-making. Emerging schemes from the project include:

- Optimising the role of prescribing link workers
- Enhancing patient access to GP appointments
- Addressing DNAs in GP practice
- Improving health outcomes for patients with type 2 diabetes and learning disabilities
- Patient Participation Group Development

The Behavioural science work has also resulted in the development of a Cancer DES toolkit to support delivery of the related requirements within the PCN DES and an access toolkit has also been developed which is currently being tested within pilot GP practices.

Behavioural Science - What did we do?

Behavioural science techniques utilized in GP practice communications have supported a reduction in DNAs from 4% to 2% (equivalent to 100 appointments per month)

Use of social media posters, TV calling screen, reception display.

Commitment: encouraging patients who book appointments in person to write the appointment down or, on the phone, to repeat the appointment back to the receptionist

Framing Effects: use of positive framing to highlight the percentage of patients who attended appointments using the new posters

Social Norms: Deployment of a new text reminder message including reference to the percentage of patients attending and encouraging people to cancel unwanted appointments

Practice reminder messages now implemented with built in nudges to remind patients of upcoming appointments , these are sent 7/3/1 day before an appointment

Move to Digital Telephony

SSOT had a total of 7 GP practices that were identified as having an analogue based telephony system and were added to a priority list. All 7 sites have been supported by the ICB Digital team and NHS National Commercial and Procurement Hub to sign a new contract with a fully approved cloud-based telephony system from the Better Purchasing Framework. These practices are due to 'go live' with their new cloud-based telephony systems by 31st March 2024.

In phase 2 of the project, a further 60 GP practices were identified as not using a cloud-based telephony system or did not meet all the criteria of the functionality required to be fully cloud based. These practices were successfully nominated by the ICB Primary Care Digital Function to receive funding to procure a new fully approved cloud-based telephony system from the Better Purchasing Framework. Due to supplier demand and concerns that the continued drive for a phase 2 live service could impact the PCARP key deliverable of all phase 1 analogue practice being moved to digital telephony by the target date, a decision was made nationally on 13th February 2024 to extend the 'go live' date for phase 2 GP practices to the end of quarter 1 2024-25. The ICB Primary Care Digital Function will continue to engage with and support GP practices to have their new telephony systems fully operational by 30th June 2024.

3. Build capacity so practices can offer more appointments from more staff than ever before.

Workforce

SSOT ICB has a Primary Care Workforce Implementation Group (WIG) to provide the strategic direction and oversight for the workforce programme that has the overall aim of increasing capacity within general practice. The WIG is currently developing a workforce delivery plan that will align with the national workforce long term plan.

Reporting to the WIG is an Additional Roles Reimbursement Scheme (ARRS) task and finish group which is driving forward various supportive initiatives to ensure that 100% of the ARRS funding is utilised by the PCNs during 2023/24. For example, sharing good practice on ARRS recruitment and retention, and providing timely PCN level ARRS finance information.

The ICB closely monitors expenditure and workforce plans to ascertain unclaimed funding that can be redistributed to other PCNs. The ICB is looking to pilot schemes to support PCNs with the supervision of the ARRS roles to aid retention and release capacity. The ICB works closely with the Staffordshire Training Hub (STH) team including the ARRS facilitator who with the ARRS Ambassadors support the PCNs and the individual ARRS workforce with their development and initiatives to aid recruitment and retention.

The ICB and the STH ARRS Facilitator have undertaken projects to raise the awareness of the ARRS roles and what they can deliver for the PCNs. The STH have launched various programmes of support including an offer for funded supervision support to First Contact Practitioners (FCPs) to complete Stage 1 and 2 of the Roadmap Supervisor Verification (RMSV) Roadmap.

The ICB has worked very closely with the two system mental health providers to ensure that PCNs adopted the Mental Health Practitioner (MHP) ARRS roles over the last three years. All roles are integrated with the secondary care mental health services to ensure that there is a smooth transition between secondary and primary care. The roles are integrated within the PCN workforce to ensure that people have access to multi-disciplinary team within primary care to best meet their needs.

Mental Health Practitioners (MHP) – how the role was successfully implemented

Communication has been key in the current success of the MHP roles. Clinic timetables were drafted to support MHPs into post showing how these roles need to operate differently to other ARRS funded roles, MHPs not being purely about additional appointments. Standardised recording of activity was set up which enables data reports to be shared with PCNs. In addition to sharing the data related to activity, patient feedback from the patient satisfaction survey is shared, which supports the longer length of appointments and the value of having more time to talk to someone in their GP practice.

Joint working relationships with other ARRS roles has also been part of the MHP success, e.g. forming PCN mental health and wellbeing multi-disciplinary team (MDT) where case discussion and supervision can take place. MHPs being managed centrally by mental health providers has limited the isolation that ARRS roles can suffer.

The providers continually review the partnership arrangements with the PCNs and how the service is developing based on stakeholder feedback. Feedback has resulted in the roles bridging the gaps and providing a better interface between primary and secondary care, having access to specialist mental health support. The results show that the roles are fully embedded in the PCN, are working closely with other ARRS roles to provide a MDT approach resulting in improved outcomes for patients. The feedback also recognised the impact the roles have had on reducing demand on GPs, quicker access to mental health support, more confidence in dealing with mental health problems and more joined up working.

The ICB work closely with the ICS People Hub and system partners to ensure that we can build the sustainability and growth of the ARRS roles across the system.

The ICB are seeing an increase in the recruitment of the new roles and currently all PCNs have a named Digital and Transformation Lead.

Working in partnership to support retention

The STH host two GP Clinical Workforce Champions and the ICS People Hub host a full-time Retention Partner to support with retention schemes and projects across all roles within primary care. System Development Funding (SDF) has been deployed for local GP retention initiatives within primary care.

Numbers on the GP Fellowship scheme have increased during 2023-24 through intense engagement at GP trainee meetings, practice leads and regional practice managers meetings. The STH created a short animated video to succinctly promote the GP Fellowship Scheme which is available to view at [GP Fellowship Animation Video - YouTube](#). Currently 30 GPs are enrolled on the scheme including 11 new GPs who joined the scheme in the January 2024 Cohort. All GP fellows receive monthly facilitated Peer Group supervision sessions to allow them to network, build relationships and support each other and CPD events are organised to allow them to continue to develop, upskill and update. The Coaching and Mentoring team funded via the NHSE Supporting Mentors Scheme is now well established and had excellent feedback in latest fellows bi-annual survey.

In September 2023, the STH launched the General Practice Nurses (GPN) Foundation School, which has significantly increased numbers in the GPN fellowship scheme. All newly recruited GPN Fellows also have the option to take part in the weekly teaching sessions to receive interactive education including cluster sessions with GP Trainees. This GPN scheme offers a substantial level of support, learning and flexibility. GPNs benefit from a ready-made network built around them to support their confidence and reduce the sense of isolation. The scheme builds on current good practice by bringing together a range of existing schemes into one standard offer. GPN Fellows also have the opportunity to undertake a leadership programme, QI projects, clinical supervision and additional CPD.

The STH team have created a short animated video to succinctly promote the GP Fellowship Scheme to local nurses, which is available to view at [GPN Fellowship Animation Video - YouTube](#)

Further expand GP specialty training to make it easier for newly trained GPs who require a visa to remain in England

GP Practices are encouraged to take advantage of a valuable resource to retain GP Trainees outside the UK or to recruit a GP who are not settled workers. The STH launched a bursary for GP Practices to become an official Skilled Worker Visa sponsoring Practice via the Home Office. To date, the SDF have supported 15 x Practices in SSOT to become a sponsoring practice.

The STH have the Indefinite Leave to Remain (ILR) Scheme to support overseas doctors who have accepted permanent GP posts in SSOT with ILR costs of up to £2,400. As part of this scheme there is a commitment from the GP to work in SSOT for at least two years after the approval of the costs. To date, the SDF have supported 10 x GPs in SSOT to become a sponsoring practice.

The STH have a GP Facilitator to lead on the NHSE General Practice Fellowship Scheme. To date, 13x GPs have completed and graduated the two-year programme, and currently there are 15x GPs in the first year and 9x GPs in the second year with a further 6x GPs due to start in January 2024.

The Coach and Mentor team are now well established to support the GP Fellows and feedback for both the scheme and Coach/Mentors has been excellent.

The STH has engaged with all their GPVTS groups in SSOT and encouraged ST3s to join the STH mailing list, so they are aware of the level of support available. In addition to these meetings, the STH has created a short, animated video which has been uploaded to the STH website and which the GP Facilitator will show at engagement meetings with Practices and GPs. This video can be viewed at:

https://youtu.be/QKHbW21agjk?si=uMoJoA_g6wsIDE9e

Encourage experienced GPs to remain in practice through the Pension Reforms announced in the Budget and create simpler routes back to practice for the recently retired

The ICB will actively promote and deliver any new Government policies to encourage experienced GPs to remain in practice. Once pension reforms have been agreed nationally, the ICB plan to run a webinar to highlight the changes and what this means for our local GPs.

4. Cut bureaucracy to give practice teams more time to focus on their patients' clinical needs.

Primary – Secondary Care Interface

The ICB has developed a single Primary Care and Secondary Care Consensus Agreement that has been signed up to by all organisations across Staffordshire and Stoke-on-Trent. The Consensus Agreement aims to facilitate effective working between primary and secondary care organisations and details responsibilities to support this.

An established Primary and Secondary Care Interface Group is running in North Staffordshire and Stoke, led by University Hospitals of North Midlands (UHNM) to include Primary Care, Nursing and LMC colleagues. The aim of the group is to oversee the delivery of improved working across the primary-secondary care interface to improve productivity, efficiency, resilience, patient and clinician experience including all partners.

A similar group in South East Staffordshire has recently been established however further work is required to embed this successfully and a South West facing group to engage with out of area acute providers is being discussed with a view to be taken on whether to work with cross border ICBs to attend a single group with an acute provider rather than attempt to hold multiple groups

These groups will support the delivery of improved working across the primary-secondary care interface to improve the productivity, efficiency, resilience, patient and clinician experience. All collaborative work will aim to reduce inequities in care provision and any unwarranted variation in outcomes for our people.

The National Delivery plan for Recovering Access to primary Care makes reference to four key areas within the Primary-Secondary Care interface work and the current position at our local Trust is:

Onward Referrals

Consistency in implementing onward referrals across the trust varies, with acknowledgment of the ability but inconsistent practice. Overall, there is recognition that while a framework exists, actual implementation and consistency may not always meet the standards. Suggestions for improvement include better communication, standardised pathways, and increased clinician awareness. Challenges include referrals not aligning with specialties seen and a lack of standardisation due to lack of fail-safe system to help navigate across multiple pathways. Improved communication between specialties and primary care is needed to ensure appropriate referrals.

Complete Care (Fit Notes and Discharge Letters)

Fit notes:

Handwritten fit notes are issued for both outpatients and inpatients. Digital implementation was expected by November 2023 but has faced delays. Challenges include delays with digital

implementation and the need for awareness among healthcare professionals regarding appropriate timeframes for sick leave.

Discharge letters:

There is a clear "GP Actions" section on the front page of discharge letters, and the GP actions are also listed under a separate heading on outpatient letters. Additionally, descriptions of medications that require reconciliation with rationale for any changes are included.

Suggestions for improvement include involving primary care networks (PCNs) to lead and support the development of clear standards and pathways with a patient experience focus, and more collaboration between hospital and primary care systems to enable patients to book appointments for required blood tests nearer to home to improve patient experience.

There is a dedicated messaging ability within the Consultant Connect to connect Outpatient service and GP liaison for GP queries. There is no overall named lead for resolving issues and improving the interface with primary care. However, we have a collaborative forum with clinical lead and admin support. It was agreed to channel escalations through this resource.

Clear points of contact

There is a dedicated messaging ability within the Consultant Connect to connect Outpatient service and GP liaison for GP queries, indicating early compliance. There is no overall named lead for resolving issues and improving the interface with primary care. However, we have a collaborative forum with clinical lead and admin support. It was agreed to channel escalations through this resource.

There is a need to raise awareness and socialise the existing points of contact within primary care to ensure that they are utilised effectively. This may involve communication and training sessions for primary care colleagues to familiarise them with the available resources and encourage their use in facilitating communication with secondary care.

The ICB will continue to work with system partners on embedding the primary-secondary care interface work and this will be a key focus for 2024-25 as part of NHS England's deliverables.

The ICB will continue to work with system and cross border partners to improve the primary-secondary interface and this will be a key focus in 2024-25, reflecting the National Delivery Plan for Recovering Access to Primary Care Year 2 actions.

The ICB will work with local authorities and other partners including national agencies to support the adoption of the Bureaucracy Busting Concordat, reducing the administrative burden for GP practices.

IT System Connectivity – Improve the Digital Infrastructure between General Practice and Community Pharmacy

SSOT is currently on track to deliver vastly improved interconnectivity between Community Pharmacy and GPs systems. These will streamline referrals, provide additional access to relevant clinical information from the GP record, and share structured updates quickly and efficiently following a pharmacy consultation back into the GP patient record.

There are three major projects:

- **Local Services Module:** commissioned by primary care, EMIS system enables a one-click referral directly for referral of BP checks, oral contraception consultation and minor ailments directly from GP systems to the patient's community pharmacy of choice. **This is now live** and are already seeing a return on investment with more referrals and improved data visibility at system level.
- **Interconnectivity with GP Clinical Systems:** via the Independent Pharmacist Prescribing Pilot Pathfinder Project which is going live on November 2023. This gives the pilot community pharmacies direct access to GP systems for prescribing-**SSOT has the highest number of pathfinder sites in the NHS England Midlands region**. There are five models; three of which fulfil specific commissioning needs including the Anticoagulation Prescribing Service in Burton on Trent, CPCS+ service in Tamworth for deprived areas and the vulnerable asylum seeker population, Stoke CPCS+ site to reduce pressure on our OOH provider.
- **OneHealthandCare:** 240 community pharmacies in SSOT are the only pharmacy cohort in the Midlands in active onboarding consultations to be linked to OneHealthandCare joint care records being negotiated by the SSOT Community Pharmacy Clinical Leads working through the requirements analysis and governance frameworks so the pharmacy can have a full 360-degree view of the people care from secondary care, primary care, mental health, care homes, community services, GP and Dietetics.

Antimicrobial Resistance (AMR)

The ICB is undertaking a review and re-alignment of local AMR leadership, governance and clinical pathways, diagnostic pathways across the ICS, local priorities around antimicrobial stewardship and IPC to reflect the ICS population needs. A further review of Antimicrobial Prescribing and Medicines Optimisation (APMO) working group with clinical leadership from General Practice and Pharmacy is being developed.

Intelligence from NHS model health system AMR dashboard, local data and engagement with stakeholders is being utilised to review progress against local priorities for APMO and develop new plans for the ICS, with projects undertaken to address a key priority of optimising antimicrobial prescribing in General Practice. Supporting national AMR strategy and local priorities, utilising Service Level Agreements with General Practices to enable audit reviewing local practice in APMO in General Practice and promote adoption of TARGET toolkit approach. The APMO Working Group will continue to drive quality improvement in antimicrobial prescribing in General Practice through strategy, local interventions and guidance reflecting evidence based best practice.

General Practice Improvement Programme (GPIP)

Uptake of the General Practice Improvement Programme in SSOT:

Offer Type (Phases A, B & C, D, E)	Spaces Utilised	SSoT Proportionate Allocation
Practice Intensive (no longer in place nationally)	1	N/A
Practice Intermediate	14	26

Local Improvement (launched Oct 2023 and under revision to reflect more local requirements)	0	20
PCN GPIIP Support Level Framework	3	N/A

Within the Midlands region, SSOT currently has a lower proportion of practices signing up to the intermediate support offer than its proportionate allocation. Three PCNs are signed up to the PCN wide support offer.

All GP practices are being offered a facilitated assessment as part of the GPIIP Support Level Framework to help them to identify which level of support would benefit them, and the people registered with their practice, the most (intermediate, universal).

A barrier to participation in the General Practice Improvement Programme is that there is no additional funding being applied to GPIIP (outside the 70% IIF for CAIP) and it is not a contractual requirement for GP practices to participate. Staffordshire and Stoke-on-Trent saw 43% of their GP practices participate in the national Accelerate Programme which ran prior to GPIIP which has impacted on uptake for GPIIP.

The link between the transition to Modern General Practice Access and the GPIIP SLF is being highlighted to practices to promote uptake. Practices converting from analogue telephone systems to cloud-based telephony systems are also being encouraged to participate to support them to explore and secure the benefits of moving to cloud-based telephony.

A requirement of PCARP is for the development of a local intermediate support offer and the local offer is being revised to move away from the national 13 week programme to reflect the local need of practices identified through facilitated assessments and feedback. The local intermediate support offer will be led and in part delivered by our GP Support Team with additional support from the wider team subject matter experts and external partners. This offer will enable an additional 20 GP practices access to the General Practice Improvement Programme, however we will be opening the local offer up to a larger number of practices to support the delivery of their PCN Improvement Plans and the transition to Modern General Practice Access Models. The local GPIIP Support Level Framework offer will be available into 2024-2025.

Examples of the domains within the local offer and the proposed intervention support is shown in Appendix 6.

The ICB will take on further responsibility for GPIIP during 2024-25 as the national offer is being phased out and it is expected that from 2025-26, ICBs will be responsible for local delivery of the GPIIP programme.

Health and Wellbeing to support GP and primary care staff retention.

The strong links to health and wellbeing and work / life balance in staff retention is a crucial aspect of the work with particular emphasis on supporting the Quality Improvement Module on health and wellbeing of the Quality Outcomes Framework and the introduction of the General Practice Staff Survey as an early adopter and the planned introduction of a standardised and impartial exit questionnaire and interview process.

The ICB has put in place the Vivup app, a health and wellbeing tool which is available to all general practice staff across Staffordshire and Stoke-on-Trent.

Four priority areas have been identified by a project steering group which has representation from the ICB. Identified priority areas each have a working group to bring together activity from the wider system and collaborate. There is named representation on each group from each sector / organisation.

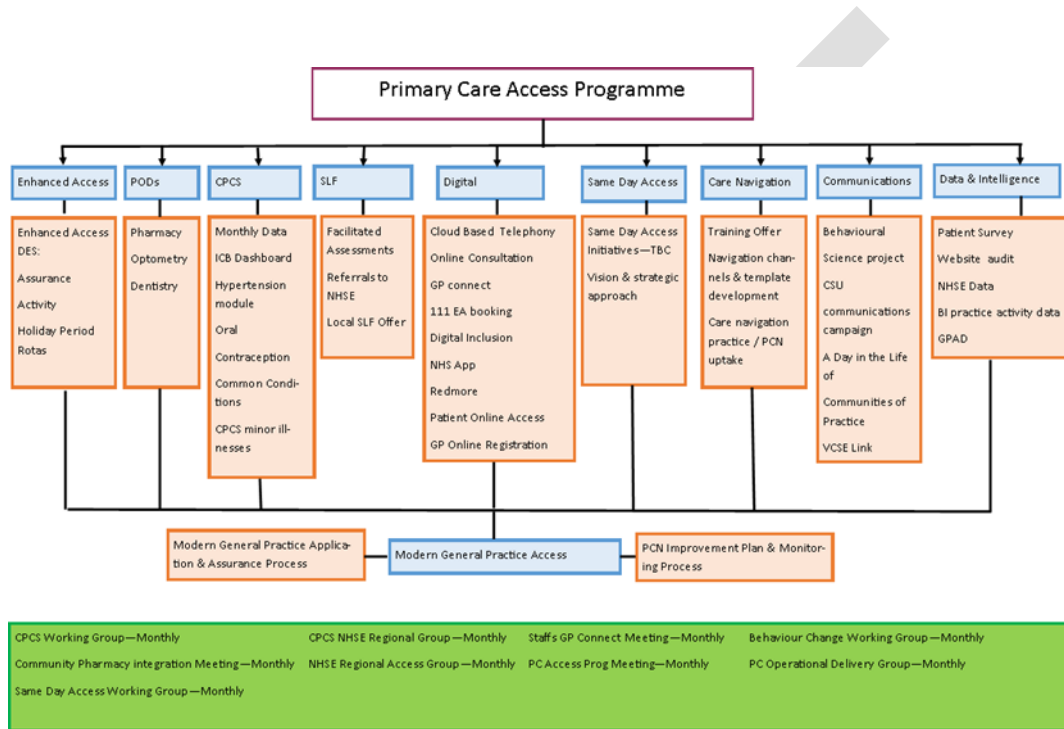
- Flexible working and flexible retirement – case studies of good practice, rostering
- Exit data – data improvement, consistent approach across the system, stay conversations, increase engagement, staying in touch
- Onboarding and new starter support – for example preceptorship, legacy mentors, welcome / the first 90 days
- Career development and progression – line manager support, access to training, itchy feet conversations

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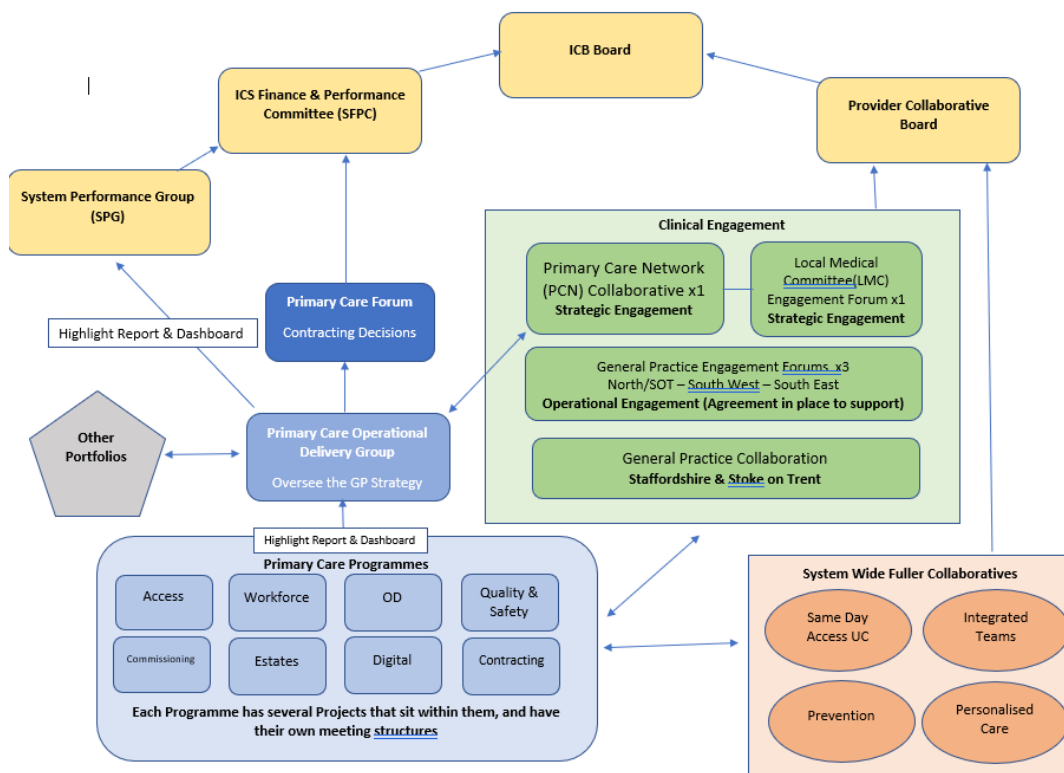
6. Delivery Trajectories & Governance

Governance

The Primary Care Access Programme has established a programme architecture and board meeting to ensure the key deliverables of the PCARP are being monitored and tracked month by month. This architecture can be seen below:



The access programme then reports into the Primary Care Operational Delivery Group (PCODG) which has links to the clinical engagement forums and the Primary Care Forum (PCF) which feeds into the ICB Board - System Finance and Performance Committee. These meetings take place on a monthly basis. Governance chart can be seen below:



Metrics and Trajectories

General Practice Appointments Data (GPAD)

The ICB works with practices and PCNs to record their appointments on General Practice Appointments Data (GPAD). We have a dedicated primary care analyst who downloads data on a monthly basis so the ICB can understand and see where there may be gaps and where practices may need further support.

