Staffordshire and Stoke-on-Trent Integrated Care Board Meeting HELD IN PUBLIC – via MS Teams

17th October 2024
1.00pm – 3.00pm

[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	Chair	---	---	1.00pm	
2.	Confirm quoracy	Chair	---	---		
3.	Leadership Compact	Chair	Enc 01	A		3
4.	Conflicts of Interest	Chair	Enc 02	---		4-5
5.	Minutes of meeting held on 26th September 2024	Chair	Enc 03	A		6-18
6.	Minutes of the Annual General Meeting held on 26th September 2024	Chair	Enc 04	A		19-25
7.	Action Log - progress update on actions	Chair	Enc 05	D		26-27
8.	Questions submitted by members of the public in advance of the meting	Chair	---	D	1.05pm	
Strategic and System Development						
9.	ICB Chair and Chief Executive Update	DP/PA	Enc 06	I	1.15pm	28-38
10.	ICB Review Of Intensive & Assertive Community Mental Health Care - SSOT Action Plan	Nicola Bromage in attendance	Enc 07	S	1.25pm	39-54
11.	Staffordshire and Stoke on Trent ICS Strategic OD Plan	Pauline Grant in attendance	Enc 08	A	1.35pm	55-87
System Governance and Performance						
12.	Quality and Safety Report	HJ	Enc 09	S	1.45pm	88-91
13.	ICS Finance and Performance Report Finance and Performance Committee Summary and Escalation Report - October	PB/PS MN	Enc 10 Enc 11	I/S I/S	1.55pm 2.05pm	92-112 113-117
14.	People Metrics People Culture and Inclusion Assurance Report	MI MI	Enc 12 Verbal	I/S/D I/S	2.10pm 2.20pm	118-124
15.	Quarter 2 2024-2025 System Board Assurance Framework (SBAF) Update	CC	Enc 13	D/S	2.25pm	125-155
16.	Staffordshire and Stoke on Trent Health and Care Senate Summary and Escalation Report	PEJ	Enc 14	I/R	2.35pm	156-162

17.	Staffordshire and Stoke on Trent ICB Remuneration Committee Summary and Escalation Report	SL	Enc 15	I/S	2.45pm	163-164

Any Other Business						
18.	**Items notified in advance to the Chair**	All	---	D		
19.	**Questions from the floor relating to the discussions at the meeting**	Chair	---		2.50pm	
20.	**Meeting Effectiveness**	Chair	---			
21.	**Close**	Chair	---		3.00pm	
22.	**Date and Time of Next Meeting** 21st November 2024 at 12.30pm held in Public, Staffordshire County Council, Council Chamber, County Buildings, Martin Street, Stafford, ST16 2DH					

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 04 OCTOBER 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	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*
20th September 2024	Dr	Buki	Adeyemo	Chief Executive Officer	North Staffordshire Combined Healthcare Trust (NSCHT)	Nothing to declare	1. Board of Governors University of Wolverhampton (ongoing) 2. Mental Health Network, NHS Confederation, NHS CEO Representative (ongoing)	Nothing to declare	Nothing to declare	(h) interest recorded on the Conflicts Register
15th July 2024	Mr	Nadeem Tony	Ahmed	ICB Participatory (non-voting) member	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Director of Dentaire Ltd and TT Partners Ltd, Principal dentist at Dentaire Dental Care (ongoing)	1. Chair of Local Dental network - Shropshire and Staffordshire (ongoing)	Nothing to declare	1. Brother is an ENT surgeon and head of department at QE Hospital Burton (ongoing)	(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.
11th July 2024	Ms	Helen	Ashley	Acting CEO	University Hospitals of North Midlands NHS Foundation Trust (UHNM)	Nothing to declare	Nothing to declare	1. Member of Derbyshire Community Health Services FT (2014 - ongoing)	Nothing to declare	(h) recorded on conflicts register.
25th June 2024	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 u13 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.
23rd July 2024	Mr	Peter	Axon	CEO	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
1st July 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) 3. Non-executive director of The Care Kingdoms, an investment consortium with the aim to build a company initially focussing on the Home Care market. The company does not currently have any trading activities and I do not have any shares in it, but at some point I might be offered equity in the company, should it be able to attract investment and move to a trading status. (June	Nothing to declare	Nothing to declare	(h) recorded on conflicts register.
12th September 2024	Mr	Neil	Carr OBE	Chief Executive Officer	Midlands Partnership University NHS Foundation Trust	1. CEO of MPFT (ongoing)	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) 4. Visiting Professor - Wagner College, New York (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.
1st October 2024	Mr	Simon	Constable	Chief Executive	University Hospitals of North Midlands NHS Trust	Nothing to declare	1. Visiting Professor, University of Chester (2015 - ongoing) 2. General Medical Council Responsible Officer and Designated Body is Dr Eileen Marks and Liverpool University Hospitals NHS Foundation Trust (2019 - 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 CCG conflicts register.
13th September 2024	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.
10th July 2024	Mrs	Lisa	Ellis	Executive Support Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required

Date of Declaration	Title	Forename	Surname	Role	Organisation	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*
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.
25th June 2024	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
24th July 2024	Mr	Chris	Ibell	Chief Digital and Information 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 September 2024	Ms	Mish	Irvine	Chief People Officer (Interim)	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.
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.
25th July 2024	Mr	Shokat	Lal	Non-Executive Director	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Member of the Black Country Integrated Care Partnership through day job at Sandwell Council (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 Renumeration 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)	Nothing to declare	1. Spouse and daughter work for North Staffs Combined Health Care NHS Trust (2018 - ongoing)	(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 Service (WMAS) (February 2021 - 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.
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 - 31/05/2024 (To be removed from register November 2024)	1. Company Director for Coventry and Rugby GP Alliance (December 2023 - 31/05/2024) (To be removed from register November 2024)	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.
4th August 2024	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 DPO	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 PUBLIC Meeting

Thursday 26th September 2024

1.00pm – 3.00pm - 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 quantum (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 one other Executive Director (from CFO, CTO, CDO) • either the Medical Director (CMO) or the Director of Nursing & Therapies (CNTO) • three Independent Members: i.e. Chair plus two Non-Executive Members • three Partner Members: with ideally at least one from each of the three cohorts	✓	✓	✓	✓	✓						
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		✓	✓	✓	A	✓						
Elizabeth Disney (ED), Chief Transformation Officer						A						
Julie Houlder (JHo) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	A	✓						
Megan Nurse (MN) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	A						
Shokat Lal (SL) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	A						
Josephine Spencer (JS) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	A	✓						
Jon Rouse (JR) City Director, City of Stoke-on-Trent Council		✓	A	A	A	✓						
Patrick Flaherty, (PF) Chief Executive, Staffordshire County Council		✓	A	✓	A	A						
Dr Jack Aw (JA) Primary Care Partner Member, Staffordshire & Stoke-on-Trent Integrated Care Board		✓	✓	✓	A	✓						
Helen Ashley (HA) Interim Chief Executive, University Hospitals of North Midlands NHS Trust					✓							
Simon Constable (SC) Interim Chief Executive, University Hospitals of North Midlands NHS Trust						✓						
Neil Carr (NC) Chief Executive, Midlands Partnership NHS University Foundation Trust		✓	A	✓	✓	A						
Dr Buki Adeyemo (BA) Chief Executive, North Staffordshire Combined Healthcare NHS Trust		✓	✓	✓	✓	A						
Steve Grange (SG), Midlands Partnership NHS University Foundation Trust		A	✓	A	A							
Participant Members:												
Simon Fogell (SF), Stoke-on-Trent Healthwatch		✓	✓	✓	✓	✓						
Baz Tameez (BT), Healthwatch Support Staffordshire		✓	A	✓	✓	✓						

Tracey Shewan (TS) Director of Communications, Staffordshire & Stoke-on-Trent ICB		A	✓	A	✓	✓						
Chris Ibell (CI) Chief Digital Officer, Staffordshire & Stoke-on-Trent ICB		A	✓	✓	✓	A						
Paul Winter (PW) Associate Director of Corporate Governance & DPO, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓						
Mish Irvine (MI), Chief People Officer, Staffordshire & Stoke-on-Trent ICB (People Directorate, Midlands Partnership University NHS Foundation Trust)		✓	✓	✓	✓	A						
Nicky Harkness (NH), Programme Director Provider Collaborative, Staffordshire & Stoke-on-Trent Integrated Care Board		A	✓	✓	✓	✓						
Pauline Grant (PG), Associate Director of Organisational Development, People Directorate		A	A	✓	✓							
Kay Johnson (KJ), Executive Assistant, Staffordshire & Stoke-on-Trent ICB					✓							
Lisa Ellis, Executive Support Officer, Staffordshire & Stoke on Trent ICB						✓						
Clare Cotton (CC), University Hospitals of North Midlands NHS Trust					✓							
Dr Lorna Clarson (LC), Deputy Chief Medical Officer and Clinical Director for Improving Health, Staffordshire & Stoke-on-Trent ICB					✓							
Dr N Tony Ahmed (TA), Dental Participant Board Member					✓	✓						
Eric Gardiner (EG), Chief Finance Officer, North Staffordshire Combined Healthcare NHS Trust						✓						
Gemma Treanor (GT), Head of ICS People Function, (People Directorate, Midlands Partnership University NHS Foundation Trust)						✓						
Helen Conway (HC), ICS Strategic Workforce Planning Lead, (People Directorate, Midlands Partnership University NHS Foundation Trust)						✓						