PCNs and practices will accurately record all appointments and comply with GPAD guidance. Practices will review and ensure full utilisation of digital tools including telephony with call-back functionality and queuing enabled, online consultation and messaging tools.

Operating Plan 24/25 – Reviewed by month and Year to date verses activity plan.

- Appointments in General Practice (Reported in Primary Care Portfolio Dashboard)
- Percentage seen within 14 days of booking an appointment for the 8 national categories

Metrics reported monthly via the Primary Care Portfolio Dashboard

Access
Appointments in General Practice (verses plan)
Appointments in General Practice DNA Rate %
Appointments in General Practice F2F %
Appointments in General Practice Telephone %
Appointments in General Practice % Same Day
Appointments in General Practice % within 2 weeks* (8 National Categories)
Total number of social prescribing referrals in year into social prescribing link workers (cumulative)

Pharmacy First – Referrals to service from general practice
Pharmacy First – Number of Practices that have made a referral to service

Digital
% people enabled to book/cancel appts online
% people enabled to order repeat prescriptions online
% people enabled to view detailed coded records online
NHS App registrations (number)
NHS APP percentage registered
NHS 111 Provider Searching only - Booked Appointments
NHS 111 Provider Searching only - Search for Slots
NHS 111 Provider Searching only - % Slots vs Bookings
All Provider Searching - Booked Appointments
All Provider Searching - Search for Slots
All Provider Searching - % Slots vs Bookings
Number of practices with no successful booking (last 4 weeks from month end)

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Quality	
CQC Ratings	Overall CQC rating - General Practice - Outstanding
	Overall CQC rating - General Practice - Good
	Overall CQC rating - General Practice - Requires Improvement
	Overall CQC rating - General Practice - Inadequate
	Overall CQC rating - General Practice - No Data Available for reporting period
Annual Patient Survey	Generally, how easy is it to get through to someone at your GP practice on the phone? (% Easy)
	How helpful do you find the receptionists at your GP practice? (% Helpful)
	Were you satisfied with the type of appointment (or appointments) you were offered? (% Satisfied)
	Overall, how would you describe your experience of making an appointment? (% Good)
	Last time you had a general practice appointment, how good was the healthcare professional at each of the following?: Giving you enough time (% Good)
	Last time you had a general practice appointment, how good was the healthcare professional at each of the following?: Listening to you (% Good)
	Last time you had a general practice appointment, how good was the healthcare professional at each of the following?: Treating you with care and concern (% Good)
	Overall, how would you describe your experience of your GP practice? (% Good)
	How easy is it to use your GP practice's website to look for information or access services?
Friends and Family Test	FFT - % Positive experience
	FFT - % GP practice submitting data

Network Contract DES – Investment and Impact Fund (IIF) guidance for 2024/25 (reported in Primary Care Portfolio Dashboard)

ACC-08: Percentage of appointments where time from booking to appointment was two weeks or less*

(Appointments delivered by the general practice under eight national appointment categories: General Consultation Acute; General Consultation Routine; Unplanned Clinical Activity; Clinical Triage; Walk-in; Home Visit; Care Home Visit; Care Related Encounter but does not fit into any other category).

7. Investment into Primary Care

The ICB is utilising the following funds to invest in practices, GPs and the wider workforce during 2023-24 to allow them the time and space to develop and evolve. Without this investment practices will be unable to release staff to attend training, webinars, workshops and invest in new technology systems as they become available.

Service Development Funding (SDF)	£3,221,000
Fellowships	£677,000
Supporting GP Mentors	£159,000
GP Infrastructure	£246,000
PCARP cloud-based telephony	£702,000
PCARP transition cover	£259,000
Transition Funding for Modern General Practice Access	£864,000

Investment plans for 2024-25 will be developed as allocations and NHS England guidance on key areas is confirmed.

PCNs are also receiving funding via the IIF to support implementation of their PCN Improvement Plans. This is paid at an average of £11,500 per month per PCN (based on list size) and is being utilised to deliver a range of initiatives as detailed under Section 9 of this Plan. In addition to the initiatives detailed under Section 9, IIF funding has also been used to support delivery of the PCN Improvement Plans:

- Support role supervision
- Investing in practice resources – websites, televisions in waiting areas
- Staff training (and backfill)
- Training staff and people in digital inclusion
- PCN and practice health and wellbeing events
- Survey creation
- Capacity and access improvement plan delivery
- Transition to online consultation tools
- Review and actions on DNAs and frequent attenders
- Transition to cloud based telephony
- Engagement and actions on non-patient facing workload
- Online patient registration
- GPAD coding and training

GP Support Team

The GP Support Team offers direct advice, guidance and support to our GP practices, sharing good practice and experience to facilitate improvements in general practice.

The GP Support Team is involved in our work on the GPIIP Support Level Framework, offering facilitated assessments to our GP practices to help them identify how the Support Level Framework can give them an understanding of what they do well and how they might benefit

from development support to do better in other areas. The GP Support Team will also be providing a local Intermediate GPIP offer to 20 GP practices to compliment the provision available nationally.

Finance Assurance

Manual payment will be made to practices ensuring funding reaches practices in the most timely and efficient manner, as opposed to practices having to submit an invoice to receive such funds. Expenditure will be monitored on an ongoing basis and discussed via monthly budget meetings between both the Finance and Primary Care Team whilst ensuring the funding is being utilised in line with national guidance. Updates will be reported to the Primary Care Forum.

The ICB is also working with PCNs and Practices to identify where funding may be required and assessing the modern general practice element to support practices implement their new models.

DRAFT

8. Communications & Patient Engagement

Progress to Date

Since the beginning of 2021, the ICB has been engaging people and practices to tailor communications activities in a way that will increase understanding and knowledge around how general practice is working in a post-COVID world.

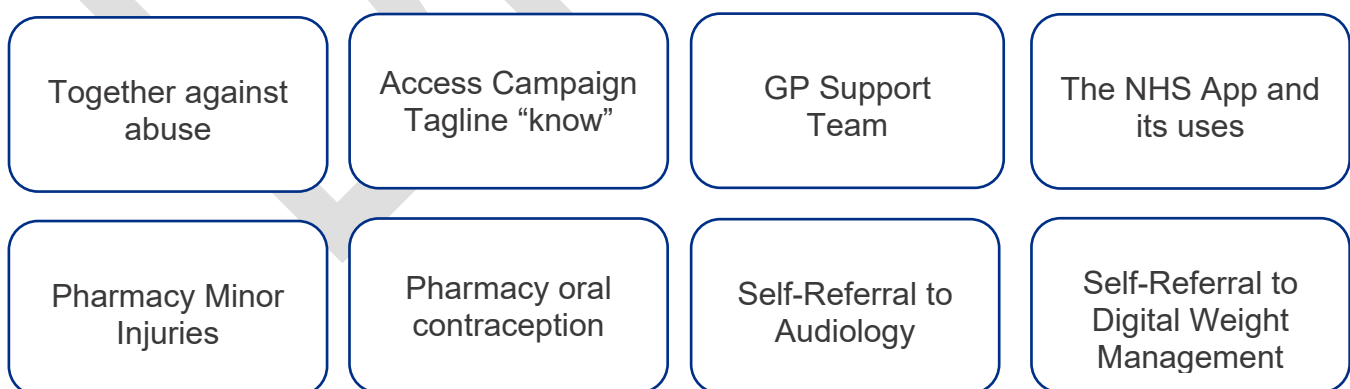
Our communications team has been liaising with several patient groups and practices to ask what the key issues were that primary care was facing. From this, feedback was shared with more groups and asked if there was anything that had been missed. This gave us the starting point for our 'post COVID evolution of general practice' public campaign. This campaign included elements such as:

- Videos showing new staff roles in local practices: Meet the Primary Care Team at Wolverhampton Road Surgery – YouTube
- A poster outlining why GP practices were operating the way they were taking in to account that COVID-19 still plays a factor in how people could be seen
- Social media assets for surgeries and partners to use
- Posters outlining the volume of appointments and types of appointments in general practice post COVID

The ICB has the most comprehensive campaign in the region. This has been achieved by undertaking public surveys, testing campaign messaging and imagery with members of the public, developing materials with practices, and asking for feedback from local voluntary sector partners.

The ICS People's Panel was used for patient/public feedback, and an online session was held with GPs. There were 131 responses from members of the People's Panel, and the engagement report infographic can be viewed in appendix 3. By listening to the public, we were able to adapt our campaign for the better.

There are a number of campaigns that have been launched following the same methodology and fall part of the improving access communication delivery plan, these are outlined below as headlines, further detail can be found on the ICBs websites and Facebook pages.



Since the launch of the PCARP, the ICB has shared the primary care campaign plans at regional NHSE/ICB meetings and have been highly commended as best practice for communicating the contents of the delivery plan. As such, regional communications colleagues have presented our local plans to national NHSE communications colleagues, highlighting our local system is advanced compared to neighbouring systems. In terms of engagement and communications

efforts to deliver on the communications objective set out in the delivery plan, ongoing monitoring will continue to build on these plans to ensure they are effective.

Delivery Plans

Campaign	Timescales
Use of national NHS app campaign materials	Ongoing
Use of national pharmacy promotion campaign materials	July – ongoing
National pharmacy oral contraception programme campaign: Initial comms to GPs Comms to ICB staff Public campaign materials in use	March May August – ongoing
Local Primary Care Access Campaign (paid-for activity): Phase one (access/care navigators/ARRS roles/staff abuse/other ways to access care) – social media ads (Facebook and Instagram), audio ads via Spotify, out-of-home ads, partner toolkit, primary care toolkit, webpage and press release Phase two (as above) – social media ads, continuation of webpage, printed materials to 142 GP practices in SSOT Phase three (ARRS roles) – suite of videos (explaining individual roles, also available in BSL and translated captions on YouTube), updated webpage, social media ads (Facebook and Instagram), radio ads, out-of-home ads, partner toolkit, primary care toolkit, podcasts and press release Phase four – focussing more of digital access and how people can access their healthcare online and through the NHS app. Recognising that this is not always possible for some cohort	Summer 2022 Autumn/winter 2022 Summer 2023 Planned for 2024/25 – budget depending
Self-referral programmes: Digital weight management Audiology Podiatry/physio/falls service/wheelchairs/other equipment services	Spotify campaign implemented for six weeks, running from 17 July 2023 until 31 August 2023 targeting men and women aged 18 -34 years in SSOT. Self-referral extension 2024- Spotify and Facebook Meta paid advertising, 19 February - 27 March 2024 aimed at all genders, ages 18- 54 October – ongoing Comms to take place once these services launch locally
Use of national materials to promote patient records being available on NHS app	January – ongoing
Use of national NHS111 updated campaign materials	111 messaging continues. However, 111 mental health 'option 2' soft-launch comms were expected to launch in December. This has repeatedly been delayed by NHSE due to technical issues outside of our control, and is now likely delayed until autumn 2024
Use of national pharmacy 'common conditions' campaign materials	February – ongoing
Use of national GP online consultations campaign materials	Expected 2024/25*

9. Conclusion

The ICB General Practice Five Year Forward Strategy outlines our commitment to make Staffordshire and Stoke-on-Trent one of the healthiest places to live and work. It recognises the challenges that general practice faces where demand is greater than its capacity, impacting on a stressed and overburdened workforce and on the experiences of patients. This pressure is then felt within the wider healthcare system due to people having to seek alternative ways to support their needs.

Transitioning to a new way of working as an Integrated Care System (ICS) provides a unique opportunity to reset our relationship with people and communities to one where people are treated as active partners in their own health and wellbeing rather than passive recipients of services. Understanding the views of local people will help to explore ideas such as the smarter use of technology, providing care in different settings closer to home, and look for new ways to reduce health inequalities.

The aim is to support general practice as a critical partner of the health and care system not only to sustain, but to flourish, overcoming the challenges of workload, workforce and estates and embracing the new roles and opportunities set out in the Fuller Stocktake Review and national policy.

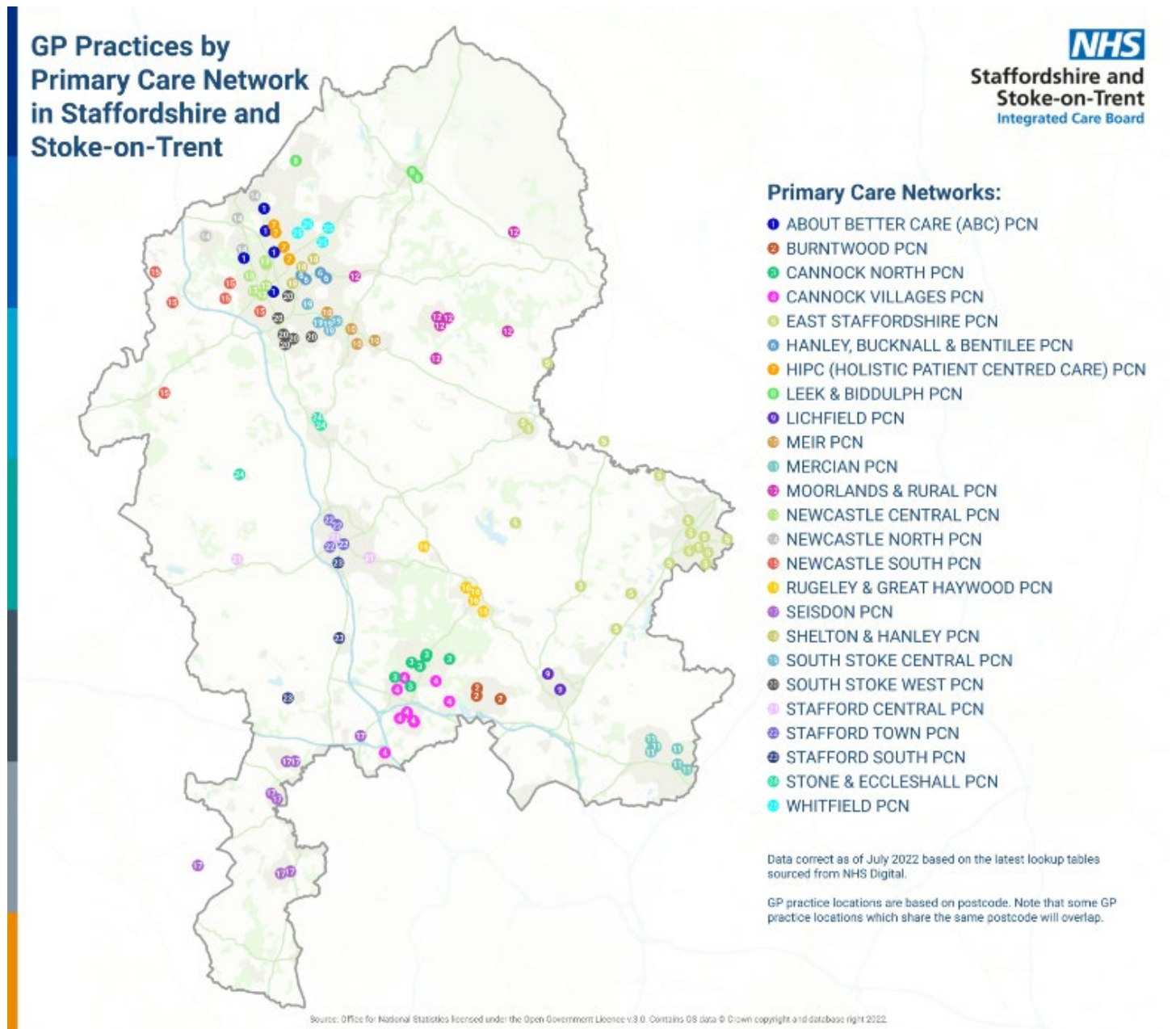
The System Level Access Improvement Plan is Staffordshire and Stoke-on-Trent's response to delivery of the requirements in the National Delivery Plan for Recovering Access to Primary Care and demonstrates the system commitment to improving patient experience of access to primary care. The plan also supports the Government commitments to deliver 50million more appointments in general practice and increase general practice staffing numbers.