		Action
1.	**Welcome and Introductions**	
	DP welcomed Simon Constable, new Chief Executive at UHNM, to his first meeting of the ICB Board, held in public. DP welcomed attendees to the ICB Public Board meeting and 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. The meeting is being recorded and will be available on the ICB website after the meeting. DP reminded members of the importance of the Leadership Compact document which was used in all of the meetings transacted by the ICB and guides the way business is conducted.	
2.	**Apologies**	
	Apologies were received from: Megan Nurse — Non-Executive Director, Staffordshire & Stoke-on-Trent ICB Shokat Lal — Non-Executive Director, Staffordshire & Stoke-on-Trent ICB Mish Irvine — Interim Chief People Officer, Staffordshire & Stoke-on-Trent ICB (People Directorate, Midlands Partnership University NHS Foundation Trust) (represented by Gemma Treanor and Helen Conway) Elizabeth Disney — Chief Transformation Officer (represented by Nicky Harkness) Neil Carr — Chief Executive, Midlands Partnership NHS University Foundation Trust Buki Adeyemo — Chief Executive, North Staffordshire Combined Healthcare NHS Trust (represented by Eric Gardiner)	
3.	**Leadership Compact**	
	Received and noted.	

4.	**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.	
5.	**Minutes of the Meeting held on 18th July 2024**	
	The minutes of the meeting held on 18th July 2024 were **AGREED** as an accurate record of the meeting and were therefore **APPROVED.**	
6.	**Action Log**	
	Birth trauma Enquiry HJ advised that the all-party reporting to birth trauma was published earlier the summer and a significant amount of time has been spent reviewing the report in line with the findings. She added that the first joint Local Maternity Neonatal System (LMNS) meeting with Shropshire Telford and Wrekin is due to take place and one of the agenda items is a peer review of the self-assessment against the findings of the report. She provided assurance that colleagues have reviewed the report and there will be an independent peer review after the Local Maternity Neonatal System meeting, which will then be presented to the Quality and Safety Committee prior to coming back to the Board.	**HJ**
7.	**Questions submitted by members of the public in advance of the meeting**	
	Question one, submitted by Ian Syme Dentistry *Several months back I asked how the ICS/ICB will be ensuring access to NHS Dentistry will consistently improve and how the ICS will also make sure that all dental funding allocation will be spent on improving NHS Dentistry services. I'd highlighted that dental problems for children were now the single greatest cause for children being admitted to hospital. I was told that the ICS/ICB was awaiting the formulation of a 'Midlands Dental Strategy'.* A) What is the state of play re that "strategy'? PEJ advised that the West Midlands Strategy is in draft format and will be launched next year and will be presented to the Board in January 2025. B) Is that 'strategy' also addressing the significant issue of children's access to NHS dentistry? PEJ advised that the strategy and local dental plan will address the local population and a deep dive on childrens dentistry will be undertaken and will be presented to the Childrens Portfolio Board. C) I note that in today's ICB papers that there is at present an underspend on NHS dentistry. Can the ICB assure that the ICS/ICB will be utilising dentistry allocation in full for NHS dental services? PEJ stated that dental budgets have traditionally always been underspent due to the complex nature of the way that dental contracts work and the under delivery of the contract. He advised that the aim of the local dental plan is to ensure the budgets are invested in the right areas to improve dental access in the future to the local area.	

	Question two, submitted by Ian Syme Maternity. *I noticed from a UHNM Board paper earlier this year that various user lay representation on Maternity bodies including Maternity Voices does NOT reflect the general population or the local population. I have since enquired about this and been told that yes this is problematic! That specific is not just 'local' to UHNM NHS Trust Maternity Services!* *How is this lack of voices from significant sectors of our local population being addressed certainly in the light of various inquiries re substandard Maternity Services where a consistent theme is women have overwhelmingly said that they've not been listened to?* HJ advised that a significant amount of work is taking place across the LMNS on levelling up access to both services and support. She advised that the Neonatal Voices and Partnership are working to bring seldom heard groups together through various community groups, community leads and various listening events. The Maternity and Neonatal Voices Partnership Chair focuses her engagement to seldom heard groups and there has been an expansion of the maternity and neonatal voices champions role across the system, who have a clear work plan for 2024/2025 and includes hard to reach groups. HJ added that the Maternity and Neonatal Voices Partnership work collaboratively across the system and UHNM inclusivity visit has recently been completed and a number of women that reflected the local population were engaged in the visit. She added that a report has been shared, highlighting the recommendations for improvement and an action plan is being develop. It was noted there will be fifteen steps visit to UHNM maternity services due to take place in October, which will include meeting with women who use the services and will reflect the local population. The ICB have funded an Equality Diversity Lead Midwife at UHNM who will work closely with the Maternity and Neonatal Voices Partnership. Refreshing the equity and equality action plan to reflect the findings of the investigations and high-profile reports to ensure we are addressing the inequalities and doing all we can to listen to everyone. Question three, submitted by Ian Syme Capital Programme. *Lord Darzis recent report highlighted the NHS 'Byzantine' approach to capital spends and how it the NHS lags way behind its peers re capital investment. Is the ICS/ICB 'creaking' Capital Programme being thoroughly reviewed and when will that review (if there is one) going to be publicly reported?* PB advised that the capital budget is heavily constrained in the system and the comments in the Darzi report are welcomed and added that there is need for further investment. He added that we currently have a balanced capital plan and following a request from NHS England, we have submitted a 10-year capital ask, which will hopefully lead to additional capital. It was noted that work has been undertaken as a system to ensure we prioritise the capital for the areas that have the most impact for patient improvement. PB advised that we are also looking at a long-term revenue plan across the system to ensure capital goes into the correct areas in order to release the opportunities for capital for example digital. DP thanked Ian Syme for his questions and continued engagement.	
8.	**ICB Chair and Chief Executive Update**	
	DP presented the report and highlighted that the HSJ Patient Safety Awards 2024 winners have been announced with 206 finalists competing across 25 categories and congratulated UHNM for winning two awards:	

	• Harnessing a Human Factors Approach to Improve Patient Safety' for their quality improvement journey in critical care to improve the safety and learning culture of the department. • Patient Safety Pilot Project of the Year' for their older adults Diversional Therapist pilot. DP reported that Nurse Facilitator Gill Boast has been nominated for the category of Nurse of the Year award with the Nursing Times and the award ceremony is to be held in October and wished Gill the best of luck. DP advised that there have been some recent changes to the ICBs Senior Leadership Team and wider system and highlighted the following: • Steve Grange is leaving the system to take up the post of Chief Executive Officer at Cambridge • Chris Sands is leaving the system to take up the post of Chief Financial Officer at Burton • Lorna Clarson left the role of ICB Deputy Chief Medical Officer on the 31st August to take up the post of Chief Medical Officer at Shropshire, Telford and Wrekin ICB • Mark Seaton retired from the post of ICB Chief Pharmaceutical Officer on 31st August 2024 • Elizbeth Disney joined as our new Chief Transformation Officer on 1st September. DP and members of the Board expressed their thanks to Nicola Harkness, Nicola Bromage and Helen Slater for taking on additional responsibilities over the summer to deliver the transformation agenda prior to ED commencing post. DP advised that on the 16th September he chaired an event to launch two groundbreaking Digital Prevention Projects, which was also attended by the NHS England Director for Public Health and Director for Prevention and added that these two local pilots have attracted national attention. DP reported that in early August, he visited staff in the Forensic Service and Mother and Baby Unit, at MPFT and formally thanked all staff involved and suggested bringing a showcase to a future meeting to highlight forensic and acute psychiatry in-patient services for both Combined Healthcare and MPFT. PA echoed thanks to the Transformation Team for their support during the transition period up to the commencement of ED. He also thanks Lynn Tolley, Assistant Chief Nursing and Therapies Officer for her significant support in relation to children and young people and the CYP agenda. PA provided highlights from the recently published Lord Darzi Report, which has been presented at both national and regional events including the Chairs and Chief Executive Leadership event held yesterday. He added that there is a huge opportunity to move resources, capability and capacity upstream to be able to prevent deterioration and ill health for our population and to ensure we are pro-active when poor health occurs. JH advised that she also attended the Chairs and Executive Leadership event yesterday and referred to the transformation agenda and undertaking the same amount of activity with the same level of resource, together with funding restrictions within Local Authorities and voluntary sectors and highlighted the need to ensure that all partners across the system continue to work together. **The Board received the report and were assured the leadership are working on each topic as raised.**	TS
9.	**Quality and Safety Report**	
	HJ presented the Quality and Safety Report and highlighted key points. HJ referred to Learning Disability Mortality Review (LeDeR) Programme and advised that it has been reported to the Board on several occasions that there has been a backlog in reviews and advised that we have temporarily withdrawn from the commitment and in-housed the	

	arrangements to provide reviews. She expressed her thanks to all clinical staff who have volunteered to undertake the training and supported the reviews and advised that there is no longer a backlog and advised that there is sufficient capacity through bank and existing staff to ensure that reviews are undertaken and emphasised that learning is taken from every patient journey. DP welcomed the update and noted the assurance that these patients are receiving the right level of support. HJ referred to the Joint Local Maternity Neonatal Service meeting and advised that discussions continue with Shropshire, Telford and Wrekin and as from next week bi-monthly meetings will take place and will be chaired, on a rotation basis by Dr Paul Edmonson-Jones, Chief Medical Officer for the ICB and Dr Lorna Claron, Chief Medical Officer for Shropshire, Telford and Wrekin ICB. She added that the arrangements will bring huge benefits in terms of peer support, reviews and taking maximum opportunity to learn and agreed to keep the Board updated on progress. HJ highlighted that the Care Quality Commission undertook a follow-up inspection of the medicine care service at UHNM Couty Hospital, in which positive feedback has been given and the Trust has been informed that the Care Quality Commission are removing the Section 29A warning notice. She added that the only outstanding notice relates to maternity services and a review will be undertaken in due course. HJ referred to the tragic events in Nottingham last summer, where three innocent individuals lost their lives and advised that the Care Quality Commission undertook a comprehensive review and a number of recommendations were made and linked to the general mental health service provision and NHS England have issued a number of requirements and locally colleagues are looking at how we can assure ourselves that patients are as safe as they can be. She advised that work is being led by mental health colleagues, but there is a strong quality and patient link and agreed to bring back a report to the Board highlighted the actions taken locally. DP welcomed the update and will look forward to receiving an update at a future Board meeting. **The Board:** **• Received the report** **• 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.**	**HJ** **HJ**
10.	**System Quality and Safety Committee Summary and Escalation Report – August**	
	JS presented the report and advised that the Quality and Safety Committee works on a bi-monthly basis cycle, with one month having a formal committee, followed by a "deep dive" session the following month, therefore two reports are being presented today, as there was no Board meeting in August. JS referred to Gordon Street Surgery, which is currently being managed by a caretaker and provided assurance that the surgery is in a better place in terms of quality and safety issues, which were previously identified. JH advised that further work is required regarding looked after children health assessments and advised that a report is expected in October. **The Board received and noted the report and took assurance regarding the reports provided and the discussion which took place at the committee.**	
11.	**System Quality and Safety Committee Summary and Escalation Report – September**	
	JS presented the report and referred to NHS England Patient Safety and Quality of Care in Pressured Services and advised that the Quality and Safety Committee received a report and the areas of partial compliance have now been reviewed and a final report has been presented to the	

	Committee and approved. DP welcomed the update and the work undertaken across the system to ensure compliance. JH advised that the summaries are helpful and referred to the workshops around EHCPs as noted in the Quality and Safety Report and asked how educators are being involved in the workshops. HJ confirmed that education is linked into all the work that takes place on the special education needs and disabilities agenda and provided assurance that they get opportunity to contribution to all agendas and agreed to obtain further information to provide a full response to JH. **The Board can take assurance regarding the reports provided and the discussion which took place at the committee.**	**HJ**
12.	**Staffordshire and Stoke on Trent Health and Care Senate Summary and Escalation Report**	
	PEJ presented the report on behalf of Rachel Gallyot, Deputy Chief Medical Officer. PEJ wished to escalate to the Board the issue regarding medicines shortages, which has been reported to the Board over the last few months and still continues to affect both primary care and secondary care. He added that we have had limited responses and local implications about the amount of clinical time is taken to source alternative, plus the distress it is causing patients, residents and the clinical workforce. PEJ requested clarity regarding highlighting the risks to the Board and stated that currently there is a single risk regarding medicines shortages and asked if specific shortages should be raised, but emphasis that there is a risk in doing this, due to the governance implications. Members of the Board agreed, due to timing, it will be kept as a single risk and were assured that the system will work at pace to resolve issues as they arise. PEJ advised that this is the first report presented to Board and asked colleagues if this is in a welcomed format. JH referred to the medicines shortages and agreed about having a single risk and asked how colleagues are supporting the public to prevent harm. She also referred to the number of abbreviations in the report. PEJ noted the use of abbreviations and acronyms and will make sure this is rectified for future reports. He also provided assurance regarding medicine shortages and confirmed that a communication is sent out to patients and colleagues and real time wrap around care is provided. SC welcomed the format of the report, which he found very helpful, as it is sometimes very difficult to convey the number of discussions that are held at meetings and the amount of evidence that is required when decisions are made and a summary report is welcomed. DP agreed and welcomed the report which highlights the activity across the system. He referred to the issues regarding quoracy and given the amount of business conducted through the Senate, requested assurance as decisions could not be taken. PEJ acknowledged the issue regarding quoracy of the meeting and agreed to discuss this with Matthew Lewis, Medical Director at UHNM to ensure future meetings are quorate. DP formally thanks Rachel Gallyot for the work she is doing to drive this forward. PEJ agreed to forward onto Rachel. **Members of the Board:** • **Noted the contents of the report.** • **Ratified the approvals made at the Staffordshire and Stoke-on-Trent Health and Care Senate meeting held on 11th July 2024.** • **Noted and discuss the escalated Medicines Shortages item and the impact it is having on the system.**	**PEJ** **PEJ** **PEJ**

13.	ICS Finance Report / Update on the Development of the Medium-Term Finance Plan	
	PB presented the Finance Report for month 4 and advised that month 5 position has been issued and scrutinised at the System Finance and Performance Committee and advised that month 5 is a continuation of month 4 and the actual deficit is £63 million against a planned deficit of £37 million, £26 million a drift from the plan. He highlighted that the financial position continues to be very challenging. PB advised that the run-rate is not where we need it to get to achieve the year end plan target of £90m million and added that as a system we have assessed the position and highlighted £100 million of risks that is being worked through. One of which is the out of system contracts which have agreed, as 50% of our local population receive their care in hospitals that are housed by other systems. PB confirmed that contracts have been agreed will all our neighbouring providers. PB advised that as a system we have appointed a system Recovery Director, who reports to all four NHS Chief Executives across the system. He also added that additional controls around payroll have been put in place and are working well and we have increased the control of non-pay spend and additional scrutiny of all non-pay costs. It was highlighted that work continues to work through all the options that we have for making further improvements and these have been discussed at the System Finance and Performance Committee. PB advised that the capital programme in-year is in-line and we are expected to live within our capital allocation and added that this remains challenging, however we continue to forecast achievement of the control total. DP noted the challenging financial position and provided assurance that we have got structures and process in place across the system to get system partners, Chairs, Chief Executives, Chief Finance Officers and the wide Non Executive Committee engaged in discussions about how we take this forward, without undermining our ability to provide safe services. PB added that despite the pressures system colleagues continue to work well together. He also added that the efficiency plan for the year is £203 million and with the additional work which has been undertaken over the past few weeks, this has increased to £180 million, which is still not enough, but is the highest the system has ever achieved. PB provided an update on the medium-term plan and advised that a Task and Finish Group has been established to undertake more detailed modelling, which will go through our formal governance processes for final sign off. He added that we have created “do nothing activity model” which looks at what would be the levels of activity our population would need and given the expected growth of the population and age profile, we would see further increase in demand for acute care if we did nothing. Therefore, it is essential to look at the needs of the population for the future and essential to develop a coherent plan with strong analysis and commitment from all across the system, including clinical and operational aspects and work as a system to ensure that the active is manageable. He stated that the first element is being led by PEJ and clinical colleagues to look at what are the clinical models required in the longer term to make is work for our patients and clinicians. The second phase will focus on transformation of services, which is being led by ED and the final phase will be led by providers regarding productivity and ensuring we have the right systems in place to enable a more streamlined way to delivery more healthcare, which will result in better financial outcomes. He emphasised that the system is working collectively and agreed to bring back and update to Board over the next few months. Building the detail by Christmas have a plan that we can deliver and bring the financial results we require. DP welcomed the update and emphasised one system one plan, as opposed to historically where there were many different plans and noted the continuous work with local authorities, as all plans dove tail to the system plan.	**PB**