Progress continues to be made on the elements within our system plan and this will be monitored with regular updates provided to NHS England and an update on progress and delivery of the System Level Access Improvement Plan will be presented to the ICB Board in November 2024. Whilst work will continue to deliver the whole plan, key areas of focus for 2024-25 include:

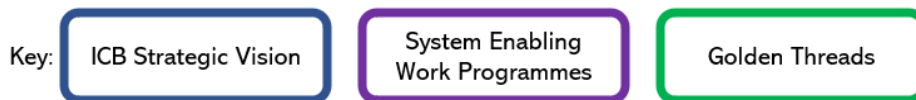
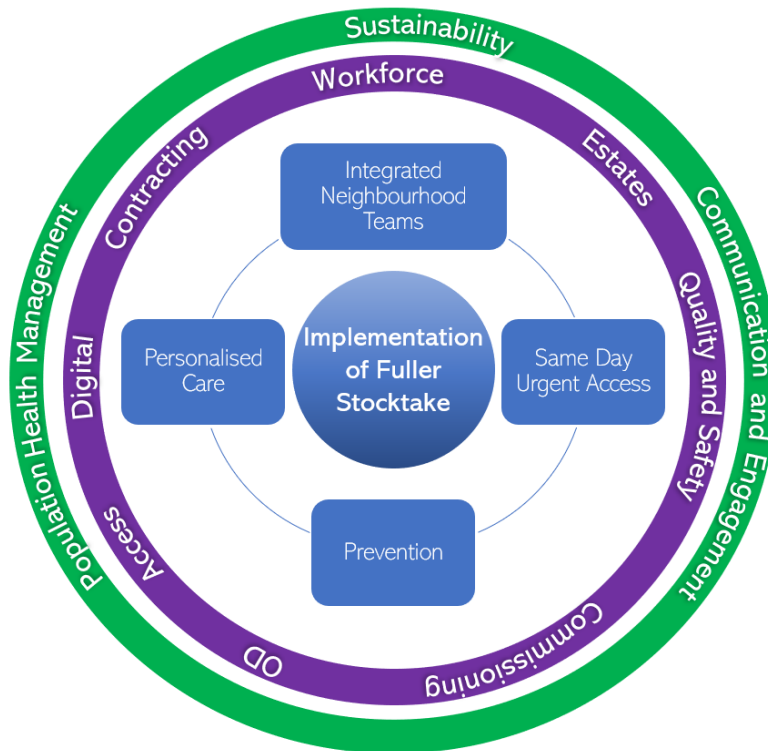
- Empowering patients through the increased use of NHS App and other digital channels to enable more patients to access to their prospective medical records (including test results) and manage their repeat prescriptions, expand Self-Referrals to appropriate services and expand uptake of Pharmacy First services
- Implementation of Modern General Practice Access – digital telephony, usable and accessible online journeys for patients and faster care navigation, assessment, and response
- Building Capacity - continue with the expansion and retention commitments in the Long Term Workforce Plan (LTWP)
- Cutting Bureaucracy - further progress on implementation of the four Primary Care Secondary Care Interface recommendations and make online registration available in all practices

10. Appendices

Appendix 1 Staffordshire and Stoke-on-Trent ICB Primary Care Network Map



Appendix 2 General Practice Strategy



Appendix 3 Health Inequalities

Quintiles Best Worst Better 95% Similar Worse 95% Compared with England

	Time Period	Staffordshire	Stoke-on-Trent	West Midlands	England
Life expectancy at birth-Male	2018 - 20	79.3	75.9	78.5	79.4
Life expectancy at birth-Female	2018 - 20	83.1	79.7	82.5	83.1
Healthy life expectancy at birth-Male	2018 - 20	63.1	55.9	61.9	63.1
Healthy life expectancy at birth-Female	2018 - 20	60.7	55.1	62.6	63.9
Reception: Prevalence of overweight (including obesity)	2021/22	25.0	25.4	23.7	22.3
Year 6: Prevalence of overweight (including obesity)	2021/22	37.8	44.7	40.8	37.8
Percentage of adults (aged 18+) classified as overweight or obese	2020/21	68.7	68.7	66.8	63.5
Percentage of physically active adults	2020/21	65.9	57.5	66.8	65.9
Smoking Prevalence in adults (18+) - current smokers (APS)	2021	9.9	16.5	13.8	13.0
Self-reported wellbeing - people with a low satisfaction score (%)	2021/22	7.6	4.9	5.2	5.0
Infant mortality rate (per 1,000)	2018 - 20	5.0	6.5	5.6	3.9
Premature mortality in adults with severe mental illness (SMI)	2018 - 20	103.8	192.7	110.7	103.6
Suicide rate	2019 - 21	11.9	16.4	10.7	10.4
Deprivation score (IMD 2019)	2019	16.6	34.5	25.3	21.7

Data Source: Fingertips PHE - <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

Ethnic Group

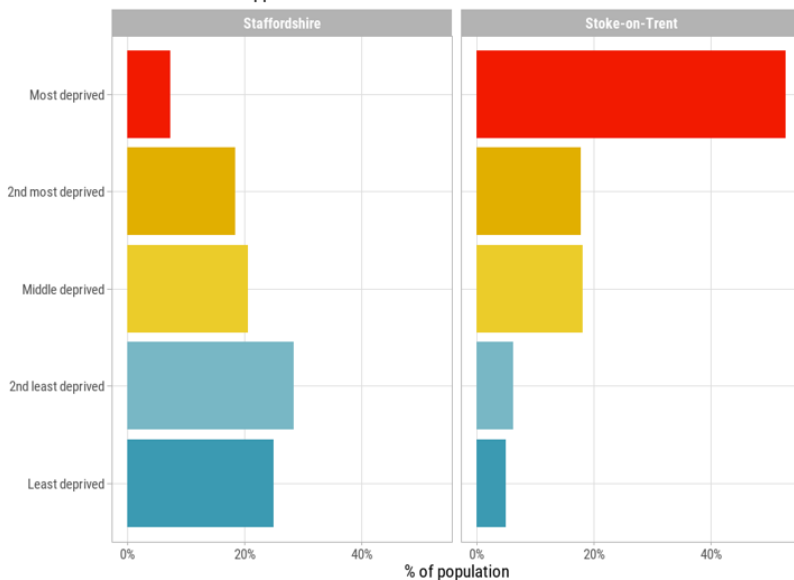
Area name	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	White	Other ethnic group
Stoke-on-Trent	9.9%	2.7%	2.3%	83.5%	1.7%
Cannock Chase	1.2%	0.5%	1.4%	96.6%	0.3%
East Staffordshire	9.3%	1.1%	2.2%	86.3%	1.1%
Lichfield	2.3%	0.6%	1.9%	94.8%	0.4%
Newcastle-under-Lyme	3.8%	1.0%	1.6%	92.9%	0.7%
South Staffordshire	2.8%	0.9%	2.0%	93.7%	0.5%
Stafford	3.0%	1.1%	1.9%	93.4%	0.7%
Staffordshire Moorlands	0.7%	0.2%	0.9%	98.0%	0.2%
Tamworth	1.4%	0.6%	1.9%	95.8%	0.4%
SSOT Total	4.8%	1.2%	1.9%	91.3%	0.8%
England & Wales	9.3%	4.0%	2.2%	81.7%	2.1%

Source: 2021 Census

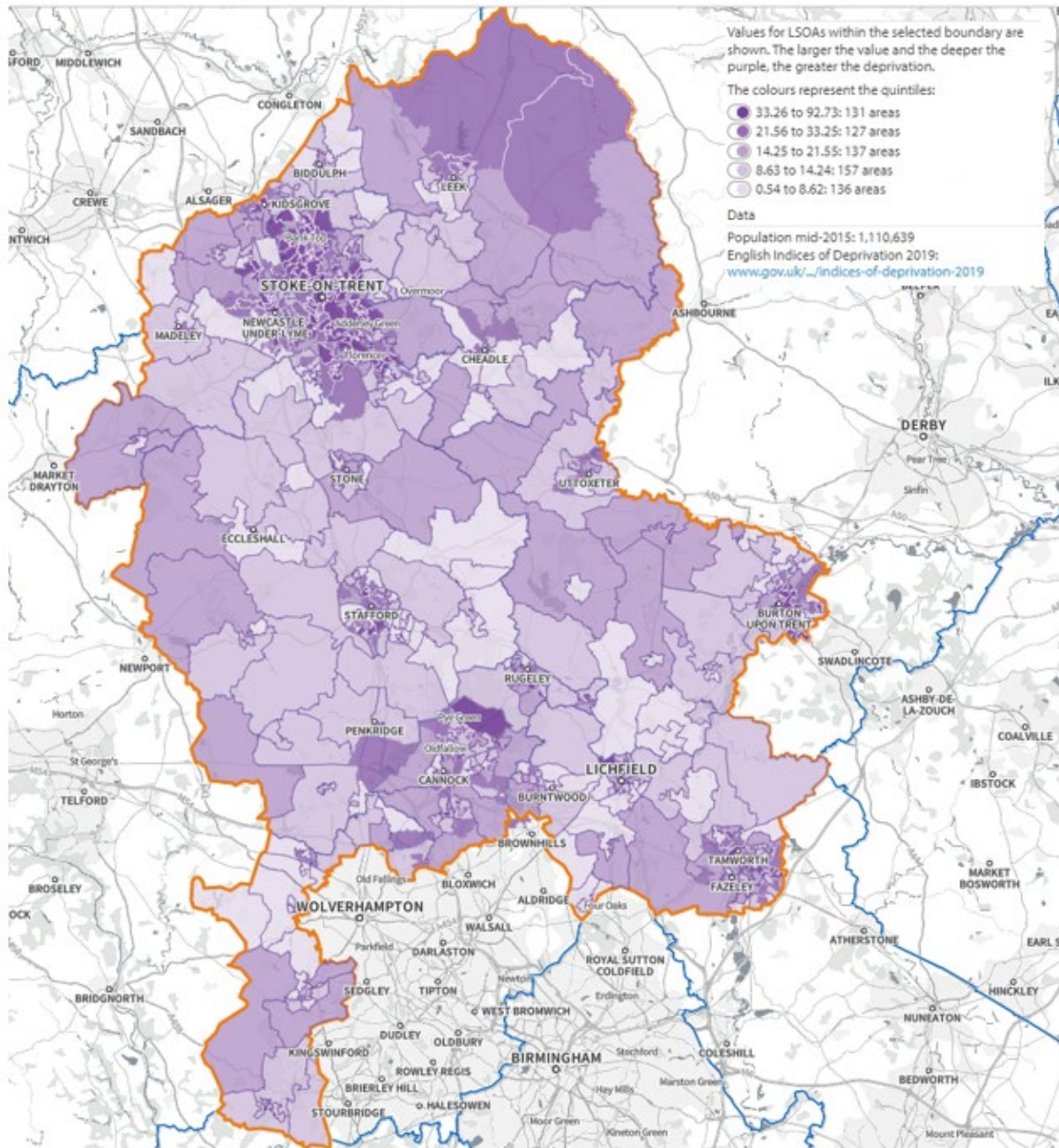
Deprivation

Population by deprivation quintile

Staffordshire and Stoke-on-Trent upper tier local authorities



Sources: The Indices of Deprivation 2019, Ministry of Housing, Communities and Local Government.



Source: Shape Atlas - <https://shapeatlas.net/>



Appendix 4 Themes from PCN Access Improvement Plans

25 PCN Access Improvement Plans were submitted to the ICB and were approved in July 2023.

Patient Experience of Contacting GP Practices

- Development of internal patient surveys to support practices to understand patient views and potential improvements in advance of the publication of the 2024 National Patient Survey results.
- Deep dives into the National Patient Survey results for 2023
- A commitment to undertake care navigation training to improve / implement care navigation for people.
- PCN plans to record Friends and Family data to ensure all GP practices are submitting this in line with contract requirements
- Practices plans to communicate the Friends and Family survey to people in different formats - text, paper, online

Ease of access and demand management

- PCN plans for utilisation of PCN Digital Leads to drive forward CBT and online consultation solutions
- Exploration of alternative triage models
- PCN pilots around on the day access
- PCN intentions to implement Modern General Practice Access models

Accuracy of recording in appointment books

- Planned Improvements on GPAD recording
- Plans to follow national guidance on National Appointment Slot mapping
- Review of activity recording for ARRS roles to ensure appropriate activity is mapped and recorded and roles match smart cards
- Practice staff and ARRS staff to receive training on recording appointments in relevant appointment books to accurately capture the workload/ appointments
- Plans to regularly review GPAD dashboard data

General Themes

- PCN / practice intentions to explore the Support Level Framework
- Plans to seek out and share good practice within and between PCNs. A number of PCNs will also look at variances between practices - what are the differences, why and how can practices be consistent in their approach
- Plans to Monitor and review PCN access improvement plans

Appendix 5 Primary Care Communications People Panel Results

People's Panel: Primary Care Access

In April 2022, we asked our People's Panel what they thought about our ideas (designs and messages) to help people understand the different ways they can access healthcare.

131 people responded to our survey:



- 45-54 **23%**
- 55-64 **23%**
- 65+ **29%**

- 11%** receive some form of benefits
- 28%** have some form of disability or long term health condition

Feedback on our designs and messages:

General Practice:

- **68%** use the term 'GP surgery' and 29% use the term 'GP practice' (rather than 'primary care')
- From 2 options, **66%** preferred design A
- From 3 options, **60%** preferred the message '... working in ways which are beneficial for patients, for staff, for you...'
- From 2 options, **75%** preferred the tagline 'Know how we're working'
- Many did not like the word 'efficient' as it felt inappropriate, impersonal and suggests a focus on cost cutting rather than on patient care



Staff abuse:

- From 2 options, **86%** preferred the message 'Care about us, caring for you. Our staff are human too'
- From 3 options, **56%** preferred the tag line 'Know your words, know your actions'
- From 3 options, a majority of **44%** preferred the ending 'Support your NHS staff and stand with us against abuse'



NHS App:

- From 2 options, **74%** preferred the message 'The NHS app is there for you to help access your healthcare. You can use the NHS app 24/7 to: Book appointments, Order repeat prescriptions, View your health record, Get health advice.'
- From 3 options, **52%** preferred the tagline 'Know how to access your care'



Extended workforce:

- From 2 options, **70%** preferred the message 'Your GP is supported by a qualified team of health professionals who will support you with your health needs'
- From 3 options, **60%** preferred the tagline 'Know who can help'



Care navigation:

- From 2 options, **88%** preferred the message 'You may be asked questions about you and your health. This is to ensure we find you the right care'
- From 3 options, **63%** preferred the tagline 'Know why we ask'



*All bases are unweighted

Appendix 6 – GP Improvement Programme – Local Support Level Framework and Proposed Intervention Support

Domain	Module Building Blocks	Intervention Support
Supporting access to the right person or service	<ul style="list-style-type: none"> • Understanding and Use of Demand and Capacity Data • Use of Care Navigation • Use of Online Consultation Systems, Messaging and Digital Appointment Self Booking Tools • Use of Digital Patient Facing Services: <ul style="list-style-type: none"> ❖ viewing electronic record ❖ ordering repeat prescriptions ❖ communicating with GP practice ❖ booking GP appointments ❖ checking test results ❖ registering with GP practice ❖ NHS App • Website Maturity • Patient Communications • Improving Telephony Journeys • Management of Non Patient-Facing Workload • Long Term Condition Management • High frequency users 	<ul style="list-style-type: none"> • Hands on training and intervention • Implementation support such as development of implementation processes including governance • clinical review of triage system • System development training and support • Benchmarking and improvement tool utilisation • Facilitated reviews of data • Training and support to develop strategies. i.e. communications strategy • Measurement of non patient facing work such as interpretation of data and work plan development • review of governance and skill mix • review of recall systems and risk stratification • Develop a MDT approach to managing high frequency users

<p>Quality and Safety</p>	<ul style="list-style-type: none"> • Continuity of Care (Ongoing relationship with a clinical team or a member of a clinical team) • Prescribing Safety • Use and Understanding of Prescribing Data • Learning and Quality Improvement Culture • Safety Climate 	<ul style="list-style-type: none"> • Training and utilisation of RCGP toolkit • Review of current alert management processes • Developments of alerts management processes • Review of current high risk drug management processes • Development of high risk drug management processes • Educational session on the use and understanding of prescribing data, (Open prescribing.net/EPAC and supportive supervision and peer review) • Educational session on learning and quality improvement • Development of QI programme • Scoping of practice • Educational sessions for all staff • Review/ develop proactive systems to manage clinical risk
<p>Leadership and Culture</p>	<ul style="list-style-type: none"> • Leadership Structure • Leading with Care • Vision and shared purpose 	<ul style="list-style-type: none"> • Organisational development session • Education session on supervision • Organisational development session (on leadership and culture) • Review and develop a communication strategy • Review processes and provide / support supervision documentation

Stakeholder Engagement	<ul style="list-style-type: none"> • Engagement With PCN • Patient Feedback • Patient Engagement and Involvement 	<ul style="list-style-type: none"> • Organisational development sessions • Educational session on QI from patient feedback • Support the effective utilisation of patient engagement • Sharing experiences from other practices
Workforce	<ul style="list-style-type: none"> • Use of Wider Roles including ARRS roles • Staff Turnover and Sickness Rates • Succession Planning 	<ul style="list-style-type: none"> • audit sessions on workforce mix • Review of used/ unused appointment slots (internally and externally booked) and review whether booked appropriately • Educational session on data interpretation • Implementing exit interviews • Strategic development sessions
Indicative Behaviour	<ul style="list-style-type: none"> • Current CQC Rating • Patient Survey Data (Overall experience section) • QOF data 	<ul style="list-style-type: none"> • Action planning for those practices who are inadequate or requires improvement

Enclosure No: 08

Report to:	Integrated Care Board				
Date:	16 May 2024				
Title:	Quality and Safety Report				
Presenting Officer:	Heather Johnstone, Chief Nursing and Therapies Officer (CNTO)				
Author(s):	Lee George, Associate Director – Quality Assurance and Improvement				
Document Type:	Report	If Other: Click or tap here to enter text.			
Action Required (select):	Information (I)	<input type="checkbox"/>	Discussion (D)	<input type="checkbox"/>	Assurance (S) <input checked="" type="checkbox"/>
	Approval (A)	<input type="checkbox"/>	Ratification (R)	<input type="checkbox"/>	(check as necessary)
Is the decision within SOFD powers & limits	Yes / No	YES			
Any potential / actual Conflict of Interest?	Yes / No	NO If Y, the mitigation recommendations – Click or tap here to enter text.			
Any financial impacts: ICB or ICS?	Yes / No	NO If Y, are those signed off by and date: Click or tap here to enter text.			
Appendices:	Appendix A: Quality and Safety Report – Detail May 2024.				

(1) Purpose of the Paper:

To provide assurance to the Integrated Care Board regarding the quality, safety, experience, and outcomes of services across the entire health economy.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):

Date

This paper is a combination of corresponding papers (D/S/I) presented and discussed at Quality and Safety Committee.

10/04/2024

This paper is a combination of corresponding papers (D/S/I) presented and discussed at Quality and Safety Committee.

08/11/2023

(3) Implications:

Legal or Regulatory

Risks identified and managed via the Board Assurance Framework and Corporate Risk Register.

CQC or Patient Safety

Updates provided against relevant organisations. Continuous Quality Improvement update aligns to known links between providers and systems.

Financial (CFO-assured)

N/A

Sustainability

N/A

Workforce or Training

Details contained within the report relating to providers by exception.

Equality & Diversity

Details contained within the report.

Due Regard: Inequalities

Update contained within the report.

Due Regard: wider effect	Quality Impact Assessment update supports the ICB, and system partners, having due regard to all likely effects of decisions.
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(4) Statutory Dependencies & Impact Assessments:					
		Yes	No	N/A	Details
Completion of Impact Assessments:	DPIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>If N, why</i> Click or tap here to enter text. <i>If Y, Reported to IG Group on</i> Click or tap to enter a date.
	EIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.
	QIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>If N, why</i> Click or tap here to enter text. <i>If Y, Approved by QIA Panel on</i> Click or tap to enter a date.
Has there been Public / Patient Involvement?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.

(5) Integration with the BAF & Key Risks:						
BAF1	Responsive Patient Care - Elective	<input type="checkbox"/>		BAF5	High Quality, Safe Outcomes	<input checked="" type="checkbox"/>
BAF2	Responsive Patient Care - UEC	<input type="checkbox"/>		BAF6	Sustainable Finances	<input type="checkbox"/>
BAF3	Proactive Community Services	<input checked="" type="checkbox"/>		BAF7	Improving Productivity	<input type="checkbox"/>
BAF4	Reducing Health Inequalities	<input checked="" type="checkbox"/>		BAF8	Sustainable Workforce	<input type="checkbox"/>

(6) Executive Summary, incl. expansion on any of the preceding sections:
<p>The paper summarises the items received by the Quality and Safety Committee (QSC) and the System Quality Group (SQG) at the meetings held in April 2024. The Committee fulfilled its role as defined within its terms of reference. Where appropriate, actions and oversight arrangements are identified within Appendix A.</p> <p>Several key programmes of work were discussed, and the paper is intended to provide assurance to the Integrated Care Board in relation to:</p> <ul style="list-style-type: none"> • Paediatric Audiology Improvement Programme. • Local Maternity and Neonatal System • All Age Safeguarding • Infection Prevention and Control • Transforming Care Programme

(7) Recommendations to Board / Committee:
<p>Members of the Integrated Care Board are asked to:</p> <ul style="list-style-type: none"> • Receive this report and seek clarification and further action as appropriate. • Be assured in relation to key quality assurance and patient safety activity undertaken in respect of matters relevant to all parts of the Integrated Care System. • Ratify the decisions of the Quality and Safety Committee with regards to: (i) ICS ReSPECT Policy (ii) Safeguarding Children & Young People Policy (iii) Managing Allegations Policy (iv) Safeguarding Children & Adults Supervision Policy (v) Safeguarding Training Policy (vi) Adult Safeguarding Policy.

Appendix A: Quality and Safety Report – Detail May 2024

1 Paediatric Audiology Improvement Programme

1.1 Following a national review of Paediatric Audiology Services undertaken in April 2023 issues were identified regarding the delivery of auditory brainstem response (ABR) and audio-visually determined reaction evaluation test testing which could impact upon children's future outcomes. As part of a Paediatric Hearing Services Improvement Programme established by NHS England, the ICS were required to set up a local "Bronze" meeting which would provide oversight and assurance against an agreed action plan. The group was established in October 2023 and has to date collectively identified and delivered improvement actions. Through the work undertaken within the Bronze cell backlogs have been identified within community paediatric hearing services across the system. Harm review and clinical triage has been undertaken to support priority appointing into the additional clinic capacity, the current trajectory suggests that clearance of this backlog will be achieved by September 2024. Following a 3 year look back review issues have been identified with the analysis of ABR traces. This will result in some children being recalled for further re-testing during April 2024 to establish a correct care pathway. The Duty of Candour process has been enacted and a system wide communication plan is currently in development to support children and their families affected by delays in care or concern regarding the undertaking of ABR testing.

1.2 The Care Quality Commission (CQC) have written to all paediatric audiology services in April 2024 to request a timeline for Improving Quality in Physiological Services accreditation, assurances that the board has about paediatric audiology and progress against the associated improvement actions.

2 Local Maternity and Neonatal System (LMNS)

2.1 NHS England Midlands Regional Chief Nurse visited Royal Stoke University Hospital Maternity Unit on 15th March 2024, supported by the Acting Regional Chief Midwife, the ICB CNTO and several members of senior nursing and midwifery staff from both NHS England and the ICB. Professor Nina Morgan spoke highly about the midwifery team she met, commenting on their positivity and the work they were doing to deliver outstanding services.

2.2 A Rapid Quality Review meeting was held on 5th April and was attended by NHS England national team, regional team, ICB senior nursing and midwifery representatives, CQC, General Medical Council, Nursing and Midwifery Council, Maternity Safety Support Programme (MSSP) and University Hospital of North Midlands NHS Trust (UHNM). UHNM presented their progress against the CQC Action Plan, Maternity Incentive Scheme actions and any ongoing concerns or issues. The trust was commended for all the work they have achieved over the last year and that the focus now should be on sustainability. The ICB was also praised for the pragmatic way in which it worked and supported UHNM and how collectively improvements have been made without the need for the Trust to be entered into the national MSSP. It was agreed that the Strategic Maternity Oversight Group chaired by the Regional Chief Nurse and the ICB CNTO would be stepped down and the ICB would continue with oversight locally through the LMNS Quality & Oversight Forum and the LMNS Board.