	PA highlighted the huge importance of this work, which commenced many months again and thanked colleagues for their hard work to develop a plan which highlights not only the challenges but the opportunities going forward. **The Board:** • **Noted the report** • **Noted the year-to-date deficit at month 4 - that the aggregated net risk has increased by £15m to £103m - the steps being taken to address the adverse position**	
14.	**ICS Performance Report**	
	PS presented the report and referred to urgent and emergency care and advised that there have been strong improvements during in August, in particular ambulance response times for category two patients, which is consistent within the 30-minute standard and latest data does suggest that we are exceeding the target and are within 19 minutes response time for our local population. PS referred to the four-hour performance and advised that this has improved by 3% in August against the planned trajectory, however coming into September there have been some challenges with the step up in terms of demand and activity, which is replicated across the region. PS highlighted three big ticket initiatives: • Same day emergency care facilities at UHNM, unit went live at the beginning of August, and there has been positive movement across several metrics around flow, including the 12-hour target, level of patients waiting for beds and ambulance handover delays. • Test of change has been completed at County Hospital around frailty, to provide a frailty front door unit, a multidisciplinary assessment unit, which has demonstrated a reduction in emergency admissions and improved performance and experience for our patients. • Integrated care community centre, which is essentially 111 for care professionals within our system to seek community-based support growing and providing alternative pathways and delivering care closer to home. Several pathways have been agreed and more will be agreed as we move into winter. PS advised that focus over the coming months be on developing the winter plan, which will be presented to the November Board. He added that there is less funding than in previous years, due to no national funding and continue to work within the identified budgets locally. He stated that it is important to ensure that we have the right capacity in place to deliver safe and high-quality care, noting the financial position and ensuring beneficial impact for our patients. PS advised that as a system we have been set a national challenge to reduce our ambulance handover delay to a maximum of 45 minutes. Our system will be in phase one, which will commence early next week. He added that handover times have improved, with the average being 50 minutes. He highlighted that this is a system challenge and a Task and Finish Group has been established with all system partners and added that this is an ambitious target, but there is strong engagement across the system. It was noted that around 65% of ambulance arrival at UHNM are handed over within 45 minutes and 74% in Burton and the plans being put in place are to get us to 95% compliance by December. PS referred to the elective recovery agenda and highlighted that we are now forecasting zero 104 week waits in September, there is comprehensive data quality work underway, which focuses on the risk cohorts and the findings will be reviewed and any changes will be applied in line with national policy. He added that our 78 weeks wait cohorts are continuing to improve, together with the 65 week wait cohorts. It was noted that there is challenge nationally and regionally in terms of meeting the target of zero 65 week waits by the end of September and in terms of 78 weeks waits will have just under 20 for	

	our population at the end of September, 8 of which are at UHNM. 65 week waits remains challenging and the risk cohort is several hundred across the system and work continues to try and achieve zero for October. PS advised that there is now additional endoscopy capacity at County Hospital. He added that there are challenges in relation to non-obstetric ultrasound capacity within the system and colleagues are looking at additional capacity and working through this locally and with regional colleagues. PS highlighted that as a system we are continuing to perform well both in terms of faster cancer diagnosis and sustaining the backlog. DP welcomed the report and noted the winter plan will be presented to a future Board meeting. PS confirmed that the plan will be presented to the Board in November for final sign off and will also be presented to all public board meetings across the system. DP referred to the 78-week waiters, nothing the challenge and stated it would be good for the local population if we could eliminate the 78-week waits. SC highlighted the commitment of UHNM against the performance metrics and added that as we head into winter, the clinical outcome measures of ambulance handover delays need to be resolved, which is the responsibility of all system partners. **The Integrated Care Board is asked to:** • **Noted the high-level performance against the five priorities.** • **Noted the progress to date high-level key programme deliverables**	
15.	**Finance and Performance Committee Summary and Escalation Report - August**	
	PS and PB presented the report on behalf of MN and advised that the key points have been covered through the Finance and Performance reports. On behalf of MN, JS emphasised that the Finance and Performance Committee is now receiving reports from the Recovery Director, which included progress on our efficiency plan and collaborative stretch targets and in terms of capital we have a compliant plan for this year, however there is a risk for 2025/2026. JS wished to highlight the clinical risk regarding electronic patient record and the lack of capital solution, which is forcing us down a "do minimum plan" and further discussions are being held at next week's Finance and Performance Committee. JS highlighted concern regarding the progress against priority five, supporting care residents and further work needs to go into addressing this. PS added that he is the SRO for the demand management system collaborative and advised that he is keen to develop the care homes offer and this will be a focal point of system collaborative. **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**.	
16.	**Finance and Performance Committee Summary and Escalation Report - September**	
	PS and PB presented the report on behalf of MN and advised that the key points have been covered through the Finance and Performance reports. **The Board can take assurance regarding the reports provided and the discussions that took place at the Committee. Board to note specific risk to delivery of ICB financial Undertakings.**	

17.	**People Culture and Inclusion Assurance Report**	
	HC presented the report and provided an update in terms of our workforce and advised that colleagues continue to work closely with all providers and organisations across the system to consider our overall workforce position and how we are performing. She added that this includes our bank position and added as highlighted in the report, we are above plan and colleagues are trying to understand the areas of opportunity for improvement. She added that from an agency perspective we are performing well and the target set by NHS England is 3.2% of total pay spend and as a system we are achieving 2.4% and work continues to explore further opportunities in some of the high spend areas. HC advised that we are building oversight approach, which builds on has been achieved and how we work with providers, how we share information across the system from an MDT perspective and also utilises NHS England endorsed data, intelligence and insight approaches. She added that we have a balanced approach to understand the areas of opportunity and understand the areas of improvement for good practice and will focus and align resources to the areas needed. GT advised that a review of the People Culture and Inclusion Committee has taken place to strengthen how the committee operates and to bring it in line with other Committees of the Board. She added that there is now a monthly Committee and strengthen sub-committee structure, with the aim to focus, provide assurance and oversight on the people and workforce elements across the system and will also review the reporting and highlighting structure. GT advised that risk and challenges are highlighted within the report and provided assurance to the Board that these are being managed and mitigations are in place and added that there are no escalations from a programme and risk perspective. DP welcomed the report and referred to agency use reducing from 3.2% to 2.4% and added that as a system we were challenged by NHS England earlier in the year. He added that we have a quarterly review meeting in October and the workforce presentation will play a key part, given the financial challenges. DP also referred to use of bank staff and requested the narrative for the quarterly review meeting. HC confirmed the 3.2% is the NHS England target and as a system we are performing as a system at 2.4%, which is a great achievement, however it does indicate that there is more reliance on bank staff, however this cost is lower than the use of agency staff. **The Board:** • **Noted the workforce position, operating plan, risks and mitigations in place to address.**	
18.	**People Culture and Inclusion Committee Summary and Escalation Report – PART A**	
	JH presented the report on behalf of SL and advised that work continues to strengthen assurance arrangements and provided assurance that there is continued engagement with all partners and stated that the triangular of activity, workforce and finance will continue to be a priority. JH referred to the civil unrest that occurred earlier in the year and the actions there were taken to support our colleagues and advised that staff are still concerned and urged colleagues to check in with colleagues on a regular basis. **Members of the Board received and noted the report.**	
19.	**People Culture and Inclusion Committee Summary and Escalation Report – PART B**	
	JS presented the report on behalf of SL. **Members of the Board received and noted the report.**	

20.	**Staffordshire and Stoke on Trent ICB Remuneration Committee Summary and Escalation Report**	
	The report was taken as read and there were no issues to raise. **Members of the Board received and noted the report.**	
21.	**Items notified in advance to the Chair**	
	No items were notified to the Chair and no other items of business were raised.	
22.	**Any Other Business**	
	No other items of business raised.	
23.	**Meeting Effectiveness**	
	The Chair confirmed that the meeting followed the Leadership Compact.	
24.	**Questions from the public**	
	Mr Ian Syme thanked members of the Board for the comprehensive responses to his earlier questions. He welcomed the Integration Plan and the system approach and highlighted the importance of all parties buy in and are aligned. He welcomed the attendance today of Stoke on Trent Local Authorities and emphasised that Stoke on Trent voices need to be heard. DP provided assurance that all the system partners are fully aligned to the plans and committed to attending meetings, however there may be occasion where there are pressures on diaries. Question one: Mr Ian System referred to the £9.6 million binding conciliation and requested clarification and asked is it in relation to patients who have had either emergency or elective treatment outside the geographical boundaries of the ICB and asked if there are any learning process that can benefit the future of the ICB. PA stated from a learning perspective and the way the contracts nationally are managed, Staffordshire is negatively impacted, as contracts out of area are applied 1.1% efficiency factor and the contracts in area and the ones we host, we discuss and agree our own tariff deflator rate. As we export a huge amount of activity, we are only able to apply a 1.1% tariff deflator, which provides a huge unique impact, totalling millions and advised that he is raising the issue with NHS England, as we are the biggest net exporter of services in the country, which bring financial, clinically and operational challenges. He added that the learning needed, is to be more vocal and bring to the table with NHS England the unique nature of the Staffordshire area. PB added that we buy acute care, which is in two categories, elective and urgent care. Elective care we receive the money at the national tariff, and we pay that national tariff to providers, which results in cost neutral. However, urgent care is different, and we pay for the higher volume of patients and need to agree what we pay for. He added that there are discussions being held with Burton, Wolverhampton as they take the majority of the patients. DP thanks Mr Ian Syme for his questions and welcomed the level of commitment and challenge given to the Board.	
25.	**Close**	
	There being no further business, the Chair closed the meeting.	

26.	Date and time of Next Meeting	
	17th October 2024, 1.00pm – 3.00pm, via Microsoft Teams	

Staffordshire and Stoke-on-Trent Integrated Care Board Annual General Meeting

Thursday 26th September 2024
4.00pm – 6.00pm

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 quantum (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 one other Executive Director (from CFO, CTO, CDO) • either the Medical Director (CMO) or the Director of Nursing & Therapies (CNTO) • three Independent Members: i.e. Chair plus two Non-Executive Members • three Partner Members: with ideally at least one from each of the three cohorts					✓						
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						✓						
Julie Houlder (JHo) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB						✓						
Megan Nurse (MN) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB						A						
Shokat Lal (SL) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB						A						
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						A						
Dr Jack Aw (JA) Primary Care Partner Member, Staffordshire & Stoke-on-Trent Integrated Care Board						A						
Helen Ashley (HA) Interim Chief Executive, University Hospitals of North Midlands NHS Trust												
Simon Constable (SC) Interim Chief Executive, University Hospitals of North Midlands NHS Trust						✓						
Neil Carr (NC) Chief Executive, Midlands Partnership NHS University Foundation Trust						A						
Dr Buki Adeyemo (BA) Chief Executive, North Staffordshire Combined Healthcare NHS Trust						A						
Steve Grange (SG), Midlands Partnership NHS University Foundation Trust												
Nicky Harkness (NH), Interim Chief Transformation Officer, Staffordshire & Stoke-on-Trent Integrated Care Board						✓						
Participant Members:												
Simon Fogell (SF), Stoke-on-Trent Healthwatch						✓						
Baz Tameez (BT), Healthwatch Support Staffordshire						A						

Tracey Shewan (TS) Director of Communications, Staffordshire & Stoke-on-Trent ICB						✓						
Chris Ibell (CI) Chief Digital Officer, Staffordshire & Stoke-on-Trent ICB						**A**						
Paul Winter (PW) Associate Director of Corporate Governance & DPO, Staffordshire & Stoke-on-Trent ICB						✓						
Mish Irvine (MI), Chief People Officer, Staffordshire & Stoke-on-Trent ICB (People Directorate, Midlands Partnership University NHS Foundation Trust)						**A**						
Pauline Grant (PG), Associate Director of Organisational Development, People Directorate						**A**						
Kay Johnson (KJ), Executive Assistant, Staffordshire & Stoke-on-Trent ICB												
Lisa Ellis, Executive Support Officer, Staffordshire & Stoke on Trent ICB						✓						
Clare Cotton (CC), University Hospitals of North Midlands NHS Trust												
Dr Lorna Clarson (LC), Deputy Chief Medical Officer and Clinical Director for Improving Health, Staffordshire & Stoke-on-Trent ICB												
Dr N Tony Ahmed (TA), Dental Participant Board Member						**A**						
Eric Gardiner (EG), Chief Finance Officer, North Staffordshire Combined Healthcare NHS Trust						✓						
Gemma Treanor (GT), Head of ICS People Function, (People Directorate, Midlands Partnership University NHS Foundation Trust)						✓						
Helen Conway (HC), ICS Strategic Workforce Planning Lead, (People Directorate, Midlands Partnership University NHS Foundation Trust)						✓						
Claire Underwood, Director of Nursing, All Age Continuing Care						✓						
Paul Garner, Transformation Clinical Lead for Palliative and End of Life Care						✓						
Lynn Millar, Portfolio Director, Improving Population Health						✓						

		Action
1.	**Welcome and Introductions**	
	DP welcomed attendees to the ICBs second Annual General Meeting and advised that the meeting is being recorded and will be available on the ICB website after the meeting and added that the Annual Report is available on the website. DP reminded members of the importance of the Leadership Compact document which is used in all of the meetings transacted by the ICB and guides the way business is conducted.	
2.	**Presentation of the Annual Report and Accounts.**	
	System Evolution PA gave an overview of the ICB Strategy on a page, which highlights the five "Ps", which is the bedrock of our integrated strategy. * People and Communities * Personalised Care * Personal responsibilities * Prevention and Inequalities * Productivity PA advised that within each of these, there are some challenges that we are dealing with, and these challenges are underpinned by our enabling functions. He referred to the System Operating Model Overview, which describes the journey we follow and includes, portfolio, place and provider and system collaboratives. Our seven Integrated Care System (ICS) portfolios was presented, identifying the Executive Lead for each portfolio	

PA provided examples of working in collaboration and shared that we are proud to have been shortlisted and to have won a number of awards this year, as highlighted in the presentation.

Operational Update

PS provided an update on system performance and stated that 2023/24 was a challenging year, however good progress has been made in our recovery journey following COVID-19 and responding to continued demand and acuity growth.

PS referred to Urgent and Emergency Care highlighting that there were 13 periods of industrial action during the year which required complex multi partner system planning to ensure that we were able to respond as a system and was pleased to report that there was no impact on patient care. He also added that our EPR has been rated substantially compliant in 2023, which is a massive improvement

PS provided an update on system performance:

4-hour emergency performance

- Performance against the target to see patients within four hours increased by 6% for the year 23/24 achieving 67.25%, with March 2024 achievement being 70.2% for the month. Significant further improvements have been reported during 24/25 to date.

12-hour emergency performance

- The number of patients spending 12 hours or longer in the emergency department reduced significantly by 9.8% to 8.76% for 23/24 across UHNM footprint. Further improvements noted in 2024/25 year to date.

Ambulance Category 2 performance

- For the system saw a 39% reduction in mean response time, down to 40 minutes and 31 seconds for the year when compared to 22/23 performance of 1 hour 5 minutes and 53 seconds. Further improvement has been reported in 2024/25 to date with average response times below 30minutes reported consistently

PS advised that winter is always a challenge and is now referred to "surge" and colleagues have utilised the demand model and we now have a single system surge plan, which was approved by the ICB Board last November. He added that a learning event has been held to reflect back on surge and learning will be carried forward. He also advised that we have a shared workforce to deal with system needs.

PS provided an overview on Primary Care, highlighting that services have had significant difficulties recovering to pre-COVID-19 levels, due to various challenges including the impact of industrial action.

It was noted that in 2023/24 the ICB reported significant progress in reducing the elective backlog across the whole system as we work to achieve zero long-wait targets.

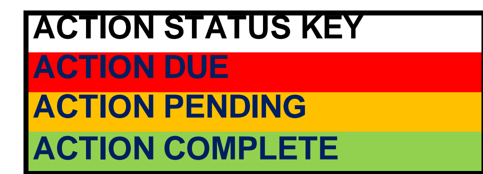
PS provided an update in relation to cancer and diagnostics and highlighted that as a system we achieved the 75% cancer caster diagnostic standard (FDS) and patients waiting over 62 days for cancer treatment improved by approximately 50%. He added that diagnostics is critical to elective and cancer pathway delivery and there has been a drive to increase diagnostic capacity through the provision of three Community Diagnostic Centres (CDC) in Staffordshire and Stoke-on-Trent.