2.3 A Perinatal Quality Oversight pack has been developed and the data will be monitored monthly for at least 6 months to ensure sustained implementation, any escalations into region will be via the Regional Perinatal Quality Group.

3 All Age Safeguarding

3.1 The QSC approved the terms of reference for the Health Safeguarding and Looked After Children Strategic Oversight Group. The Group has been established to receive: (i) updates and progress of the Staffordshire and Stoke-on-Trent All Age Safeguarding Provider Collaborative (SSSPC), (ii) system wide health safeguarding assurance reports that demonstrate the effectiveness of the health safeguarding system and identify any risks that require onward escalation, (iii) escalation and assurance reports regarding health responsibilities for looked after children. To ensure a health system response and any onward escalation, and (iv) highlights and escalations from the child death review process to ensure a health system response and identify any onward escalation.

3.2 The Joint Safeguarding self-assurance tool (primary care) has been evaluated and an action plan is in development. The response rates for Child Protection conference reports have improved from 7% compliance to over 70% in the last two years. Key areas for improvement are proactive support for dads on birth of baby and embedding asking the question regarding domestic abuse.

3.3 The ICB has a statutory responsibility to ensure that children and young people (CYP) who are coming into the care of the local authority have an Initial Health Assessment (IHA) within 20 working days. This has been exacerbated by both an increase in demand, due to an increased number of children becoming looked after and the number of unaccompanied asylum-seeking children coming in the area, and lack of capacity within the paediatric medical workforce to meet the increase in demand. There has also been an increase in demand for Review Health Assessments (RHA) that need to be done every 6 months for those that are under 5 and every 12 months for 5- 18-year-olds. In the short term, a business case is being developed with CYP commissioners for investment in paediatricians for IHAs and nursing for RHAs to create capacity to meet the demand. This matter has also been escalated at a regional and national level. In the long term, as a system we need to offer a health service to our looked after children including both physical and emotional health needs to ensure that this group of children have the best opportunities in their future. The vision is that we have a multi-disciplinary team approach, using different disciplines with a variety of skills. This will require amendments to the current guidance; however, we believe this will offer the best outcomes for our young people and be the most cost-effective approach.

4. Infection Prevention and Control (IPC)

4.1 Clostridium difficile infections (CDI) are noted nationally to have increased significantly, resulting in further investigation by UK Health Security Agency. This is reflected in the local picture and has led to a Midlands wide collaboration supported by NHS England IPC leads to develop a common approach and resources to support reductions of this infection. IPC leads and wider teams continue to work closely with the local and regional IPC teams, recognising the experience, skills, and knowledge available across Staffordshire and Stoke-on-Trent, along with the wider regional IPC teams across the Midlands. At the close of 2023/24, 449 cases of CDI have been reported related to the population of Staffordshire and Stoke-on-Trent against a combined threshold of 287 annual cases. This compares to 368 cases during the same period 2022/23. An increase of 81 cases and breaching the threshold by 162 cases.

5. Transforming Care Programme (TCP)

5.1 QSC received a deep dive presentation outlining the systems' TCP improvement journey, national and local context. The presentation commenced with a patient's journal which enabled greater understanding of the progress made since 2017 alongside the ongoing issues affecting patients and framed the presentation around those individuals' accessing services. QSC heard how for CYP with learning disability, autism, and mental health needs there is a recognised gap between what services local authorities can provide and existing health tier 4 inpatient services. Scoping work is ongoing within the CYP Portfolio. QSC has asked for an update later in the year.

6. Decisions by Quality and Safety Committee for Ratification

6.1 ICS Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) Policy

6.1.1 The ICS ReSPECT Policy has been developed to support providers in aligning their ReSPECT Policies in such a way to promote standardised best practice and to facilitate the effective and safe movement of individuals into a cross Staffordshire and Stoke-on-Trent. Members of the QSC approved the ICS ReSPECT Policy subject to approval of the supporting Quality Impact Assessment (QIA). A QIA has subsequently been completed through the ICB's QIA process at Gateway 1.

6.2 Safeguarding Policies

6.2.1 The Committee approved the following safeguarding policies which have been updated to reflect changes in the Working Together 2023 statutory guidance, inclusion of the ICB Health Safeguarding Forum and refreshed contact lists:

- Safeguarding Children & Young People Policy
- Managing Safeguarding Allegations Against Staff Policy
- Safeguarding Children & Adults Supervision Policy
- Safeguarding Training Policy
- Adult Safeguarding Policy

Report to:	Integrated Care Board					
Date:	16 May 2024					
Title:	Report to the ICB Board on Performance and Finance					
Presenting Officer:	Paul Brown – Chief Finance Officer					
Author(s):	Colin Fynn – Head of Intelligence and Analytics Matt Shields – Head of System Finance					
Document Type:	Report					
Action Required (select):	Information (I)	<input checked="" type="checkbox"/>	Discussion (D)	<input type="checkbox"/>	Assurance (S)	<input checked="" type="checkbox"/>
	Approval (A)	<input type="checkbox"/>	Ratification (R)	<input type="checkbox"/>	<i>(check as necessary)</i>	
Is the decision within SOFD powers & limits	Yes / No	YES				
Any potential / actual Conflict of Interest?	Yes / No	NO <i>If Y, the mitigation recommendations – Click or tap here to enter text.</i>				
Any financial impacts: ICB or ICS?	Yes / No	YES <i>If Y, are those signed off by and date: The financial impacts are as outlined in the body of the report.</i>				
Appendices:	Performance and Finance Report					

(1) Purpose of the Paper:

The purpose of this paper is to provide a summary of performance and finance report received at the System Performance Group (SPG) and discussed at the System Finance & Performance Committee (SFPC).

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
System Performance Group (I)	24/04/2024
System Finance and Performance Committee (S,D)	07/05/2024

(3) Implications:

Legal or Regulatory	Monitoring performance is a statutory duty of the ICB.
CQC or Patient Safety	Where non-delivery of activity indicates an adverse impact on patient safety this is investigated by the ICB Quality Team and pursued through the Clinical Quality Review Meeting (CQRM).
Financial (CFO-assured)	As outlined in the body of the report.
Sustainability	N/A
Workforce or Training	N/A
Equality & Diversity	N/A

Due Regard: Inequalities	N/A
Due Regard: wider effect	N/A

(4) Statutory Dependencies & Impact Assessments:

	Yes	No	N/A	Details	
Completion of Impact Assessments:	DPIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>If N, why</i> Click or tap here to enter text. <i>If Y, Reported to IG Group on</i> Click or tap to enter a date.
	EIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.
	QIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>If N, why</i> Click or tap here to enter text. <i>If Y, Approved by QIA Panel on</i> Click or tap to enter a date.
Has there been Public / Patient Involvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.	

(5) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	<input checked="" type="checkbox"/>	BAF5	High Quality, Safe Outcomes	<input checked="" type="checkbox"/>
BAF2	Responsive Patient Care - UEC	<input checked="" type="checkbox"/>	BAF6	Sustainable Finances	<input checked="" type="checkbox"/>
BAF3	Proactive Community Services	<input checked="" type="checkbox"/>	BAF7	Improving Productivity	<input checked="" type="checkbox"/>
BAF4	Reducing Health Inequalities	<input checked="" type="checkbox"/>	BAF8	Sustainable Workforce	<input checked="" type="checkbox"/>

(6) Executive Summary, incl. expansion on any of the preceding sections:

The report contains:

1. An executive summary of performance across our One Collective Aim, Urgent and Emergency Care (UEC), Tackling Backlogs (Planned Care), Diagnostics, Cancer, General Practice/Primary Care, Prevention and Health Inequalities, Children and Young People (CYP), Mental Health and Learning Disabilities.
2. A placemat that demonstrates at a high-level key metrics and deliverables within the 2023/24 operational plan
3. Escalations presented and considered at the system finance and performance committee, along with exception reporting against our One Collective Aim and 4 system priorities.
4. An overview on finance at month 12 which is forecasting a year end deficit of £90.9m in line with the agreed plan.

(7) Recommendations to Board / Committee:

The Integrated Care Board is asked to:

1. Note the headlines, escalations and exceptions highlighted
2. Note the M12 summary and outturn financial position.

Finance and Performance Report

16th May 2024

**Prepared by the Transformation Delivery Unit and
ICB Finance & Intelligence Team**



Overview

The report was presented at the Finance and Performance Committee (F&PC) on 7th May 2024.

This report contains:

1. An [executive summary](#) outlining key headlines and escalations.
2. A [placemat](#) that demonstrates at a high-level key metrics and deliverables within the 2023/24 operating plan.
3. Exception reporting against our [One Collective Aim](#) and [4 system priorities](#).
4. A [finance summary](#) including a [month 12 position](#)

Ctrl and click on any underlined text for further detail.

Executive Summary – Headlines (1/2)

Headlines	Points to note
<u>One Collective Aim</u>	<ul style="list-style-type: none"> March's Computer Aided Dispatch (CAD) data from West Midlands Ambulance Service (WMAS) shows a 6.3% increase in Category 2 incidents over the previous month. This is 2.5% up on the same period last year with the 3-month average also reporting 6.1% higher than last year. Category 2 response has improved through the second half of March after a pressured start with the latest 4-week average of 38m 22s (w/e 7th April 2024) placing us 4th out of 11 in the Midlands region, and 23rd out of 42 nationally. Category 3 incidents within the WMAS CAD report show a decrease of 21.5% against the previous month (March 2024 vs February 2024), and 1% down on the same month last year, with a 92% increase in Category 5 calls NHS111 service provision has transferred over to Derby Health United (DHU) Healthcare from Totally Group.
<u>Urgent and Emergency Care (UEC)</u>	<ul style="list-style-type: none"> 4hr Emergency Department (ED) performance at UHNM (University Hospitals of North Midlands NHS Trust) has improved to 70.2%, up from 63.7% the previous month, as additional focus was placed on emergency department pathways. The increased performance was achieved in the face of a 9% overall increase in attendances at UHNM, which when compared to March 2023 was equivalent to 27 more patients per day through March 2024. Continued daily monitoring of 4hr ED performance remains in place with NHSE targeting 77% by the end of April 2024 through breach reduction. 12hr Performance improved with a reduction to 8.6% from 9.5% which kept UHNM in the 2nd quartile regionally. Royal Stoke was primarily responsible for this improvement with a 1½ percentage point improvement over the previous month and the best performance reported for the site of the last 6 months. When compared to the same period last year March 2024 was 1.9 percentage points better. Infection Prevention and Control (IPC) concerns relating to diarrhoea and vomiting remained consistent through March removing beds from the bed base.
<u>Tackle Backlogs (Planned Care)</u>	<ul style="list-style-type: none"> Eliminating 104+ and 78+ week waiters (ww) remains a system focus; five patients remain in the 104+ ww category at ICB level in February and 207 in the 78+ ww category. Both increased from January. UHNM have exceeded the monthly target in 52+ ww in February. 65+ ww at UHNM have decreased in February to 942, from 1,084 in January – a decrease of 142. The national expectation is that these are at zero by the end of September 2024.
<u>Diagnostics</u>	<ul style="list-style-type: none"> ICB Diagnostic performance against the 7-core test plan (of 78.0% of patients to be seen in <6 weeks in February) was above plan at 79.0%. The planning guidance outlines the national ambition is 95% by March 2025 for this target. The activity count decreased in all [7] tests, by 1,949, with the greatest decreases in Computed Tomography (of 1,026) and Ultrasound (of 950). The plan was exceeded in Magnetic resonance imaging (MRI) and Gastroscopy only.
<u>Cancer</u>	<ul style="list-style-type: none"> The latest UHNM position (w/e 31st March, weekly recovery pack) reports the [Cancer] 62-day backlog has decreased to 222. The ICB 28-day faster diagnosis pathway saw 76.9% of patients told within 28 days (across all providers) above the national standard of 75%. The planning guidance will increase this target to aim for 77% by March 2025. The 104-day Cancer backlog at UHNM (w/e 31/03, weekly recovery pack) remains at 79; this total remains just below the revised trajectory (of approximately 80 for this period). Largest backlog is in Colorectal (28) and Urology (19).

Ctrl and click on any underlined text for further detail.

Executive Summary – Headlines (2/2)

Headlines	Points to note
<p><u>General Practice/Primary Care</u></p>	<ul style="list-style-type: none"> • <u>GP appointments</u> for February 2024 exceeded the monthly plan by 119,361 appointments (27.2%) and remain well above plan overall for 2023-24. • <u>Community Pharmacist Consultation Service (CPCS)</u> referrals from General Practice exceed the overall YTD target by 490 [referrals] (April 23 to January 24). No new data is available since the move to Pharmacy First on the 31st January. We are awaiting confirmation from NHSE on when new data will be available. • <u>Additional Roles Reimbursement Scheme (ARRS) FTE</u> and budget utilisation continues to increase.
<p><u>Prevention and Health Inequalities</u></p>	<ul style="list-style-type: none"> • National objective is to increase the percentage of appropriate patients on <u>lipid lowering therapies</u>; the national target of 60% <u>has not been met</u> in February 2024 with 57.6% achieved.
<p><u>Children and Young People (CYP)</u></p>	<ul style="list-style-type: none"> • Reduce the <u>emergency admissions for Long Term Conditions (LTC)</u>, including diabetes, epilepsy and asthma in the under 18-year-old population. <ul style="list-style-type: none"> • Year to Date (YTD), asthma and diabetes admissions were below the equivalent period in 2019/20. • YTD, <u>epilepsy admissions</u> increased on 2019/20. There were 184 admissions in 2019/20 v 203 in 2023/24, which is an additional 19 admissions, and a 10% increase. Admissions increased in CYP aged 5-10 and 11-17 but not in the 0-4's.
<p><u>Mental Health and Learning Disabilities</u></p>	<ul style="list-style-type: none"> • <u>Inappropriate adult acute Out of Area Placement (OAP) bed days</u> are over plan (of zero) by 185 this year, to January (0 for the last 2 months). A business case was approved at the February System Performance Group (SPG). Midlands Partnership Foundation Trust (MPFT) and North Staffordshire Combined Healthcare Trust (NSCHT) will be picking up all Psychiatric Intensive Care Unit (PICU) activity from April. • Access to <u>NHS Talking Therapies</u> stands at 23,705 year to date (up to February). 78.2% of planned activity has taken place. Local data indicates that this position will improve to 84% by year end. • The <u>Dementia</u> diagnosis rate at 71.9% in February, continues to exceed the national target of 66.7%. • <u>Autism assessment waits for Children and Young People (CYP)</u> remained 27 weeks at MPFT and 38 weeks at NSCHT. 14 weeks over plan at MPFT and 2 weeks within plan at NSCHT.

Ctrl and click on any underlined text for further detail.

Overview of key underpinning deliverables

Children and Young People / Maternity	Planned Care, Diagnostics & Cancer	Improving Population Health	Urgent and Emergency Care	Mental Health, Learning Disability and Autism	Primary Care	End of Life, LTCS and Frailty
<ul style="list-style-type: none"> Design and Implement Long Term Conditions Programme: <ul style="list-style-type: none"> Asthma ● Epilepsy ● Diabetes ● Implement Children with Complex Needs Project ● Implementation of the national delivery plan for maternity and neonatal care ● 	<ul style="list-style-type: none"> Ongoing implementation of Patient Initiative Follow Up (PIFU) ● Trajectory for eliminating 65 week waits delivered ● Meeting 85% /theatre utilisation ● Meeting 85% day case utilisation ● Introduce Community Diagnostic HUBs ● Optimal use of lower GI 2 week pathway ● 	<ul style="list-style-type: none"> Systematic implementation of the Core20 approach ● Implement NHS Long Term Plan prevention programmes ● Utilise population health management techniques ● 	<ul style="list-style-type: none"> Implement Capital Investment Case ● 76% of patients seen within 4 hours in A&E ● Bed occupancy 92% or below ● Full review and priority setting for virtual wards. ● Development of a fully integrated Single Point of Access. ● Deliver a fully integrated discharge "hub" ● 	<ul style="list-style-type: none"> Improve the crisis pathways including 111 and ambulance response ● Undertake a Psychiatric Intensive Care Unit (PICU) Options Appraisal ● Minimise waiting times for autism diagnosis ● Improving Access to Talking Therapies ● Increased number of people with a Serious Mental Illness (SMI) having annual physical health check ● 	<ul style="list-style-type: none"> % Appointments within 14 days of booking ● Patient Experience (GPPS & FFT positive responses) ● Deliver Additional Roles Reimbursement Scheme (ARRS) – Budget utilisation % ● Direct Patient Care FTE per 10,000 pop. vs. National ● Digital Pathways ● GP Referrals to Community Pharmacy Consultation Service (CPCS). ● Deliver recovery of dental activity (UDA's) ● 	<ul style="list-style-type: none"> The creation of a Palliative End of Life Care (PEoLC) strategy ● Identification of Patients in the last 12 months of life recorded on Palliative Care Registers in Primary Care ● The creation of a Long Term Conditions (LTC) strategy ● Transformation programme around Cardiovascular (CVD), Respiratory and Diabetes ● Delivery of the frailty strategy ●

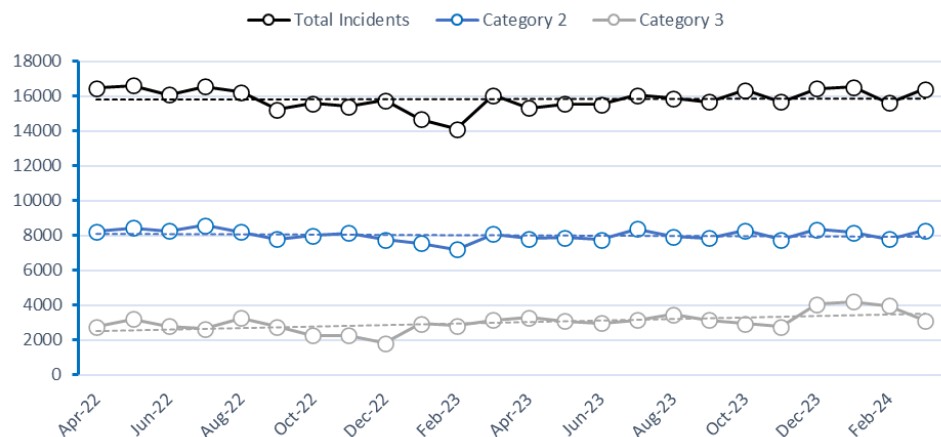
TRAFFIC LIGHT KEY:

- On track
- Behind schedule but mitigations should improve in year position
- Mitigations identified but unlikely to improve position in year
- Complete
- Measure of success under review by the portfolio

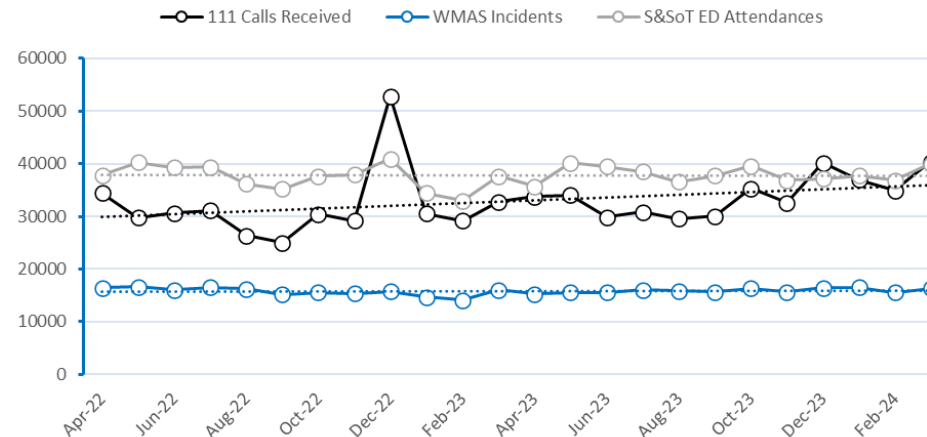
Our One Collective Aim

One Collective Aim	Points to note
<p>Reduce the number of Category 2 and 3 ambulance calls</p> <p><i>The data provided here are the incidents derived from calls to West Midlands Ambulance Service (WMAS) for our ICB only.</i></p> <p><i>Charts run from April 2022.</i></p>	<ul style="list-style-type: none"> • WMAS CAD data for March indicates a 6.3% increase in Category 2 incidents over the previous month, but due to the shorter nature of February this translates to 9 incidents fewer per day in March. • Monitoring against contractually agreed trajectories for Category 2 Response saw the latest 4-week average of 38m 22s (w/e 7th April 2024) placing us 4th out of 11 in the Midlands region, and 23rd out of 42 nationally. • WMAS CAD data for Category 3 incidents indicates a 21.5% reduction against the previous month, mitigated by a 92% increase in Category 5 calls. This reduction was primarily realised in Falls and Medical calls with reductions of 9% and 29% respectively over the previous month whilst Breathing problems fell from 190 to 111 a reduction of 41.6%. March reported as 1% down on the same month last year, • The total number of 111 calls answered during March 2024 rose by 18.6% on the previous, shorter, month but were 24.4% higher when compared to the same month in 2022/23.