	Primary Care PEJ presented the Primary Care 2024/24 priorities and highlighted the key achievements within Primary Care during 2023/24 and shared some statistics from the general practice patient satisfaction survey results, as highlighted with the presentation Financial position PB provided an overview of where we spent our money in 2023/24, as highlighted within the presentation and highlighted how we performed against our targets and stated that across the financial year the ICB overspent against the allocation of patient services of £2.7billion by £91million. This deficit was within the financial envelope agreed with NHS England covering 2023/24. PB advised that we have a financial recovery plan in place, which is a challenging position, and colleagues are working as a system to agree how we utilise the collective resource, ensuring focus on patients, the patient pathway, best care and provision of care. Workforce GT presented the Staffordshire and Stoke-on-Trent ICS workforce statistics as of July 2024 and the People, Culture and Inclusion achievements 2023-24, as highlighted in the presentation. It was noted that our workforce has grown, turnover has decreased, agency usage is reducing and we are using bank staff and looking at ways to reduce the dependency. GT advised that there has been massive achievement across the people inclusion programme and there have been many achievements as system and colleagues continue to work together on a workforce perspective to respond to the risk and challenges and improve the workforce. She added that our inclusion agenda has improved and we continue to engage with our local communities. She also provided an overview on the Staffordshire and Stoke-on-Trent journey to work, which describes our approach to attracting, training and retaining our workforce. Quality and Safety HJ provided an overview of Quality and Safety as highlighted within the presentation and stated that the Quality and Safety Strategy has been approved and quality and safety is the golden thread and highlighted the importance of quality across the whole system. HJ highlighted six strategic aims and highlighted the quality outcomes for each aim: * People with lived experience are actively involved in service design, development delivery and evaluation. * The promotion of safe care ensuring care is of a high quality, safe and accessible to all our population. * Improving staff experience. * A shared system approach to quality and safety * Fair and equitable services for all, building a system for the future. * We will drive the provision of quality services through a high-quality programme of research and continuous quality improvement.	

3.	**Patient Story: CHC**	
	CU provided an overview of NHS Continuing Health Care (CHC). PG shared a patient story about a 78year old who had a diagnosis of dementia and a complex history of heart disease. He highlighted the positive feedback received.	
4.	**Looking Forward**	
	NH provided an update on our seven portfolios, which have continued to plan and deliver change across the system and all portfolios have system representatives, including local authority and patient representatives and added that the provider collaborative programme is well established It was noted that portfolios and the provider collaborative remain critical parts of our ICS operating model and the ICB will continue to support their ongoing development as major vehicles for community transformation design and delivery. NH stated that we have a strong partnership approach with our two places (Staffordshire and Stoke) and in support of our ongoing operating model development, we will continue to build the function of our Joint Commissioning Boards as the vehicles for turning our plans into commissioned services. Throughout 25/26 we will further develop the delivery arms of our places, linking in broader partners at area, locality and neighbourhood levels. PEJ provided an update on the Integrated Care Partnership (ICP) and added that our ICP is a statutory requirement, and meetings are co-chaired by ICB and the Local Authorities, and the key role is to develop a strategy and to address the four key aims. LM explained how we are working differently to improve population health which includes the five P's - (People and communities, Personalised Care, Personal responsibility, Prevention and health inequalities and Productivity) that are all underpinned by Population Health Management (PHM). She also highlighted the need to address health inequality and at scale prevention and highlighted the 12 localities and the intention to develop an infrastructure for local decision making and colleagues are working with faith leaders and partners across the system. Need to ensure people take a bit more responsibility for their own health. Targeting the resources, across with LA to identity 12 localities, build an infrastructure for decision making and identify common goals, access to services. Developing the locality footprint. LM emphasised that VCSE is pivotal, and we have a huge workforce in the voluntary sector and highlighted how we work closely with Support Staffordshire and Community Health Champions in Stoke-on-Trent. LM stated that we can only influence 20% if we are going to improvement the population and we need to think differently and work with our partners and is using the PHM data to see what our health care looks like over the next 5-10 years. LM referred to the BEAT initiative (Breathless/exhaustion/ankle swelling/test) which focuses on heart disease and advised that two events have been held in Stoke on Trent and 2,500 members of the public were screened and discussions are being held to roll this out across the whole of Staffordshire and Stoke on Trent.	

5.	**Public Open Q&A Session**	
	Clara Gibbs With the Board's increased focus on health inequalities, are there plans to address the disparity between Staffordshire and Stoke-on-Trent regarding dementia diagnosis rates, noting that Stoke on Trent currently has a rate of 94.8% whilst Staffordshire's rate sits at 64.7%? PEJ stated that the dementia diagnosis rate is calculated by comparing the actual number of recorded cases to the estimated rate. He added that in Stoke on Trent the diagnosis rate is 94.8%, which is excellent and added that there are a number of dementia primary care nurses in the north providing one to one support for GP practices and the PCNs hold several pre-diagnosis memory service clinics. He added that Stoke on Trent is a dense urban area, which makes it easier for patients to access the services. He provided assurance that work is being carried out to emulate the work that has been achieved in Stoke on Trent across the whole of Staffordshire and stated that that colleagues are aware of the difference and are working towards excellence across the whole of the system. Derek Hoey Following a significant number of reports of service failures in the area of non-urgent patient transport, the ICB undertook to monitor the performance of ERS Medical (and associated companies). Can the Board please provide an update on the results of this monitoring and action taken. PS stated that during 2023/2024 a review of patient transport was undertaken and following the recommendations a Working Group has been established to formulate the action plan. He added that there has been improvement to the data so there is greater visibility of where the service shortfalls and regular meetings take place with the transport provider. It was also noted that training and education packages for all staff have been developed and we have implemented a new booking portal, which supports more efficient and standardised processes in terms of transport booking. He added that there has been improved to patient facing communication and there has been significant improvement to respond to any challenges as they emerge. PS added that we have several separate streams of work to support concerns raised, for example, concern has been raised by renal patients and from October, patient drop-in session have been arranged to obtain feedback direct from the patients. Ian Syme Stated that a huge amount of work has been undertaken and the ICB should proud of the work achieved, but there is still more to do and noted that partnership working has significantly improved. Ian Syme Wished to make an observation regarding fair and equitable services, health inequality and clinical right sizing and as a society we are a sicker nation and the workload on the NHS has increased substantially and inequalities has also increased, which will affect heath and the population of the most deprived areas will be suffering the most and as a Stoke on Trent resident and it is the magnitude of the health inequalities in Stoke on Trent which are really concerning. One statistic has highlighted that healthy life years for women in Stoke on Trent is the third worst in the British Isles and emphasises that this are the issues that need to be addressed.	

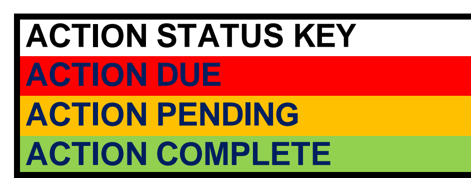
	Mr Ian Syme referred to the Integrated Care Partnership and having to address electives and emergencies and if a patient is transferred outside of the areas, is less likely to be stuck on the ambulance for longer and less likely to have 12-hour trolley, less likely to be discharged for delayed discharge and asked how these are going to be addressed. PEJ thanks Mr Syme for the question and stated that the gap between the health life expectancy and life expectancy needs to close and we have to improve the healthy life expectation of our population if we are to reduce the burden of care on our services and need to improve what action is taken regarding long term conditions and the length of time patients are living without a long-term condition. He added that this was reported in the Darzi report and the direction of travel from the Government focuses on long term conditions, including dementia, diabetes, frailty and cardiovascular disease and how we delay the onset of some of these conditions and we will see the reduction on some of these services. PA added that we have a reality when it comes to urgent and emergency care service arrangements and UHNM covers a vast area and have the challenge naturally within the system and there is an opportunity to do things better so people don't go to A&E and preventative measures provide a massive opportunity Mr Ian Syme also referred to social economic inequalities and asked how the ICB sees its role in alleviating the social and economical policies. PA stated that the Integrated Partnership is a key forum, where the wider determinants of health are debated and action taken, for example warmer houses policy where the Local Authorities have responsibility for getting this right and ensuring people have good facilities to live in, which has a positive impact on the number people that present at A&E and through the health care system and the challenge is ensuring we continue break down the barriers between system partners. He added that we have direct links to those wider determinates to make sure that we understand each other's perspectives and the benefits to all organisations. PEJ added that as well as the ICP we also have the Improving Population Health Programme Board, with representations from Local Authorities. Susan Findlow Stated that she has previously raised an issue regarding dentistry and asked if we can follow the example of Scotland to remove the juices and sugar from particularly primary schools and provided examples of poor dental hygiene in school children. PEJ thanks Susan Findlow for championing this issue and stated that this is part of the partnership work we have got to do and directives for schools sits with the education sector, rather than the NHS. He added that a Midlands Dental Plan has been produced which has got prevention as their main priority. He stated that we are working on our Local Implementation Plan and have a Health Equity Audit which shows level of poor oral hygiene. PEJ agreed to review the Scotland scheme and stated that he will speak to colleagues within our Local Authorities to obtain a progress update and will respond to Susan Findlow direct.	**PEJ**
6.	**Closing Remarks**	
	DP thanked everyone who attended and thanked Executive colleagues, staff and partners for what they are doing	



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

Open Actions

Reference Number	Meeting Date	Agenda Item	Agenda No	Action	Due Date	Responsible Officer	Outcome/update (Completed Actions remain on the Live Action Log for the following committee and are then removed to the 'Closed Actions' Worksheet)
All current actions completed - no live actions							



Staffordshire and Stoke-on-Trent ICB Board Meeting

Date of Meeting 19/10/2023

CLOSED Actions

Reference Number	Meeting Date	Agenda Item	Agenda No	Action	Due Date	Responsible Officer	Outcome/update (Completed Actions remain on the Live Action Log for the following committee and are then removed to the 'Closed Actions' Worksheet)
2023-24/001	20/07/2023	Quality & Safety Report	10	HJ to link in with ICB networks to implement the Oliver McGowan training with partners and education colleagues.	21/09/2023	HJ	Verbal update to be provided. The ICB has appointed a project manager for Oliver McGowan on behalf of the system for the next 3 years. She will be trained to cascade train the trainer training across the regulated providers and will support the roll out of the training over the next 3 years. This arrangement will support but will not be sufficient to train all staff this will fall to individual providers. There are in excess of 70,000 staff across the system that will require this training who are regulated which will be the primary focus. Education is not in this category at this time however Paula McGowan, Oliver's mom, is lobbying government insisting that the training should also be mandatory for Education. **COMPLETE**
2023-24/002	20/07/2023	F&P Assurance Report	13	AB/PS to work together to address the points raised around impacts of the industrial action.	21/09/2023	AB/PS	**UPDATE:** Regarding industrial action, this remains a key focus within the EPRR continuous improvement process to ensure any lessons identified throughout each period of industrial action are captured across the system as part of a shared learning discussion, and recorded onto the ICB EPRR Lessons Register. These are then adopted into future iterations of plans at both a system and Provider level. Any lessons identified which would be beneficial for sharing across the Region are fed into regional lessons processes via EPRR. Plans are produced in alignment with NHSE directive to ensure risks and impacts are mitigated, and are assured by the ICB during completion to support dovetailing of arrangements between system partners and any remaining gaps to be addressed. Any planned activity which is stood down due to industrial action is tracked across UHNM, MPFT and NSCHT by the ICB (and UHDB by Derbyshire ICB) as part of returns to NHSE for each period of industrial action. Live and ongoing action and in AI now. **COMPLETE**
2023-24/003	20/07/2023	Questions from the public	14	TS to write to Ian Syme with a detailed response to the question raised around 75-year-old and older admissions following the Deep Dive session into the EOL framework and frailty.	26/09/2023	TS	**UPDATE:** Needs assessment to be conducted by the end of September and End of Life Framework deep dive to be shared. **COMPLETE: Response shared on 26/09/2023**
2023-24/003	20/07/2023	Questions from the public	14	TS to write to Ian Syme with a detailed response to the question raised around 75-year-old and older admissions following the Deep Dive session into the EOL framework and frailty.	26/09/2023	TS	**UPDATE:** Needs assessment to be conducted by the end of September and End of Life Framework deep dive to be shared. **COMPLETE: Response shared on 26/09/2023**
2023-24/004	20/07/2023	Questions from the public	14	TB to correspond with Ian Syme information in relation to work being undertaken by the Medical Director in relation to re admissions from virtual wards/beds.	12/12/2023	TB	**COMPLETE** - TB shared a review of work done by UHNM in relation to virtual wards.
2024-24/001	18/05/2024	AOB - Birth Trauma Enquiry Report	16	HJ to bring a further update to Board in more detail once the review was completed by QSC.	26/09/2024	HJ	verbal update to be provided at the September Board meeting

Enclosure No: 06

Report to:	**Integrated Care Board**					
Date:	**17 October 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)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☐
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	Choose an item.				
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:	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.

(3) Implications:

Legal or Regulatory	The areas discussed reflect ICB Statutory Duties and Functions
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**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Approved by QIA Panel on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	Click or tap here to enter text.

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

(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

1.1.1 Quality Outcome Framework 23/24

Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) now has the third highest palliative care prevalence in England and has had the second largest increase in palliative care prevalence between 2022/23 and 2023/24. When previously reviewed, Staffordshire and Stoke-on-Trent ICB were thirteenth in the country. Practices have been supported to increase identification of patients as part of a local Quality Improvement Framework, and to keep a register of all patients in need of palliative care and support, irrespective of age. Palliative and End of Life care is the care provided by a multi-disciplinary team for patients with a life-limiting disease, and their families. It is estimated that three quarters of all deaths may be anticipated. The benefits of identifying these patients include providing high-quality health and social care to both patients and their families, reducing crises by prioritising them, anticipating need, initiating conversations, and enabling patients to be able to make informed decisions about the care and support they need.

1.1.2 Veteran Friendly Accreditation

The number of practices accredited continues to increase, with 88% of practices in Staffordshire and Stoke-on-Trent now being accredited. This puts Staffordshire and Stoke-on-Trent at the top of the 'accreditation league' across all ICB’s in the Midlands, and fifth across NHS England’s 42 ICB’s.

These practices cover 91% of the veteran population in the Staffordshire and Stoke-on-Trent. The veteran friendly GP practice accreditation is a programme run by the Royal College of General Practitioners (RCGP) and NHS England, to recognise and support practices in delivering the best possible care and treatment for patients who have served in the armed forces. This is a voluntary initiative currently open to GP practices in England.

1.1.3 Women’s Health Hubs

Selected Primary Care Networks (PCNs) in Staffordshire and Stoke-on-Trent will be developing ‘hubs’ to address health inequalities. These hubs will build on existing services, acting as a bridge to improve collaborative working between primary and secondary care and sexual health services. They will deliver more integrated women’s health services in the community, centring around women’s needs across their life course. Examples of this include integrating cervical screening with other aspects of women’s healthcare, such as removal or fitting of Long-Acting Reversible Contraception or providing one-stop assessment and treatment such as ultrasound scanning and consultation for menstrual problems.

1.1.4 Addressing low uptake for Childhood Immunisations

The ICB has successfully been awarded £10k of Public Health funding to address vaccine health inequalities and support the increase of vaccination uptake. This project will involve working with practice nurse facilitators and vaccination and immunisation leads in general practice to fund ‘Vaccination Champions’ for identified primary care networks with low uptake. The project will also look at how to address challenges, myth busting and other opportunities to help to improve confidence in childhood immunisations.

1.1.5 Practice Open Day in Barlaston

On 13 September, an event was held in Barlaston to introduce general practice and primary care network (PCN) staff to registered patients, to ensure patients are aware of the wider roles available in general practice such as mental health practitioners and health and wellbeing coaches, along with details of the Pharmacy First scheme.

1.1.6 Register with my GP service

Staffordshire and Stoke-on-Trent are the first ICB in the region to report over 95% of practices live with the 'Register with my GP service'. This service is for healthcare workers to take patient registrations online quickly and easily.

1.1.7 Director of Public Health Annual Report – Staffordshire County Council

Director of Health and Care, Dr Richard Harling MBE, has published the 2024 Director of Public Health Annual Report for Staffordshire County Council, providing key data to highlight the way that the population is ageing. The report, 'As Time Goes By: Ageing in Staffordshire' sets out the likely trajectory of the ageing population in Staffordshire and the impact that this will have, in terms of increasing demand for services and the number of people available to fill health and care job roles, which is unlikely to grow in line with demand.

The report also suggests some actions that can be taken to mitigate the impact of ageing, with a focus on prevention and increasing the use of digital tools to mitigate the impacts of ageing.

View the full report: Director of Public Health Annual Report 2024

1.1.8 Visit by Claire Fuller

NHS England's Primary Care Medical Director, Claire Fuller, visited our system on Wednesday 09 October. The event occurred at the Education Centre on the Burton Hospital site and brought together system partners to discuss our achievements, challenges and opportunities across the Primary Care agenda and related matters such as provider collaboration and Place evolution.