West Midlands Ambulance Service Total Incident, Category 2 and Category 3 incidents graph for Staffordshire and Stoke-on-Trent ICB



NHS111 calls received, WMAS incidents and Emergency Department Attendances graph for Staffordshire and Stoke-on-Trent ICB providers



Our 4 system priorities (1)

System Priority	Key points this month or actions and observations for the coming months
<p>1. Urgent & Emergency Care</p> <p>Focus on prevention, hospital avoidance and appropriate and timely discharge</p>	<ul style="list-style-type: none"> • ED front door - Hospital Ambulance Liaison Officer (HALO) model has been agreed for the next 2 months but is heavily reliant on agency which presents an additional risk. • Emergency Department – Internal rapid handover protocol (risk stratification across UHNM) has been agreed and is available where needed, enabling 5 rapid ambulance offloads. Additional operational leadership capacity will be in places over the next 2 months to build sustainability that will support delivery of operational improvement plan. • Discharges - KPMG Test of Change has concluded. The outputs and recommendations will be picked up in Workstream 2 within the Non-Elective Improvement Programme. Simple and Timely discharges remain challenged, whilst patient Acuity remains a key factor, e.g. up to 10 patients in Resus, against a core capacity of 7. • Weekly long length of stay - reviews continue with focus moving from over 30 days to over 28 days. • Improvement/missed opportunities audit by UHNM has finished. The results have been matched to UHNM Inpatient data to understand the patient journey further with the results and review scheduled for a clinically-led workshop in April.
<p>2. Tackle Backlog (Planned Care)</p> <p>Backlog reduction</p>	<ul style="list-style-type: none"> • UHNM are achieving the PIFU (Patient Initiated Follow Up) target, but this is not resulting in a reduction in follow-ups to the national target. Analysis of new to follow up ratio's (February 22/23 compared to February 23/24) shows 19 specialities (of 55, 34.5%) having a greater first to follow-up ratio and 36 with a reduction (65.5%). • 65+ week waits at UHNM were 942 in February, above the plan of 360. • 78+ week waits; increased to 148 at UHNM in February's monthly data. A total of 11 are forecast for the end of April and 0 is forecast at the end of May (latest forecast reported w/e 7th April 2024 in the UHNM Weekly recovery pack). • 104+ week waits: One at UHNM in March is dated for treatment on 11th of April. UHNM forecast for there to be no 104+ ww at the end of April and May (latest forecast reported w/e 7th April 2024 in the UHNM Weekly recovery pack). • Diagnostic activity was below plan in February (across the 7 core tests) by 5.3%. MRI and Gastroscopy the only tests to exceed the plan. The percentage of patients seen in <6 weeks across the 7 core tests (at 79.0%) increased (from January), was above the monthly plan (of 78.0%) and above the National Standard of 75%. • 28-day faster diagnosis standard (FDS) both UHNM and the ICB exceeded the National Standard, at 75.1% (UHNM) and 76.9% (across the ICB for all Providers), respectively.

Our 4 system priorities (2)

System Priority	Key points this month or actions and observations for the coming months
<p>3. General Practice / Primary Care</p> <p>Ensuring that residents have appropriate, timely and equitable access to services</p>	<ul style="list-style-type: none"> • GP appointments for February 2024 exceeded the monthly plan by 119,361 appointments (27.2%) and remain well above plan overall for 2023- 24. • The February 2024 Did Not Attend (DNA) rate was 4.4% - a decrease of 0.1% from January, in-line with previous seasonal trends. • The number of completed referrals to Community Pharmacist Consultation Service (CPCS) from General Practice remained stable for January 2024. The overall YTD target is being exceeded by 490 referrals (April 23 to January 24). No new data is available since the move to Pharmacy First on the 31st January. Dates for the availability of the data have not been provided, the ICB is awaiting an update from NHSE. • Winter programme - extension was agreed for schemes originally due to end on 31st March to include two weeks into April to support the Easter surge period. • The Scheduled Units of Dental Activity (UDAs) increased during February 2024, but remain below the contracted number. Draft dental strategy (expected publication April 2024), Health Equity Audit (expected March/April 2024) to be aligned with national dental recovery plan to formulate a local implementation plan. • Additional Roles Reimbursement Scheme (ARRS) stands at 505 Full Time Equivalent (FTE) for February 2024 and remains below plan however the FTE is expected to further increase as Primary Care Networks (PCNs) continue to deliver their revised plans. Monthly underspend is reducing, utilisation of the cumulative budget was 91.4% at year end.
<p>4. Complex Individuals</p> <p>Improving access to high quality and cost-effective care for people with complex needs, which requires multi-agency management.</p>	<ul style="list-style-type: none"> • Access to Children and Young People (CYP) community mental health remains below the planned trajectory by 24% (4,193). Corrections to the data extractions planned by NSCHT will mitigate some of the under performance – awaiting an update from NSCHT to quantify the gap. • The Dementia diagnosis rate at 71.9% in February, continues to exceed the national target of 66.7%. • Access to NHS Talking Therapies stands at 23,705 year to date (up to February). 78.2% of planned activity (for the year) has taken place. Local data indicates that this position will improve to 84% by year end. • The number of people with Severe Mental Illness (SMI) having an annual physical health check in Q4 was 8% below the plan target of 6,268 (a shortfall of 475 patients). However, this is a much improved position on Q3 (a 30% increase). 74.5% of people had a health check and the number of health checks increased by 15% on the same period last year. • Learning Disabilities: Patients with Learning Disabilities and Autism (LD&A) with an Annual Health Check (AHC): the year end target of 75.3% was exceeded in March (82.3%).

Finance Summary

Following the H2 planning process being completed, [a revised control total of £91.4m deficit was agreed by NHS England](#). As a result, the system moved its forecast outturn to reflect this deficit.

The system was able to stay on track and deliver within the control total with a year-end position of [£90.9m deficit for 2023/24](#) submitted in the draft accounts, subject to audit sign off.

[Our capital plan was overcommitted](#) as expected, although mitigations have brought the overcommitment down to £1.1m, pressures in International Financial Reporting Standard (IFRS)16 were the revised allocation fell short of the systems requirement for this technical accounting change.

Month 12 Position

The general themes driving our financial position are Continuing Healthcare (CHC) inflation & volume challenges, inflation in excess of plan in primary care prescribing and efficiency under-delivery. There are internal plans being developed and work ongoing to review the CHC challenges the system continues to face. Strong emphasis to close the efficiency gap remains.

System	Month 12			Month 11		
	Plan	YTD	Variance	Plan	YTD	Variance
Income	4,440.2	4,550.1	110.0	4,046.7	4,095.1	48.4
Pay	(1,203.6)	(1,246.4)	(42.8)	(1,102.2)	(1,094.9)	7.3
Non Pay	(622.2)	(694.8)	(72.5)	(570.2)	(637.9)	(67.7)
Non Operating Items (exc gains on disposal)	(28.7)	(22.6)	6.1	(26.3)	(18.0)	8.3
ICB/CCG Expenditure	(2,585.6)	(2,677.2)	(91.6)	(2,371.6)	(2,436.8)	(65.1)
Total	0.0	(90.9)	(90.9)	(23.7)	(92.5)	(68.9)
			-2.0%			-1.7%

ICB	Month 12			Month 11		
	Plan	YTD	Variance	Plan	YTD	Variance
Allocation	2,585.6	2,585.6	0.0	2,347.6	2,347.6	0.0
Expenditure	(2,585.6)	(2,677.2)	(91.6)	(2,371.6)	(2,436.8)	(65.1)
TOTAL ICB Surplus/(Deficit)	0.0	(91.6)	(91.6)	(24.0)	(89.2)	(65.1)
			-3.5%			-2.8%

UHNM	Month 12			Month 11		
	Plan	YTD	Variance	Plan	YTD	Variance
Income	1,065.0	1,145.1	80.2	976.0	1,022.1	46.1
Pay	(657.9)	(692.9)	(34.9)	(602.2)	(608.8)	(6.6)
Non-Pay	(379.1)	(425.6)	(46.5)	(347.4)	(395.0)	(47.6)
Non Operating Items (exc gains on disposal)	(27.9)	(26.4)	1.5	(25.6)	(21.5)	4.1
TOTAL Provider Surplus/(Deficit)	(0.0)	0.2	0.2	0.7	(3.3)	(4.0)
			0.0%			-0.4%

MPFT	Month 12			Month 11		
	Plan	YTD	Variance	Plan	YTD	Variance
Income	624.1	651.9	27.8	571.4	577.2	5.9
Pay	(451.9)	(456.6)	(4.7)	(414.1)	(400.8)	13.3
Non-Pay	(174.8)	(200.4)	(25.6)	(160.1)	(181.9)	(21.8)
Non Operating Items (exc gains on disposal)	2.7	5.3	2.6	2.5	4.8	2.4
TOTAL Provider Surplus/(Deficit)	0.0	0.1	0.1	(0.3)	(0.6)	(0.2)
			0.0%			0.0%

NSCHT	Month 12			Month 11		
	Plan	YTD	Variance	Plan	YTD	Variance
Income	165.5	167.5	2.0	151.8	148.2	(3.6)
Pay	(93.7)	(96.9)	(3.2)	(85.9)	(85.3)	0.6
Non-Pay	(68.3)	(68.7)	(0.4)	(62.6)	(61.0)	1.7
Non Operating Items (exc gains on disposal)	(3.5)	(1.5)	2.0	(3.2)	(1.4)	1.9
TOTAL Provider Surplus/(Deficit)	0.0	0.3	0.3	(0.0)	0.5	0.5
			-0.2%			-0.3%

Board Committee Summary and Escalation Report

Report of:	Finance and Performance Committee
Chair:	Megan Nurse
Executive Lead:	Paul Brown
Date:	7 May 2024

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
PART A		
System Recovery Programme 2023/24 – Closure Report	<p>The report summarised:</p> <ul style="list-style-type: none"> • Whether the overall objectives of the programme were achieved • What impact the projects had on agreed metrics • Whether the critical project milestones were delivered on time • What lessons have been learnt <p>The report detailed 9 recommendations which will be taken into the design and delivery of the 2024/25 System Recovery Programme.</p>	<p>The success of the CHC Programme shows that in areas where we prioritised project resources, they delivered the biggest return on investment; this needs to be addressed at the outset when developing the 2024/25 Programme.</p>
Integrated System Performance and Programmes Highlight Report	<p>The Committee noted the Month 11 performance position against the key metrics in the Operating Plan. The Committee received escalations from the Portfolios and in particular noted the following:</p> <ul style="list-style-type: none"> • The volume of CYP waiting for Autism assessments has increased considerably since April at both Trusts. Data Deep Dive is progressing with a plan for first new data by the end of April and validation in May • The City of Stoke-on-Trent has served notice on elements of the Home First Contract. Clarity is required on future plans and this is being managed via the Joint Commissioning Board 	<p>Board to note the risk around the termination notice for elements of the Home First Contract in the City of Stoke-on-Trent due to the lack of an alternative model for supporting discharge for this group of patients. Risk will be entered onto the ICS Risk Register.</p>

<p>System Finance Month 12 Report and Workforce Controls</p>	<p>The System has closed the draft accounts and submitted a £90.9m year-end deficit which is within the £91.4m deficit control total agreed by NHSE. The accounts are now subject to audit.</p> <p>As expected, the capital plan was overcommitted by £1.1m which was a result of pressures in IFRS16 in which the revised allocation fell short of the System's requirement for this technical accounting change.</p>	
<p>Winter Surge Plan - Lessons Learnt</p>	<p>The paper provided an overview of the outputs from the System Winter Surge Plan Lessons Learnt Review Event held on 17 April.</p> <p>The Committee noted the key actions and next steps including:</p> <ul style="list-style-type: none"> • Linking Surge/Winter planning to the System Recovery Programme • The refresh of the System Capacity Bed Model to be prioritised • Engagement and advanced work with Primary Care • Greater involvement and input from the Voluntary Sector and other System partners 	
<p>National Operational Planning Submission – 2 May</p>	<p>The paper provided an overview of the Operational Planning submission approved by the ICB Extraordinary Board meeting on 30 April and which was submitted to NHSE on 2 May.</p>	<p>Meeting between the System and NHSE to be held on 10 May to discuss this submission.</p> <p>Operational Plan will be developed by the end of May, to include firm plans against all schemes and mobilisation.</p>
<p>System Rapid Reviews – Common Themes</p>	<p>The national team completed a series of rapid financial plan reviews with 16 systems across the country in March 2024. This included a review of the Staffordshire and Stoke-on-Trent System. A summary of the programme and key themes from the sessions produced by NHSE was presented to the Committee for information.</p>	<p>Committee agreed the development of a System Medium Term Financial plan was essential to being able to move away from a short-term focus on annual planning. A MTFP would inform one-year operational planning.</p>
<p>System Recovery Programme 2024/25</p>	<p>The paper provided an update on how the System Recovery Programme is being developed for 2024/25.</p> <p>Work is currently underway to agree the scope and ambition of each System Collaborative. This will be reviewed by the Provider Collaborative Board on 20 May and submitted for approval to the Finance</p>	<p>The Corporate, Estates and Digital System Collaborative will be split into three programmes with 3 SROs.</p> <p>Children and Young People will not be taken forward as a System Collaborative.</p>

	and Performance Committee in June.	
Elective Care/Elective Recovery Plan	The Committee discussed the current position for 104ww, 78ww and 65ww and the actions being taken to mitigate the position.	NHSE have confirmed that the System will remain in Tier 1 for Elective Care and Cancer. Diagnostics will be added within the weekly oversight.
System Transformation and Service Change Update	The paper provided the monthly overview of the clinical areas included within the System Transformation and Service Change Programme and the latest version of the monthly service change return to NHSE.	
Update on PwC Report on Financial Recovery Plan and Grip and Control	The report provided an update on the System's response to the assessment from PwC. Of the 48 recommendations made in the report, 26 have been fully completed, 4 were not accepted for implementation and the remaining are all on track and expected to be fully complete in June. It was noted that PwC will be conducting a review of the responses in June and their final report will be presented to the Committee.	
System Risk Register	There are 24 risks on the System Risk Register of which 14 are high scoring. The Committee approved three new risks and the closure of three risks. The Committee has good sight of the top risks for finance, performance and transformation.	
ICS Oversight Framework	The Committee received the oversight letter following the ICB System Review Meeting with NHSE on 27 March, the letter to NSCHT following the Quarterly Oversight Meeting on 10 April and the letter to MPFT following the Quarterly Oversight Meeting on 23 April.	
PART B		
ICB Finance Report (Month 12)	At Month 12, the ICB has achieved the revised control total within (£0.2m) reporting a £91.6m deficit final outturn, subject to audit. The Committee approved this reported position.	
ICB Efficiency 23/24 Performance and 24/25 Efficiency Plan	The ICB over-delivered against its efficiency target by £3.1m in-year, with a £37.5m full year effect gain. Internal audit conducted an in-depth review of the ICB's efficiency programme and passed a 'reasonable assurance' opinion. The actions from the review were included in the paper and the Committee noted that there are just 2 actions still	FPC will continue to receive a monthly report on efficiency performance.

	in progress and the remaining actions have been completed.	
2024/25 ICB Budget	<p>The paper updated the Committee on the amendments to the ICB 2024/25 financial budget following approval by the Extraordinary Board meeting on 30 April. It was agreed that there would be a £40m System improvement in order to reduce the planned level of deficit below the £91.4m deficit outturn from 2023/24 and that the deficit would sit with the ICB.</p> <p>The Committee approved the ICB budget of a £90.0m deficit</p>	
Procurement Operations Group Report	<p>The Committee noted that the ICB have made a strategic decision to adopt a new and innovative approach to working with voluntary sector partners and are therefore undertaking a review of all of the existing voluntary sector contracts. This process will be completed by the end of Q1.</p>	<p>The Committee acknowledged the need for voluntary sector partners to have certainty regarding future contracts as soon as possible.</p>
Primary Care Forum Report	<p>In order to have governance oversight, the Committee received a summary report of the meeting that took place on 9 April. This reported on the discussions on Primary Care finances, General Practice and Pharmacy, Optometry & Dental (POD).</p>	
System Level Access Improvement Plan (SLAIP)	<p>The paper presented the most recent Staffordshire & Stoke-on-Trent System Level Access Improvement Plan to the Committee for discussion ahead of approval at this Board meeting.</p>	<p>The Committee supported the SLAIP.</p>
ICB Risk Register Report	<p>There are 10 risks on the ICB Risk Register of which 5 are high scoring (12 and above).</p> <p>The Committee approved five new risks and the closure of five risks.</p>	

Risk Review and Assurance Summary

The Board can take assurance regarding the reports provided and the discussions that took place at the Committee. Specific risks are highlighted above, and in the FPC Risk Register.

Report to:	Integrated Care Board					
Date:	16 May 2024					
Title:	Request to Board for Delegated Powers to the Health & Care Senate					
Presenting Officer:	Paul Edmondson-Jones, Chief Medical Officer					
Author(s):	Paul Winter, Associate Director of Corporate Governance					
Document Type:	Policy	If Other: Click or tap here to enter text.				
Action Required (select):	Information (I)	<input type="checkbox"/>	Discussion (D)	<input checked="" type="checkbox"/>	Assurance (S)	<input type="checkbox"/>
	Approval (A)	<input type="checkbox"/>	Ratification (R)	<input checked="" type="checkbox"/>	<i>(check as necessary)</i>	
Is the decision within SOFD powers & limits	Yes / No	YES				
Any potential / actual Conflict of Interest?	Yes / No	NO <i>If Y, the mitigation recommendations –</i> Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	Yes / No	NO <i>If Y, are those signed off by and date:</i> Click or tap here to enter text.				
Appendices:	ONE (the amended, approved by Senate Terms of Reference)					

(1) Purpose of the Paper:

The paper asks ICB Board to consider a Health & Care Senate request for the delegation from Board to Senate of certain ICB statutory powers. Specifically, the power to approve clinical strategies and policies on behalf of Board. Plus to formalise the Senate's informal role in sponsoring emerging ICB-ICS Clinical Pathways (via Portfolios). These would empower the Senate to act on Board's behalf at key stages of the formal decision-making process.

This would NOT include those powers already delegated to Quality & Safety Committee for policies, strategies, etc within their remit – e.g. for Safeguarding / Infection Prevention & Control / CHC and certain other areas that are currently (at the time of the meeting) in the final stages of being agreed and finalised between Q&S Committee and Senate Leaders (with Governance Team); and will be provided as an updated appendix to the Terms of Reference document accompanying this front-sheet.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
Health & Care Senate	During late 2023

(3) Implications:

Legal or Regulatory	2022 Health & Care Act + aligned Statutory Guidance on Delegation & Joint Working
CQC or Patient Safety	A well-established, functioning H&C Senate indicates a clinically well-led organisation
Financial (CFO-assured)	n/a (no financial implications are represented by the proposed SORD change)
Sustainability	n/a (no Greener NHS implications are represented by the proposal)

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Workforce or Training	Work with Leaders on ICB Governance Frameworks to ensure SORD is adhered to
Equality & Diversity	n/a (no EDI implications are represented by the proposal)
Due Regard: Inequalities	All ICB Committees / Sub-Committees must adhere to the 'Quadruple Aim'
Due Regard: wider effect	Any / All formal Senate decisions must pay due regard to the statutory duty

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	DPIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>If N, why</i> Not required for SORD purposes <i>If Y,</i> Reported to IG Group on Click or tap to enter a date.
	EIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not required for SORD purposes
	QIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>If N, why</i> Not required for reporting purposes <i>If Y,</i> signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not required for reporting purposes

(5) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	<input checked="" type="checkbox"/>	BAF5	High Quality, Safe Outcomes	<input checked="" type="checkbox"/>
BAF2	Responsive Patient Care - UEC	<input checked="" type="checkbox"/>	BAF6	Sustainable Finances	<input checked="" type="checkbox"/>
BAF3	Proactive Community Services	<input checked="" type="checkbox"/>	BAF7	Improving Productivity	<input checked="" type="checkbox"/>
BAF4	Reducing Health Inequalities	<input checked="" type="checkbox"/>	BAF8	Sustainable Workforce	<input checked="" type="checkbox"/>

(6) Executive Summary, incl. expansion on any of the preceding sections:

The NHS introduced Clinical Senates as a way of providing independent advice and leadership at strategic level to inform commissioning and improving care systems. Our Senate was initially established in 2019 to act as the pan-Staffordshire professional body to our predecessor STP. Since ICB / ICS establishment under the 2022 Health & Act, the Senate has been operating to earlier version STP Terms of Reference that more informally set out how it would discharge the ICS Vision of making our ICS the healthiest place to live and work, by putting strategic, evidence-based, intelligence-driven, clinical advice and leadership at the heart of Commissioning and Service Delivery.

The Senate is now seeking to deliver those more fully, as a Committee of the ICB. As the first, planned phase of more comprehensive joint working in the future: e.g. should the Senate agree to become a substantive Joint Committee of all of its constituent members, operating jointly on behalf of all in the ICS.

If approval of the proposal occurs, further work will be required to amend the ICB's Governance Handbook (governance framework), website and other shared resources that describe our ICB Functions & Decisions, and where these are taken, to ensure stakeholders are aware of which forum or body is taking which delegated decision.

(7) Recommendations to Board / Committee:

The Board is asked:

- To **APPROVE** the requested delegation of certain clinical policy / strategy approvals powers on behalf; and

- To **ACKNOWLEDGE** that such approval is pending the finalisation of two tables of Approvals Powers Inclusions & Exclusions to appear in the final Senate (and updated Q&S Committee) Terms of Reference, once agreed, by the end of May 2024.
- To additionally **RATIFY** the updated Health & Care Senate's Terms of Reference, that reflect the requested internal delegation of powers; and
- To **NOTE** the further work to be undertaken by the Governance Team to reflect the ancillary paperwork to enact the delegation

HEALTH and CARE SENATE TERMS OF REFERENCE: TOR [For Approved ICB Governance Structure Committees]

(1) Introduction

- 1.1 The Integrated Care Board (the 'Board' / the 'ICB') must ensure it can effectively discharge its statutory functions and duties. This includes establishing Committees of the ICB, to support the Board in exercising any delegated functions, to help effective discharge of those.
- 1.2 The NHS introduced Clinical Senates as a way of providing independent advice and leadership at strategic level to inform commissioning and improving care systems. The Staffordshire & Stoke-on-Trent Health & Care Clinical Senate (the 'Senate') was initially established in 2019 to offer a pan-Staffordshire professional body to our predecessor STP: now the Integrated Care System (the 'ICS').
- 1.3 Since ICB / ICS establishment, under the 2022 Health & Act, the Senate has been operating to earlier version TOR that set out how it would discharge the ICS Vision – to support the ambition of making our ICS the healthiest place to live and work, by putting strategic, evidence-based, intelligence-driven, clinical advice and leadership at the heart of Commissioning and Service Delivery.
- 1.4 These updated TOR are proposed to enable the Senate to deliver those more fully, as a Committee of the ICB. As the first, planned phase of more comprehensive joint working in the future: e.g. should the Senate ultimately become a substantive Joint Committee of all of its constituent members, operating jointly on behalf of all NHS Boards / Local Authorities.

(2) Constitution and Authority (inc. Reference to Legislation or Guidance)

- 2.1 The Senate is established by the ICB as a Committee of the Board in accordance with its Constitution; and is charged with ensuring our system is clinically and professionally led, on behalf of the ICB / its ICS partners. The TOR set out the membership, remit, responsibilities and reporting arrangements; and may only be changed with approval of the Board.
- 2.2 The Senate is an Executive Committee of the ICB Board and its ICB / ICS members, including those who are not members of the Board or ICB staff, are bound by the ICB's Constitution Standing Orders (the Standing Orders) and other key policies of the ICB. Executive powers are delegated by the ICB's Scheme of Reservation & Delegation (SoRD), as specified in these TOR. The Senate is authorised by ICB Board to:
 - To provide clinical reviews of services across the system, utilising expertise from across and within the ICS governance structures;
 - Investigate any activity within its TOR, including any assigned ICB-ICS Risk Management and Board Assurance Framework (BAF) activities within its lead responsibility area;
 - Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Senate) within its remit as outlined;
 - Commission any reports it deems necessary to help fulfil its obligations;
 - Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if considered necessary to fulfil its functions (in doing so the Senate must follow any procedures put in place by the ICB for obtaining legal or professional advice);
 - Create 'Task & Finish' groups to take forward specific programmes of work as considered necessary – the Senate shall determine the membership and TOR of any such group in accordance with ICB's Constitution, Standing Orders and SoRD, but may not delegate any formal decisions to such groups;

- For the avoidance of doubt, any ICB members of the Senate must comply with the Standing Orders, Standing Financial Instructions and SoRD, other than for any exceptions agreed by the Board;
- Senate duties will be driven by ICB and ICS objectives and associated risks – an annual programme (cycle) of business will be agreed by members before the start of each financial year, which will be kept flexible to adapt to new and emerging circumstances, priorities or risks;
- Before ICB-ICS clinical or clinical policy decisions are made within its purview¹, these are passed to the Senate for consideration, as a mandatory ‘gateway’ process for clinically-led decision-making;
- ICB members of the Senate will also have the ability to refer clinical matters, which are deemed significant, back to the ICB Board.

(3) Senate Purpose and Core Duties

- 3.1 The Senate is established to contribute to overall delivery of ICB objectives by providing clinical / professional oversight and assurance to the ICB Board (and to members’ own Boards or Cabinets through local accountability mechanisms) on the delivery of subject matter areas as assigned broadly in Section 2.3, and more fully in Appendix One.

(4) Senate Membership and Attendance

(a) The Membership

- 4.1 ICB members of the Senate shall be appointed by the Board in accordance with ICB’s Constitution. Other members from non-ICB, ICS partner organisations are as listed below; and shall be appointed according to each organisation’s own governance arrangements.
- 4.2 The membership may consist of or include persons other than members or employees of the ICB, from health and social care professionals across Staffordshire & Stoke-on-Trent. Total membership will be approximately 20 members.
- 4.3 Members will together possess between them the knowledge, skills and experience necessary to progress clinical, technical or specialist issues pertinent to ICB-ICS business.
- 4.4 The Senate will comprise of a number of standing members for the purposes of effective clinical decision-making. Who will include:
- A Chair and a Vice-Chair;
 - ICB Chief Medical Officer: CMO and/or Deputies;
 - ICS Medical Directors and/or Deputies;
 - Representatives from Staffordshire and Stoke-on-Trent Adult Social Care;
 - Representative(s) from the Staffordshire & Stoke-on-Trent DONs Group;
 - Representative from the ICB-ICS Pharmacy Leadership;
 - Public Health member(s);
 - West Midlands Ambulance Service NHS Foundation Trust.
- 4.5 Members will:
- Commit to the principles and values agreed by the Senate, in particular promoting the needs of patients and residents above the needs of organisations or professions;
 - Actively contribute to issues being considered, drawing on professional networks and experience from clinical or professional work settings as appropriate;

¹ ALL Clinical Policies re. Safeguarding / other areas of policy approvals delegated to ICB’s Quality & Safety Committee shall remain under the purview of that Committee. ICB Execs will need to assure the Board that there is smooth inter-Committee processing of clinical policy matters to ensure the right item is reviewed and approved by the right body.

- Share experiences as well as issues of concern to inform the Senate's work and drive improvement;
- Be an ambassador for decisions and demonstrate leadership in related actions in local settings, helping to raise the Senate's profile and promote understanding of its purpose / ways of working.

(b) Chair and Vice Chair

- 4.6 The Chair will be nominated by members, who each have one vote to elect this person. The Chair will then identify a Vice-Chair in consultation with members. Primarily to act in the Chair's absence; or when the Chair has a personal interest in relation to Senate business.
- 4.7 The Chair will be appointed for a period of three years; which may be extended by up to two years maximum. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these TOR and the agreed Business Cycle.

(c) Attendees

- 4.8 Only Members described in Section 4.4 shall have the right to attend meetings; unless it is agreed to meet in public for part or all of the agenda to be transacted. Others may be invited to attend all or part of any meeting as and when appropriate, to assist with discussions on any particular matter. The Senate may also co-opt additional members as deemed necessary (subject to ICB-ICS governance policy requirements). Additional support will widen the clinical expertise as necessary, or when required, to consider Senate's priorities.
- 4.9 Clinical experts from across the system may be invited as guests from:
- Primary Care / Secondary Care / Community Care;
 - Mental Health;
 - Children & Young People;
 - Other professionals with relevant senior experience, as may be defined.
- 4.10 The Chair (Vice-Chair) may ask any or all of those who normally attend, but who are not members, to withdraw, in order to facilitate open and frank discussion of particular matters.

(5) Frequency, Quoracy and Decisions

- 5.1 The Senate will meet monthly, up to twelve times a year. With arrangements and notice for calling meetings reflecting those as set out in ICB Standing Orders. An annual Business Cycle, including meeting dates, will be confirmed at least six months in advance.
- 5.2 Additional meetings may take place as required: e.g. ICB Board, Chair or CEO may ask the Senate to convene further meetings to discuss particular issues on which they want advice.
- 5.3 In accordance with ICB Standing Orders, the Senate may meet virtually when necessary; and members attending using electronic means will be counted towards the quorum.

(a) Quorum

- 5.4 Standing members will be expected to attend all Senate meetings; or send a deputy (to be confirmed in advance to the Chair, wherever possible).
- 5.5 For a meeting to be deemed quorate, the following must be present, set as a minimum of seven of those Members listed in section 4.5 required, to include:
- The Chair or Vice-Chair;
 - A clinical representative from a Secondary Care Acute Provider;
 - A clinical representative from a Secondary Care Mental Health Provider;

- A clinical representative from Primary Care / PCNs;
- A clinical representative from Community Services;
- A representative from Adult Social Care.

- 5.6 If any member has been disqualified from participating by declaration of an unmanageable Conflict of Interest, then that individual shall no longer count towards the quorum.
- 5.7 If a quorum has not been reached, then the meeting may still proceed if those present agree. Where a meeting is not quorate the actions taken to mitigate this will be recorded in the minutes. If approval is required from a voting member who is not present, an email confirming their approval or otherwise will be saved with the minutes of the meeting.

(b) Decision Making and Voting

- 5.5 Decisions will be taken in according with the ICB Standing Orders. The Senate will ordinarily reach its conclusions by consensus. Where this is not possible, the Chair may call a vote. This should though be seen as exceptional, rather than routine decision-making.
- 5.6 All members of the Senate will have one vote. Voting will be by a simple majority; with the Chair (the Vice-Chair if the Chair is conflicted / absent) having the casting vote.
- 5.7 If an urgent or emergency decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct such business on a 'virtual' basis through the use of telephone, email or other e-communication. In such an event, the Chair in conjunction with the Vice-Chair and one other voting member can convene a virtual or face-to-face meeting to take such action as is necessary. The Chair or Vice-Chair may also request an Extraordinary General Meeting if they consider that necessary.

(6) Responsibilities of the Senate

- 6.1 The Senate's duties and responsibilities are itemised within Appendix One. Any or all matters delegated to the Senate by the ICB Board (as also defined by / covered within the ICB's SoRD) are also itemised within Appendix One.
- 6.2 The Senate is established to provide independent advice that is safe, evidence-based and impartial, informed through engagement with the broad range of health and care professionals. The Chair will be accountable for ensuring that the Senate is a credible and respected source of safe, evidence-based, independent and strategic clinical advice.

(7) Conflicts of Interest

- 7.1 The Senate (all members or attendees present) shall fully and continuously satisfy themselves that all matters of NHS or Local Authority: LA specific policy, systems and processes for the management of Conflicts of Interest - including gifts & hospitality and bribery - are upheld in all meetings.
- 7.2 For the avoidance of doubt, any additional national or statutory policy requirements shall also guide the Senate's processes and procedures. This shall include sending any reports relating to non-compliance with NHS or LA policy and procedures to ICB's Audit Committee.
- 7.3 The Senate shall hold and publish a Register of Interests. This shall record all relevant and material, personal or business interests. Each member and attendee shall be under a duty to declare any such interests. Any change to these should be notified immediately to the Chair. Failure to disclose an interest, whether intentional or otherwise, may ultimately result in the individual being removed from the Senate.

- 7.4 Any conflict or potential conflict of interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting. Or notified as soon as the interest arises and then recorded in the minutes. Along with the agreed action/s taken to mitigate this. The Chair (or Vice-Chair in their absence or where the Chair is conflicted) will determine the arrangements for the management of any conflicts that arise in consultation with the ICB's Head of Governance and/or Conflicts of Interest Guardian.

(8) Etiquette, Behaviours and Conduct

(a) ICB-ICS Values

- 8.1 All members and attendees will be expected to conduct business in line with ICB-ICS vision, values and objectives. All ICB members and officers in attendance shall act in accordance with ICB's Constitution, Standing Orders and Standards of Business Conduct Policy.
- 8.2 All members and attendees will be also expected to adhere to the ICS 'Leadership Compact' key principles of Trust, Courage, Openness & Honesty, Leading by Example, Respect, Kindness & Compassion, System First and Looking Forward.
- 8.3 The Senate will abide by the following set of principles to guide its work:
- It will support system partners to put improving outcomes and service quality at the heart, to increase effectiveness and efficiency, and to promote the needs of patients and residents above the needs of organisations or professions;
 - Members maintain an objective and impartial view, openly declaring conflicts of interest and respecting the need for confidentiality when required;
 - Senate advice is impartial. It is informed by the best available evidence and where evidence is limited the Senate will seek to build and reflect consensus.

(b) Equality and Diversity

- 8.4 All members must demonstrably consider the Equality and Diversity implications of any or all decisions they make. They and attendees will also be required to uphold the 2010 Equality Act and Public Sector Equality Duty in any of their engagements with the Senate.

(9) Accountability and Reporting

- 9.1 The Senate is part-accountable to ICB Board for ICB-delegated clinical policy decision-making matters (see Appendix One); and shall report to it on how it discharges those.
- 9.2 While the Senate is part-hosted by ICB as a Committee of it (for 2022 Health & Care Act governance expediency purposes), it also operates as a core part of the wider ICS structure. Members from ICS constituent organisations, as set out in Section 4, shall act both on behalf of those and with independence, to provide impartial advice that is in the best interest of patients, and not be unduly influenced by organisational or professional interests.
- 9.3 In this way, the Senate will cross boundaries between Primary / Secondary Care and the Social Care sector to allow the development of new care models needed to resolve performance issues in our system.
- 9.4 Until or unless replaced by any future, substantive Joint Committee (2022 Health & Care Act, S.65Z5), its purpose is not to replace System Partners' own governance procedures. Instead, to work with these, in order to give a clinical overview across the whole system and break down traditional boundaries. As members represent all System Partners, it will collate the widest-possible clinical and professional view in reaching its decisions and actions.

- 9.5 Confirmed minutes of meetings shall be circulated to all members, along with a routine Highlight Report (prepared by the Chair and Secretariat) after each meeting; to both ICB Board and constituent members' own organisations. The Report will include:
- An Update & Escalation summary of the work undertaken by the Senate and progress achieved;
 - An explanation of how it has assessed the Senate's effectiveness with regard to decision-making processes, and the approach taken to these;
 - Any items formally escalated to ICB Board or Partners' Boards for formal ratification or resolution.

(10) Secretariat and Administration

- 10.1 The Senate shall be supported with a Secretariat function, which will include ensuring that:
- Agendas & Papers are prepared and distributed in accordance with ICB Standing Orders; having been agreed by the Chair with the support of the relevant ICB Governance lead;
 - Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
 - Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
 - Maintenance and reporting of the Conflicts of Interest Register (with ICB Governance Lead);
 - Good quality minutes are taken and distributed in accordance with ICB Standing Orders and agreed with the Chair, and that a record of matters arising, action points, issues to be carried forward are kept, to ensure progress against those is monitored;
 - The Chair (Vice-Chair) is supported to prepare and deliver reports to ICB Board & ICS Boards on pertinent issues / areas of interest / policy developments;

(11) Review

- 11.1 The Senate will review its effectiveness at least annually to ensure it is operating at maximum effectiveness, and to make any changes it considers necessary, commenting on:
- The fitness for purpose, completeness and 'embeddedness' of any BAF and risk reporting obligations of the Senate within the ICB's organisational / ICS contexts;
 - The integration of governance arrangements to underpin the 'Quadruple Aim' and Core Purposes of an ICB-ICS;
 - The appropriateness of the evidence and the robustness of the processes behind the Senate's decisions that shows how the Senate is helping the ICB-ICS in fulfilling their regulatory requirements;
- 11.2 These TOR will be reviewed at least annually, and more frequently if required. Any proposed amendments will be submitted to ICB Board for approval (and will not be deemed as operational until that agreement has been confirmed).

Appendix One

(a) *Senate (Committee) Responsibilities and Duties*

The Senate's role will be to work together with Executive Leaders across the System, to:

- Be responsible for the development of clinically led strategic developments that would inform the ICS strategic direction. This would be informed by national and regional goals and plans;
- Lead on the most urgent and top clinical priorities across the Health & Social Care system that are informed by Population Health Management: PHM;
- Produce intended outcomes and clinical strategies that aim to improve population health and well-being across Staffordshire & Stoke-on-Trent;
- Work in collaboration across Staffordshire & Stoke on Trent to deliver the 'how' and reflecting locally agreed variance and issues;
- Provide independent, strategic, objective health and care advice that is based on evidence, best practice, data intelligence and robust understanding of population health needs to the ICS;
- Provide proactive and reactive clinical leadership across the Health & Social Care system to inform change and transformation that will benefit the populations of Staffordshire & Stoke-on-Trent;
- Establish a programme of service and prevention strategy development;
- Provide clinical scrutiny and challenge of proposed developments from the ICB, ICS and Integrated Care Partnership: ICP, to ensure that decisions made do not have inadvertently have a negative effect on a population elsewhere and there are improved outcomes being made;
- Assure that plans at ICB, ICS, ICP and Primary Care Networks: PCNs level provide equity of care and reduce inequalities across Staffordshire & Stoke-on-Trent population;
- Ensure robust clinical involvement into all strategic projects;
- Translate ICB, ICS and ICP Plans & Outcomes into clinical pathways and care programmes;
- Review the progress of ICB, ICS and ICP strategic frameworks at the local level.

Members will:

- Commit to the principles and values agreed by the Senate, in particular promoting the needs of patients and residents above the needs of organisations or professions;
- Actively contribute to issues being considered by the Senate, drawing on professional networks and experience from work settings as appropriate;
- Share experiences of improvement as well as issues of concern to inform the Senate's work and drive improvement;
- Be an ambassador for recommendations made by the Senate and demonstrate leadership in related action in the local setting;
- Help to raise the profile of the Senate and promote understanding of its purpose / ways of working.

The Senate will:

- Foster a culture of clinical leadership and influence in the development of services;
- Be an affiliation to the 'Health & Care Assemblies' to harness expertise across a broad range of health and care professions, NHS Bodies and networks within our ICS;
- Ensure the provision of safe, evidence-based, independent, strategic health & care advice, where necessary drawing out strategic risks and issues which need to be considered by decision-makers;
- Publish an annual report providing an overview of the Senate's work that focusses on an assessment of its impact and added value and feed this back to the ICB Board;

- Play a unique role in the system by providing independent, strategic advice and leadership across the Health & Social care community through the affiliation to any central Clinical Strategies / Frameworks.

Formal Advice:

- The Senate will identify areas for improvement and respond to requests from Stakeholders for advice on matters that support decision-making and/or where there is a need for advice or recommendations on complex health & care issues would benefit from a whole-system, strategic response;
- The Senate will have a developmental role, acting to encourage and support the development of innovative proposals from clinicians and care providers throughout the health & care sector in Staffordshire to ensure that all proposals are properly evaluated and implemented where deemed appropriate to do so.

Sharing Expertise and Good Ideas:

- The Senate will seek to ensure that good health & care practice developed outside Staffordshire & Stoke-on-Trent is identified and implemented within our footprint;
- Furthermore the Senate will foster sharing of good clinical practice in Primary and Secondary Care within Staffordshire & Stoke-on-Trent.

(b) ICB Board Delegations to the Committee

- **ICB Policy Approvals (ICS where delegated by a Member's Host Organisation)**

With the exception of:

- (1) Safeguarding and/or other statutorily-defined Clinical Governance Quality & Safety Policies, as delegated to the Quality & Safety Committee on behalf of ICB Board; and
- (2) Financial / Capital Policies with inherent financial implications of clinical commissioning policy, as delegated to the Finance & Performance Committee on behalf of ICB Board

All pre-Board approvals of ICB and ICB-facing clinical elements of ICS:

- Clinical Strategies
- Clinical Policies & Protocols
- Clinical Procedures or Pathways; and
- Clinical Guidelines for the ICB;
- Including being subject to mandatory duties to carry out Equality Impact Assessments / Quality Impact Assessments / Data Protection Impact Assessments, as may be required on all statutory, regulatory and clinical activities of the ICB, as encompassed by these types of documents;
- ICB Clinical Guidelines
- [ICS Clinical Guidelines where approved by the relevant Senate members on behalf of their employer organisations (for subject areas usually published by their Clinical Audit & Effectiveness Departments, or equivalents)
- ICB (ICS) Clinical Strategies

Date of Approval:

Date of Review:

Report to:	Integrated Care Board					
Date:	16 May 2024					
Title:	People Culture and Inclusion Assurance Report					
Presenting Officer:	Mish Irvine, Chief People Officer ICB					
Author(s):	Helen Conway, ICS Strategic Workforce Planning Lead Gemma Treanor, Head of ICS People Function					
Document Type:	Report	If Other: Click or tap here to enter text.				
Action Required (select):	Information (I)	<input checked="" type="checkbox"/>	Discussion (D)	<input type="checkbox"/>	Assurance (S)	<input checked="" type="checkbox"/>
	Approval (A)	<input type="checkbox"/>	Ratification (R)	<input type="checkbox"/>	<i>(check as necessary)</i>	
Is the decision within SOFD powers & limits	Yes / No	NO				
Any potential / actual Conflict of Interest?	Yes / No	NO <i>If Y, the mitigation recommendations –</i> Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	Yes / No	NO <i>If Y, are those signed off by and date:</i> Click or tap here to enter text.				
Appendices:	People Culture and Inclusion Assurance Report					

(1) Purpose of the Paper:

The purpose of this paper is to provide a summary of workforce position, challenges, risks and mitigation via People Culture and Inclusion programme activities considered at ICB People Culture and Inclusion Committee (PCI).

(2) History of the paper, incl. date & whether for A / D / S / I (as above):

	Date
People Culture and Inclusion Committee	08/05/2024
Click or tap here to enter text.	Click or tap to enter a date.

(3) Implications:

Legal or Regulatory	Delivery of Local people Plan, Joint Forward Plan and Long term Workforce Plan. NHSE workforce controls and reporting. ICB statutory duty for education and training
CQC or Patient Safety	NHSE reporting and assurance on workforce planning and metrics
Financial (CFO-assured)	External funding supports delivery of schemes including NHSE, ICB, being monitored and reported. Specific challenges in relation to agency, operating plan and workforce affordability in line with financial envelope.
Sustainability	Across all programmes. Specific activity linked to Green/Sustainability plans
Workforce or Training	Across all programmes – detailed in report
Equality & Diversity	Across all programmes – detailed in report

Due Regard: Inequalities	Population health and health inequalities links to all programme activities, strengthening our community engagement and offers
Due Regard: wider effect	Population health and health inequalities links to all programme activities, strengthening our community engagement and offers

(4) Statutory Dependencies & Impact Assessments:					
		Yes	No	N/A	Details
Completion of Impact Assessments:	DPIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>If N, why</i> Click or tap here to enter text. <i>If Y, Reported to IG Group on</i> Click or tap to enter a date.
	EIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.
	QIA	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>If N, why</i> Click or tap here to enter text. <i>If Y, signed off by QIA on</i> Click or tap to enter a date.
Has there been Public / Patient Involvement?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.

(5) Integration with the BAF & Key Risks:					
BAF1	Responsive Patient Care - Elective	<input type="checkbox"/>	BAF5	High Quality, Safe Outcomes	<input checked="" type="checkbox"/>
BAF2	Responsive Patient Care - UEC	<input type="checkbox"/>	BAF6	Sustainable Finances	<input checked="" type="checkbox"/>
BAF3	Proactive Community Services	<input type="checkbox"/>	BAF7	Improving Productivity	<input checked="" type="checkbox"/>
BAF4	Reducing Health Inequalities	<input checked="" type="checkbox"/>	BAF8	Sustainable Workforce	<input checked="" type="checkbox"/>

(6) Executive Summary, incl. expansion on any of the preceding sections:
<p>The report outlines the current position regarding workforce within SSOT. The 2024/25 Operating Plan submission has highlighted the challenges in developing a plan which delivers financial balance, with the right workforce and staffing levels in place to meet the demand and deliver the activity targets – but most importantly deliver safe, quality care. The PCI Committee acknowledged the efforts and challenges facing organisational partners in revising plans and contributing to the system recovery. The People elements will be key to the operating plan delivery and recovery programme – at organisational and system level. Work with NHS providers is underway to further strengthen the workforce oversight approach and processes underpinning the monitoring of controls, utilisation and performance against operating plans. A PCI Committee Development session will take place on 20th May to further explore current People context, risks, organisation and partner activities and to set the vision for the Committee throughout 2024/25 and beyond.</p> <p>The following areas are detailed in the report:</p> <ul style="list-style-type: none"> - Current workforce position - Operational Workforce Plan - People risks - People, Culture and Inclusion Programme delivery

(7) Recommendations to Board / Committee:
The Integrated Care Board is asked to: Note the workforce position, operating plan submission, risks and mitigations in place to address.

ICS People Culture & Inclusion Performance and Assurance Report

SSOT ICB Board in Public

May 2024

Executive summary for ICB Board

This report will outline:

- An executive summary outlining key headlines and escalations in relation to People, Culture and Inclusion
- Current workforce metrics, position and controls
- Operational Planning
- Risks /challenges and mitigation
- People Programme delivery

Executive Summary:

- This report outlines the current position regarding workforce within SSOT. The 2024/25 Operating Plan submission has highlighted the challenges in developing a plan which delivers financial balance, with the right workforce and staffing levels in place to meet the demand, deliver the activity targets - and most importantly, safe, quality care. The PCI Committee acknowledged the efforts and challenges facing organisational partners in revising plans and contributing to the system recovery. The People elements will be key to the operating plan delivery and recovery programme – at organisational and system level. Work with NHS providers is underway to further strengthen the workforce oversight approach and processes underpinning the monitoring of controls, utilisation and performance against operating plans. A PCI Committee Development session will take place on 20th May to further explore current People context, risks, organisation and partner activities and to set the vision for the Committee throughout 2024/25 and beyond.
- The following areas are highlighted:
 - Current staff in post levels as at Mar-24 are currently above the H2 FY23-24 reset plan by +629 wte. For the first month of FY24-25 collectively our workforce actual exceeded the budgeted establishment for Mar-24 (due to increased bank use), which also makes the starting point of delivery of the FY24-25 plan challenging. From a workforce lens, the key performance indicators indicate positive movements in reduction of vacancies, reduced reliance on agency, decreased levels of absence and improving appraisal rates, however the financial challenge cannot be viewed in isolation.
 - Operational Workforce Plan – The final planned submission for FY24-25 operational plan to NHSE was submitted by the deadline of 2nd May 24, following approval of the plan at an ICB extraordinary board on 30th April 24. The plan reflects in year (Mar-24 to Mar-25) a budgeted establishment increase of +253 wte and a decrease of planned staff in post of -489 wte. For context this also includes a TUPE incoming of +147 wte. The plan details the direction of travel for SSoT workforce comprising of NHS providers, mental health, primary care and workforce key performance indicators. As a system we await feedback from NHSE to understand any further developments required or whether this iteration will be accepted as the overarching plan for FY24-25.
 - People risks have been robustly reviewed and reflect the current risks across the partner organisations. The top risks to the system are: Agency usage and spend; Employee Wellbeing/Retention; and Ability to meet demand and Long Term Workforce Plan growth with financial deficit, workforce controls, supply, future pipeline, and availability of registrants. Risks will be further reviewed at the PCI Development Session on 20th May.
 - Overall People Programme priorities for 2024/25 will be reviewed at the PCI Development Session to support the achievement of the system priorities and recovery with particular focus on reducing spend, increasing reform and creating efficiencies
 - People, Culture and Inclusion Programme delivery is overall on track, with actions in place to address those areas challenged (e.g. WRES/WDES standards and Staff Psychological and Wellbeing Hub funding).

Workforce position and controls





Staffordshire & Stoke-on-Trent NHS:

Staffordshire and Stoke-on-Trent March 2024

Integrated Care System



Staffordshire and Stoke-on-Trent
Integrated Care System

Vacancy (%)	Staff in Post (substantive wte)	Bank Usage (% of total staff)	Agency Spend (% of total pay spend)	Turnover (%)	Sickness (%)
Mar 24	Mar 24	Mar 24	Mar 24	Mar 24	Mar 24
9.4%	22,051	7.3%	3.2%	9.0%	5.2%
Mar 23	Mar 23	Mar 23	Mar 23	Mar 23	Mar 23
11.9%	20,536	7.5%	2.2%	10.6%	5.6%
12 Month Change	12 Month Change	12 Month Change	12 Month Change	12 Month Change	12 Month Change
-2.5%	+1,571	-0.1%	+1.0%	-1.5%	-0.5%
FYTD Change	FYTD Change	FYTD Change	FYTD Change	FYTD Change	FYTD Change
-3.9%	+1,515	+1.2%	-1.0%	-1.5%	-0.3%

Staffordshire & Stoke-on-Trent NHS:

Staffordshire and Stoke-on-Trent March 2024

Total Workforce

24,378 WTE

Currently +1,922wte (Apr23)

Substantive

22,051 WTE

Currently +1,515wte (Apr23)

Bank

1,786 WTE

Currently +442wte (Jun23)

Agency

541 WTE

Currently -209wte (Jun23)

Other Health and Care Workforce

SSOT ICB Workforce

272 WTE

Primary Care Workforce

2,872 WTE

Social Care Workforce

20,000 WTE

Dentistry Workforce

610 Headcount

Temporary Workforce

9.5%

Currently 12-Month High

Agency Spend

£3.9M (3.2%)

Currently -£1.1M (Jun23)

Vacancies

2,280 wte (9.4%)

Currently -866wte (Apr23)

Joiners

219 wte

Currently +9wte (Jun23)

Leavers

242 wte

Currently 12-Month High

12 Month Rolling KPI's (%)

9.0%

Turnover Rate

Currently -1.5% (Apr23)

5.2%

Sickness Absence Rate

Currently -0.5% (Apr23)

93.4%

Mandatory Training

Currently +0.5% (Nov23)

79.7%

AFC Appraisal Rate

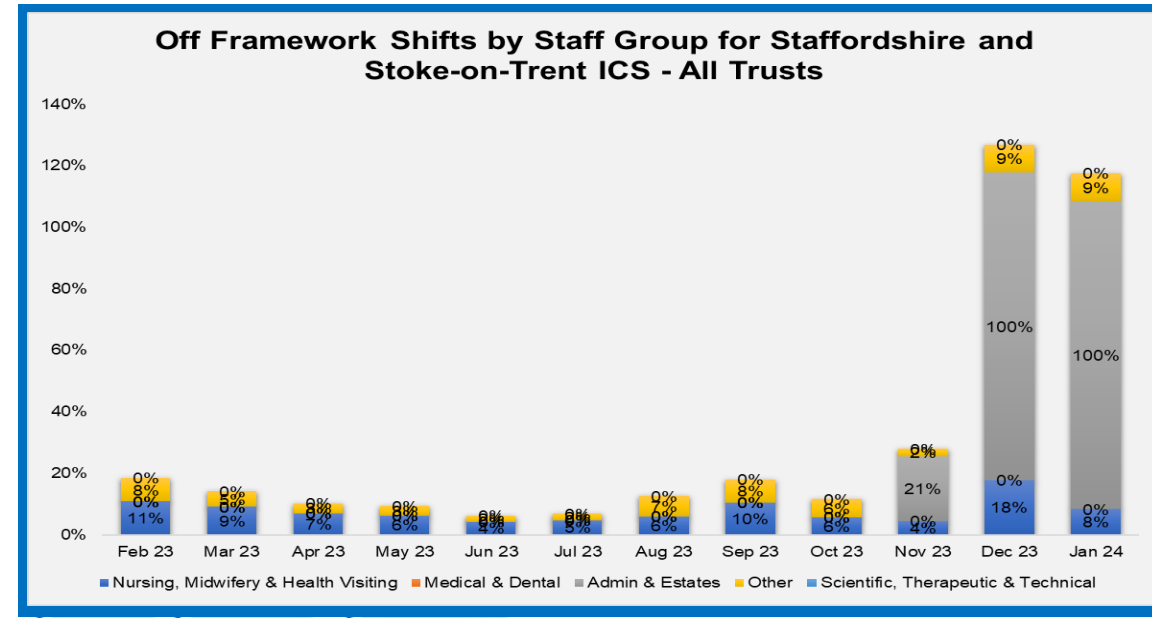
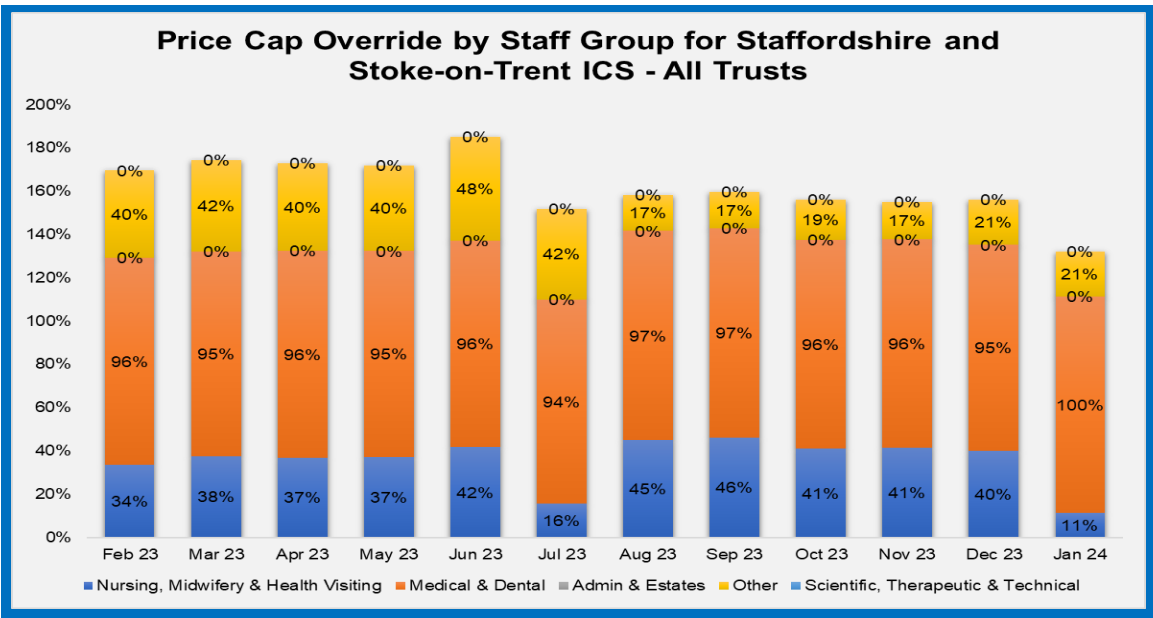
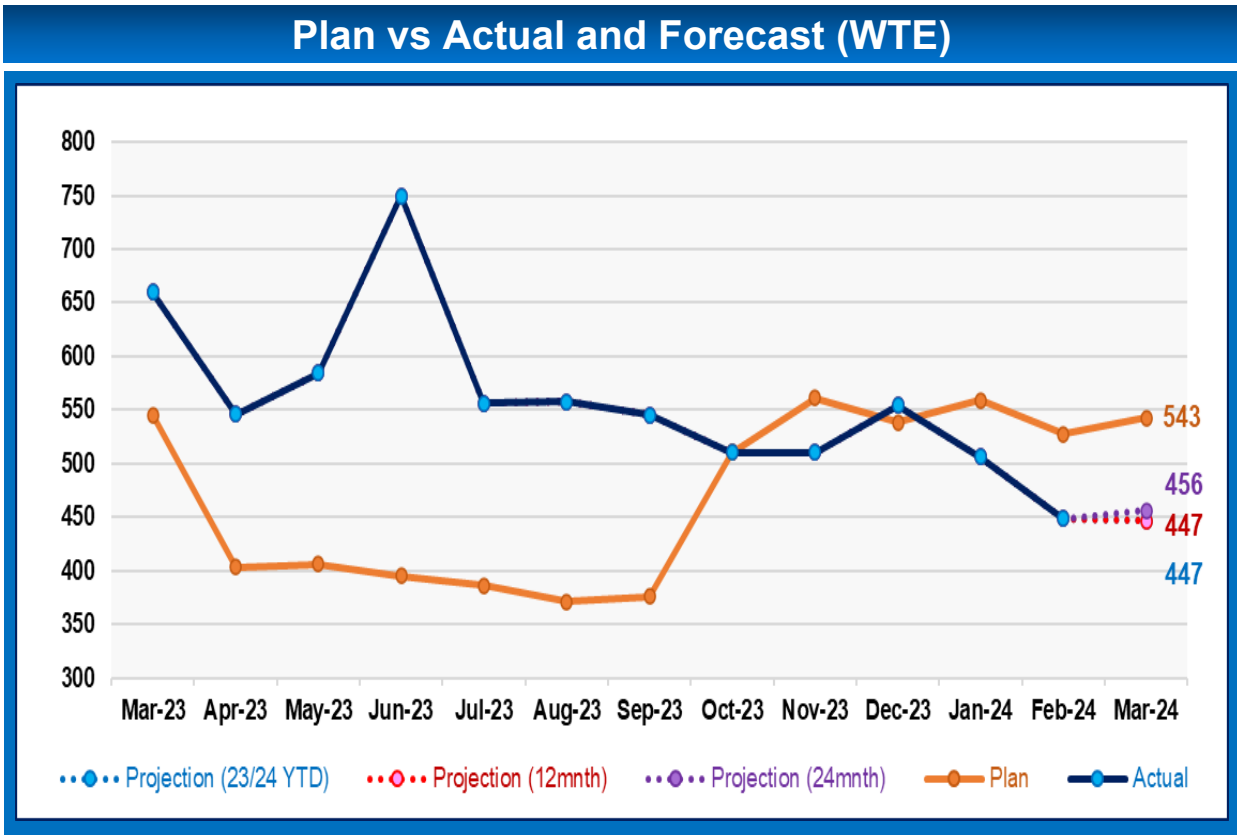
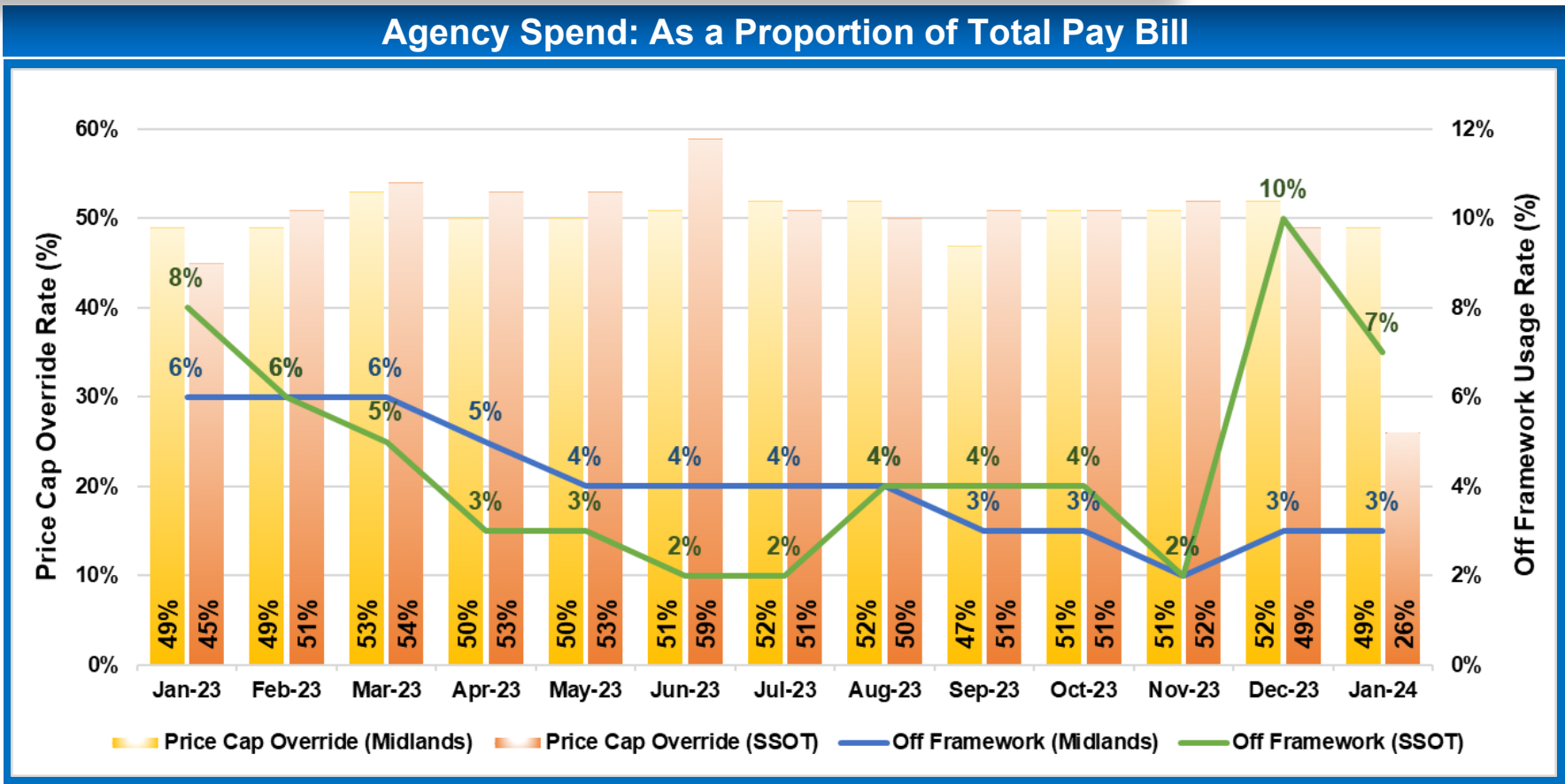
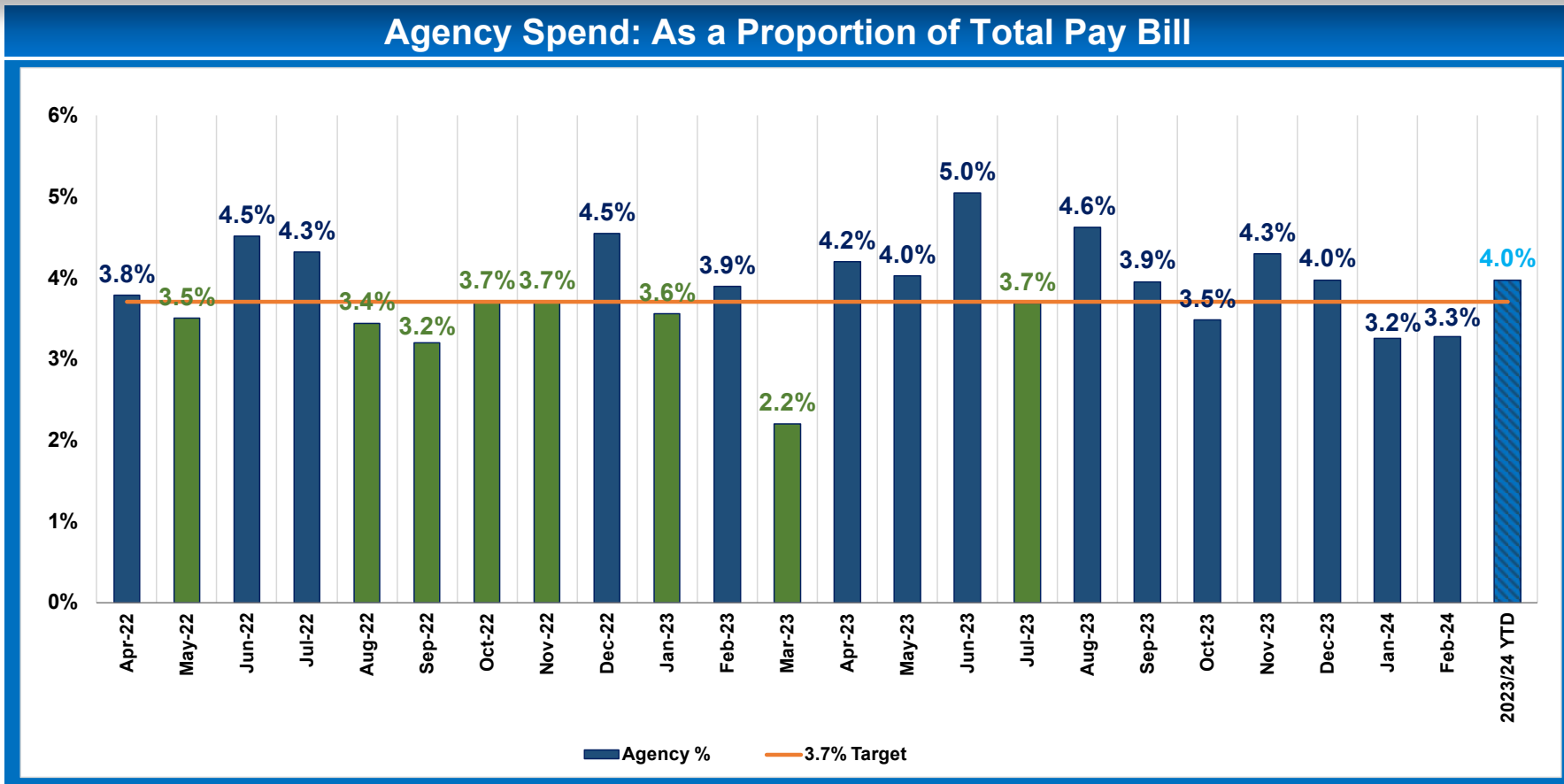
Currently +2.6% (Dec23)

84.9%

Medical Appraisal Rate

Currently 12-Month High

Staffordshire & Stoke-on-Trent: Agency Usage



SSOT Agency Spend by Staff Group	In-Month Spend Feb-24 (£M)	Monthly Spend %	Year to Date %
Registered Nursing	£943.4	3.1%	4.1%
Registered ST&T	£409.0	2.7%	2.7%
Ambulance Staff	£2.2	128.0%	95.9%
Support to Clinical	£184.1	1.0%	1.5%
Medical & Dental	£1,757.0	7.8%	8.4%
Infrastructure Support	£72.8	0.4%	1.2%
Overall	£3.36M	3.3%	4.0%

Operational Planning



FY24-25 Operating Workforce Plans - 2nd May 24 Submission

FY24-25 Plan (Mar-24 to Mar-25) – NHS Providers (WTE)

Summary

- Establishment is planned to increase from 24,135 to 24,388 by +253.
- The overall total workforce is planned to decrease from 24,287 to 23,798 by -489.
- As of Mar-24 the total workforce staff in post is +152 above the establishment.

Staff Composition (Total WF):

- Substantive: +78
- Bank: -403
- Agency: -165

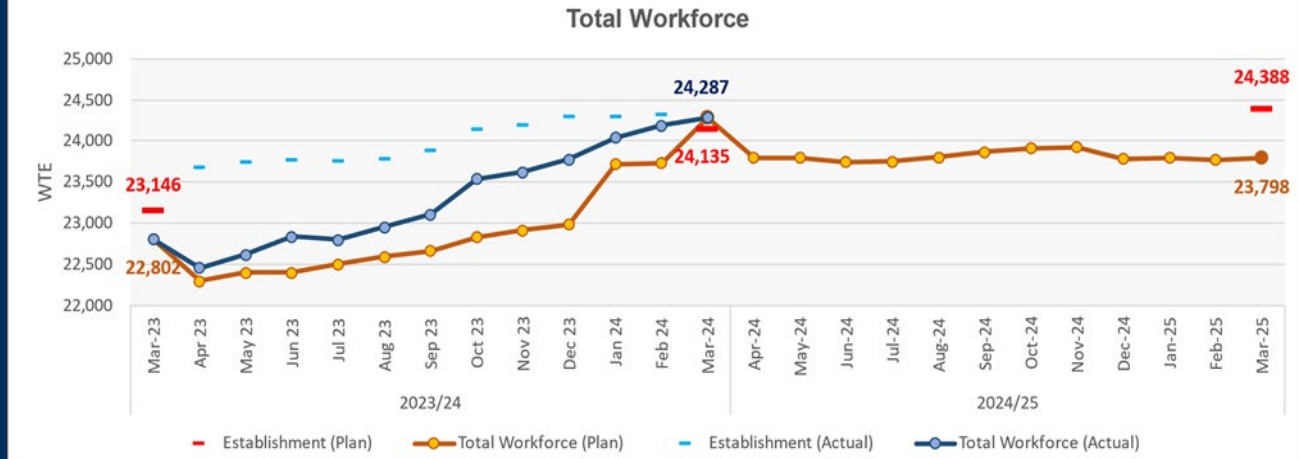
Overall Total Workforce Movement:

MPUFT: Decrease from 9,948 to 9,826 by -122.
NSCHT: Decrease from 1,819 to 1,809 by -10.
UHNM: Decrease from 12,520 to 12,162 by -358.

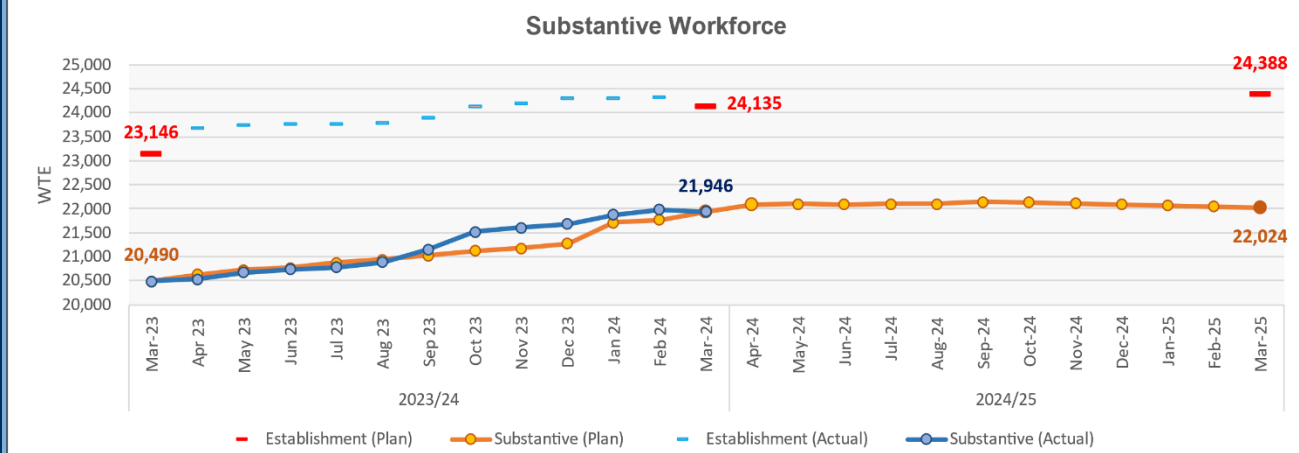
Staff Groups – Substantive WF Movement:

- Reg Nursing, Midwifery & HV's: +130
- Reg/Qual Sci, Therapeutic & Staff: +24
- AHPs: +9
- Reg/Qual Healthcare Scientists: No Change
- Support to Clinical staff: +63.4
- NHS Infrastructure Support: -156
- Medical & Dental: +17

1) Total WF (Providers – WTE)



2) Substantive WF (Providers – WTE)



FY24-25 Plan (Mar-24 to Mar-25) – Mental Health & Primary Care (WTE)

Primary Care: Increase from 3,458 to 3,615 increase of +157

Mental Health Workforce Plan: Increase from 3,373 to 3,392 by +19

3) FY24-25 Plan Development – NHS Providers (WTE)

FY24-25 Ops WF Plans		Revised plan as submitted 2nd May 24					
		Mar-24 SIP	Mar-24 Establishment	Mar-25 SIP	Mar-25 Establishment	SIP Change Mar-24 to Mar-25	Establishment Change Mar-24 to Mar-25
MPFT	Substantive	9,099	10,137	9,120	10,328	21	191
	Bank	647		549		-98	
	Agency	202		157		-45	
	Total WF	9,948	10,137	9,826	10,328	-122	191
NSCHT	Substantive	1,656	1,871	1,656	1,809	0	-62
	Bank	130		146		16	
	Agency	33		8		-26	
	Total WF	1,819	1,871	1,809	1,809	-10	-62
UHNM	Substantive	11,191	12,127	11,248	12,251	57	123
	Bank	1,026		705		-321	
	Agency	303		209		-94	
	Total WF	12,520	12,127	12,162	12,251	-358	123
SSoT	Substantive	21,946	24,135	22,024	24,388	78	253
	Bank	1,803		1,400		-403	0
	Agency	538		374		-164	0
	Total WF	24,287	24,135	23,798	24,388	-489	253

Since the submission to NHSE on 21st Mar and subsequent plan development, the workforce increases planned have decreased. The increases planned are modest.

- Total staff in post workforce detailed a decrease of -260 in the flash submission (17/04/24) and the planned decrease has increased further to -489, of which:**
 - Substantive was +224, now reduced to +78 (in this we know there is a TUPE incoming equating to +147).
 - Bank was -320, reductions further increased to -403.
 - Agency was -164 and remains static.
 - Establishment was increasing by +249, a slight increase to +253 is planned.
- Current workforce plan position as at 29th April (final plan in readiness for 2nd May 24 NHSE submission) , reflects SIP decreasing by -2.0% and establishment increasing by +1.0%, ideally these would be more closely aligned given headroom in establishment is there to support additionally of 24-7 services (statutory and mandatory training, annual leave etc.)

Workforce challenges, risks and mitigation



Risks, challenges and mitigation

The Risks and Challenge

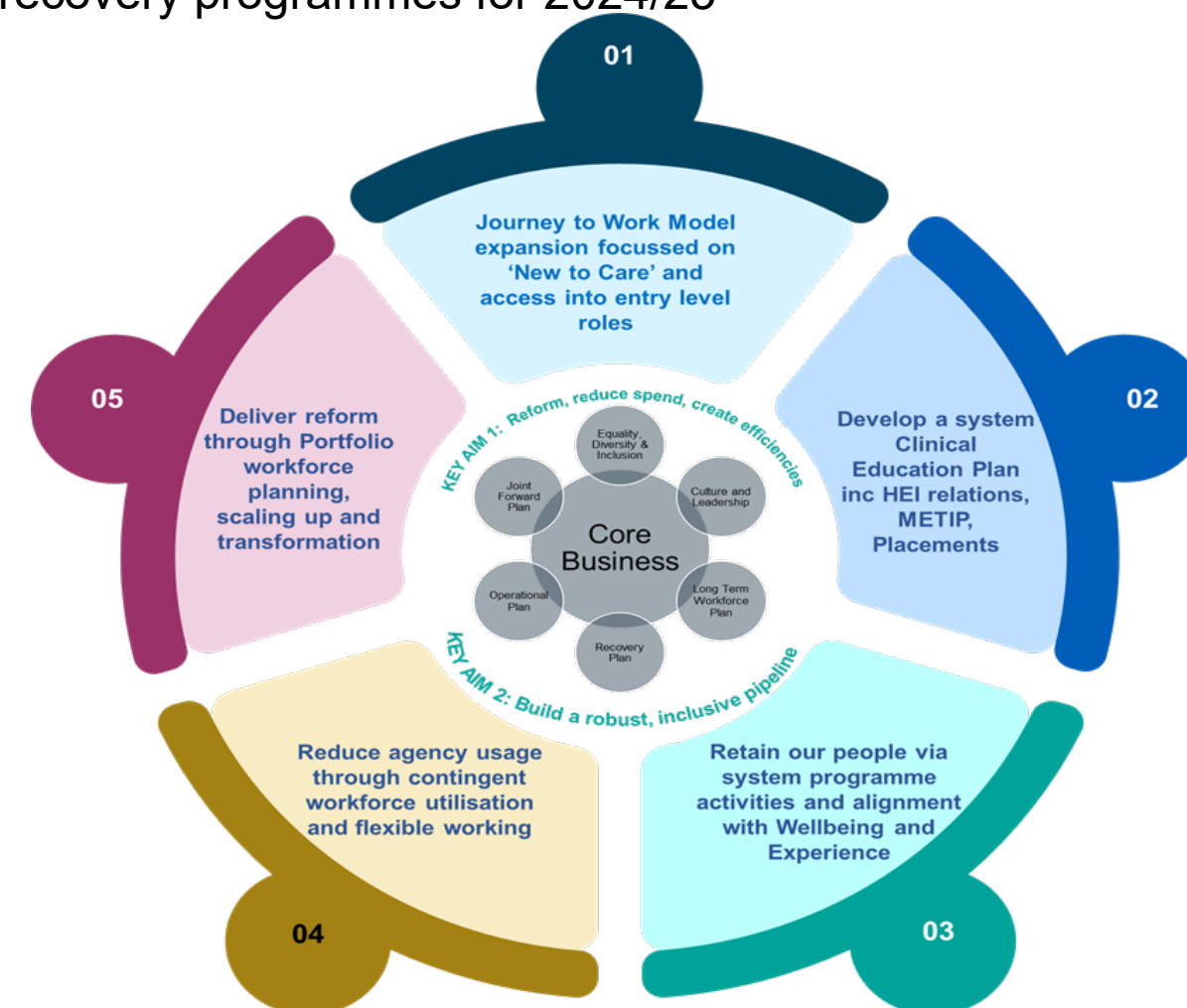
People risks

The following risks are identified on the People Culture and Inclusion Risk Register:

- Agency usage and spend
 - Care Home and Home Care Workforce Capacity (*reopened*)
 - Ability to deliver the Local People Plan programmes, People Operating Model and Long Term Workforce Plan
 - Employee Health Wellbeing and Retention
 - Ability to meet demand and Long Term Workforce Plan growth with financial deficit, workforce controls, supply, future pipeline, and availability of registrants' (*proposal to reword to reflect the short and long term impacts of the financial position and supply, and future pipeline*)
 - Industrial Action (*reduced*)
- Discussion took place at the PCI Committee regarding an additional risk proposed by the People Collaborative regarding system culture during times of increased pressure, scrutiny and financial climate. This risk will be developed by OD leads and mitigated by the system OD plan currently in development.
 - A further review of the risks will be carried out at the PCI Development session on 20th May to ensure that the risks reflect the workforce challenges in 2024/25.
 - The 2024/25 BAF was discussed and the overarching workforce risk is currently in development to reflect the 2024/25 impact and controls.
 - Mitigating actions to reduce the impact of the risks are outlined in the People Programme Priorities, activities and programme delivery, alongside organisational level actions

FY24-25 People Programme Priorities

- The key principles / aims of the 2024/25 approach will be to:
 - Reduce **spend**, increase **reform**, create **efficiencies**
 - Focus on **collaboration and scaling**; transformation, productivity, helping our local population access and entry level routes into health and care careers, securing our future pipeline; clinical and professional engagement.
 - Deliver specific projects aligned to National and Local priorities; undertaking reactive and future planning activities which create a sustainable workforce.
- The priorities will be discussed further at the PCI Committee development session to ensure that they reflect the priorities required to mitigate the risks, support the financial plan and recovery programmes for 2024/25



People Culture and Inclusion Programme delivery



ICS People, Culture and Inclusion Programme Delivery

- Progress within programmes against agreed targets and metrics is reported via People Collaborative Board and People Culture and Inclusion Committee
- Below highlights from March-April 2024 activities. Amber ratings = WRES/WDES – further improvements required to meet standards and workforce to be representative with parity across the system; Psychological Wellbeing Hub subject to business case to extend service beyond November 24. Scope for Growth pilot is now complete
- The 2023/24 Annual report is currently being prepared to capture programme achievements, year-end position and 2024/25 programme delivery.

Workforce supply – resourcing and retention	Workforce transformation and future pipeline	Equality, diversity and inclusion (EDI)	Employee experience, health and wellbeing	System culture and collaboration	Leadership and talent
<ul style="list-style-type: none"> • ICS People Hub inc Social Care and Admin Hubs • Reserves inc NHSE Pilot • Contingent Workforce Deployment • Redeployment • Retention Programme • New to Care Academy – access to jobs, outreach into communities • Inclusive Recruitment • Resourcing diagnostics: focus on shortage occupation, agency reduction 	<ul style="list-style-type: none"> • Portfolio and profession workforce planning and transformation • Programme delivery e.g. System Recovery programme • NHSE Workforce Development and Education funding – including Multi-professional Education and Training Investment Plan (METIP) • Education, Training and Development inc Clinical Placement Project • Widening participation – including J2W, ICS Apprenticeships, National T-Levels Pilot • Educational Engagement (in partnership with CYP) • ICS Strategy (Digital, Green) 	<ul style="list-style-type: none"> • Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) • Staff networks • WRES Champions • Reciprocal Mentoring • #InclusiveHR Scheme 	<ul style="list-style-type: none"> • Employee Experience & Wellbeing insights • Employee Wellbeing & Wellbeing Strategy • Staff Psychological Wellbeing Hub • Wellbeing resources and events • Occupational Health Provision 	<ul style="list-style-type: none"> • PCN OD programme • System OD Plan 	<ul style="list-style-type: none"> • High Potential Scheme • Coaching and Mentoring Pool • Scope for Growth pilot

RAG Key:

- On Track
- Some elements behind schedule but mitigations in place
- Significantly behind schedule
- Complete
- New programme

Board Committee Summary and Escalation Report

Report of:	Staffordshire and Stoke-on-Trent ICB Remuneration Committee
Chair:	Shokat Lal, Non-Executive Director
Executive Lead:	Mish Irvine, Interim Chief People Officer
Date:	18 th April 2024

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Request for Consideration of Retire & Return: CEO	<p>Committee members received a Retire and Return request for consideration from the Chief Executive Officer.</p> <p>Committee members asked for NHSE to be notified of the request. Committee members approved the request.</p>	
Annual Refresh of Remuneration Committee Terms of Reference	<p>Committee members received a revised set of Remuneration Committee Terms of Reference which were due an annual refresh.</p> <p>Committee members requested meeting quoracy increase from two to three NEDs and approved the Terms of Reference subject to this amendment.</p>	

Risk Review and Assurance Summary

Board Committee Summary and Escalation Report

Report of:	People, Culture and Inclusion Committee (Part B)
Chair:	Shokat Lal, Non Executive Director (Chair)
Executive Lead:	Mish Irvine, Chief People Officer (Interim)
Date:	Wednesday 8 th May 2024

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Quarter 4 2023-2024 Workforce Report	<p>The Committee received the Quarter 4 2023-2024 Workforce Report containing the following data;</p> <ul style="list-style-type: none"> • Staff In Post • Staff by Pay Band • Leavers and Turnover • Sickness Absence • Mandatory and Statutory Training <p>The Committee noted the report.</p>	
Annual Refresh of Terms of Reference	<p>The Committee received a refreshed set of Terms of Reference for review, comment and approval.</p> <p>The committee agreed with the recommendation that one additional Non-Executive Director be added to the committee's membership. It was also agreed that the Chief Nursing and Therapies Officer or a representative be added to the committee's membership.</p> <p>The Committee approved the refreshed Terms of Reference.</p>	
Update of ICB 2024/25 OD Programme Delivery	<p>The Committee received an update on the OD Programme. The highlights shared with the committee included the definition of OD, the McKinsey 7 S model, the schedule of OD Directorate and SDI session dates and assurance that the programme for Quarter 1 and 2 were on track.</p> <p>The Committee noted the update.</p>	
ICB Learning and Development Offer 2024/25	<p>The Learning and Development offer for 2024/25 was shared with the Committee. Highlights shared with the committee included new inclusions for this year's offer such as the NHSE Carbon Literacy Accreditation and Health and Wellbeing offer. Some of our historical training partner contracts have not been reviewed to ensure best use of funding and the course content has been sourced through other existing channels at no additional cost. The Committee was also sighted on</p>	

	<p>legacy training credits carried over into 2024/25, and best use of our apprenticeship Levy.</p> <p>The committee noted the breath of the offer available to the ICB workforce and the links to the 2024/25 OD Programme.</p>	
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Risk Review and Assurance Summary

Board Committee Summary and Escalation Report

Report of:	Audit Committee
Chair:	Julie Houlder
Executive Lead:	Tracey Shewan/Paul Brown
Date:	19 th April 2024

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
2023/24 Statutory Annual Statements	The Committee held an extra-ordinary meeting on the 19 th April to approve the submission of the draft 2023/24 Statutory statements (Annual Report, Accounts and Governance Statement. After discussion the reports were approved for submission. Since the meeting Grant Thorntons External Audit Plan was circulated which will ensure that the Board can approve the final audited statements at their June Meeting.	<p>The Board are asked to note that the ICB will be issued a Section 30 Referral to the Secretary of State because the ICB failed to meet its' statutory duty to break even. This was anticipated and the Board is fully sighted on the financial position and the action being taken to return to break even.</p> <p>It was also agreed that in the future the covering report to the statements will be more explicit regarding the nature of and conclusions in the Governance Statement, Internal Audit Opinion and review of the ICB as a Going Concern.</p>
Governance	The committee approved revisions to the Conflicts of Interest policy.	.

Risk Review and Assurance Summary

The Board can take assurance regarding the reports provided and the discussion which took place at the committee and would like to thank all those involved in producing the 2023/24 Annual Statements in such a timely way.