Thank you to everyone that contributed to the discussion.

2.0 Finance

At month five, at a system level, we are reporting a year-to-date adverse position of £25.8m, which is a £63.2m deficit against the £37.4m deficit plan. The main drivers for the aggregate year-to-date position are efficiency slippage (£16.8m) and binding conciliation (£9.6m) with adverse impacts in medical staffing including industrial action (£3.9m) and Continuing Health Care (£4.5m). These are partially offset by Dental underspend (£2.7m) and other non-recurrent mitigations (£8.5m). Within the £25.8m, there is a phasing mis-alignment between NHS England plan and University Hospitals of North Midlands (UHNM) which equates to £4.1m at month five.

With the position, the system was asked by NHS England to see the actions that are being taken to reduce the rate of spend across the system, to ensure the plan is delivered. Led by the Turnaround Director, a recovery plan has been developed. This was submitted to NHS England on 13 September. The system are required to appoint external auditors which the procurement

exercise is underway and due to complete by 18 October. The system is also required to commence weekly reporting as part of the investigation and intervention process.

Work is underway to refresh the medium-term financial model where the focus on addressing the underlying financial pressure of c£200m through clinical models, productivity and demand management will be developed over the coming weeks.

3.0 Planned Care

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

NHS England confirm Staffordshire and Stoke-on-Trent ICB continue to remain in Tier 1 oversight for elective care and cancer. University Hospitals of Derby and Burton (UHDB) are within Tier 2 elective oversight.

It is noted that Staffordshire and Stoke-on-Trent patients outside of the system is at unvalidated position from the Waiting List Minimum Dataset (WLMDS). System providers are at a validated position from weekly long wait return. The summary position as of 30 September is as follows:

104+ week breaches:

System providers report 0 breaches for September, October and November. Staffordshire and Stoke-on-Trent patients outside of the system also report 0 breaches for September, October and November.

78+ week breaches:

System providers report 11 for September, 0 for October and 0 for November. Staffordshire and Stoke-on-Trent patients outside of the system report 12 for September, 25 for October, 66 for November.

65+ week breaches:

System providers report 191 for September, 77 for October, 0 for November. Staffordshire and Stoke-on-Trent patients outside of the system report 165 for September, 425 for October, 983 for November.

The current detailed position is as follows:

104-week waits:

There was 0 breaches for September, and there are no further forecasted breaches going forward.

There were 0 breaches for Staffordshire and Stoke-on-Trent patients treated at providers outside of the system, and there are no forecasted breaches for future months.

78-week waits:

For patients waiting beyond 78 weeks for treatment, the number of breaches across the system at the end of September was 11 in total, all at UHNM. There are no further forecasted breaches.

To note, these are provider forecasts and not solely for Staffordshire and Stoke-on-Trent patients.

As previously reported, the ICB continues to track Staffordshire and Stoke-on-Trent's long waiters that receive their elective care outside of the Staffordshire and Stoke-on-Trent system. In the latest unvalidated data, as of 29 September, there are currently 13 patients waiting over 78 weeks outside of the system.

There is a total of 8 patients on the admitted part of the pathway, with 4 of these at UHDB.

There is a total of 5 patients, all at UHDB, on the non-admitted part of the pathway.

The current unvalidated forecast for the end of October for Staffordshire and Stoke-on-Trent patients waiting 78+ weeks outside of the system is 25 breaches, with 17 of these being at UHDB. UHDB have reported in their tier 2 pack, as of 02 October, that there is likely to be 10 breaches at the end of September. This is a Trust wide position and includes non-Staffordshire and Stoke-on-Trent patients.

65-week waits:

Good progress is being made overall on the 65-week-wait cohort, and the revised target is to achieve this by the end of September 2024, where previously it was March 2024. The number of breaches across the system at the end of September totaled at 191, with 189 at UHNM, 1 at Ramsay, and 1 at Medefer. The forecast position for the end of October is 77 breaches, all at UHNM, with a forecasted position of 0 for November. To note, these are provider forecasts, and not solely for Staffordshire and Stoke-on-Trent patients.

For providers outside of the system, in the latest unvalidated data from 29 September it is reported that the potential cohort of Staffordshire and Stoke-on-Trent patients who could breach 65 weeks if not treated by the end of October is 547 patients. 270 of these are on the admitted part of the pathway and 277 are on the non-admitted pathway. It is noted that 122 of these patients have been dated before the end of the month.

UHDB have reported in their tier 2 pack, as of 02 October, that there is likely to be 218 breaches at the end of October. This is Trust wide position and not solely Staffordshire and Stoke-on-Trent patients. The majority of the cohort sits within the admitted part of the pathway.

52-week waits:

The next target will be zero patients waiting 52 weeks or longer for first definitive treatment by the end of March 2025. In the latest unvalidated data as of 29 September, there are 4,743 patients waiting 52+ weeks, with 2,501 of these being at UHNM. For providers outside of the system, there are currently 2,183 patients waiting longer than 52 weeks, with the remainder 59 patients being at our hosted Independent Sector Providers (ISP) in Medefer, Nuffield and Ramsay. To note, this is the current position and not a forward look to end of March 2025. This is for Staffordshire and Stoke-on-Trent patients only.

UHNM have now started to discuss the route to zero for 52+ week waits in some specialties. In the most recent Tier 1 pack, the total potential cohort for end of March 2025 is 21,878, of which 5,010 (22.9%) are currently dated.

3.2 Cancer Performance

The statements below are for UHNM as a provider, and not solely Staffordshire and Stoke-on-Trent patients.

As of 29 September, the 62-day backlog at UHNM is 376. This is compared to 296 reported on 08 September.

The final July position for 28-day Faster Diagnosis standard was 75.37% against a trajectory of 75.26%.

The provisional August position is currently 75% against a trajectory of 75%.

The final July position for the 31-day target was 89.3% and the provisional August position is currently at 93%.

The final July position for 62-day combined standard was 62.62% against a trajectory of 64.43%. The August position is currently 66% against a target of 65%.

Further and ongoing actions include:

Continued focus on clearance of the 78ww cohort and 65ww cohort.

Planning for clearance of 52ww cohort.

Continued discussion with Derbyshire ICB and providers in relation to achievement of the operational planning ambitions.

4.0 Urgent and Emergency Care (UEC)

Last week, category 2 response times increased by 11½ minutes, totalling at 36¾ minutes, which is above plan for the month. This placed the system at 6th regionally and 17th nationally, which is a drop of 12 places. The four-week average of 28 minutes, 27 seconds, has the system at 8th nationally and 4th regionally.

September's average handover time at UHNM increased markedly to just over one hour, compared to 37 minutes as recorded the previous month. It is noted the impact is primarily experienced at Royal Stoke University Hospital. This resulted in a position of 12 minutes above plan.

Following on from the NHS England directive in relation to ensuring effective and timely handover of patients conveyed by Ambulance, a system for monitoring performance was put in place to track West Midlands Ambulance Service (WMAS) handovers at UHNM, with Burton Hospital being monitored alongside UHNM ahead of its go live in the next phase. The second half of September saw an achievement of 63.6% overall with Royal Stoke and County hospital reporting performances of 22% and 5.4% below their respective trajectories.

'All types' of attendance at UHNM increased by 3.1%, which is the equivalent of an additional 47 patients each day throughout the month, with increases reported across all Type 1 and Type 3 locations. Overall, there was a drop of 7.7 percentage points in patients being assessed within 15 minutes, falling from 73.8% to 66.1%. The number of Type 1 attendances to be seen within the first hour fell by 22.4%, resulting in one out of every three patients being seen within the first

hour. Emergency admissions via the Emergency Department remained 7.4% below the same period last year, despite rising 4.6% during September 2024.

Four-hour performance during September fell to 69.2%, a shortfall of 2.9 percentage points against plan, a drop of 3.7 percentage points over August, and 0.6 percentage points below September 2023. The greatest part of the reduction was reported at both Type 1 locations with a reduction of 6.5 percentage points, falling from 56.4% to 49.9%, whilst Type 3 locations maintained a strong performance seeing only a small reduction from 99.2% to 98.8% during the month.

Twelve-hour performance reported a 2.2 percentage point increase, rising from 5.7% to 7.9%, mostly located at Royal Stoke University Hospital. This is equivalent to an increase of approximately 19 patients per day throughout the month. The position of 7.9% for September 24 is almost identical to September 2023.

Bed Occupancy for September for both adult general and acute beds and adult and paediatric general and acute beds has increased, remaining significantly above plan, and reaching the highest level since November 2022. Long patient cohorts with Lengths of Stay (LoS) for longer than 14 days and 21 days has both reduced, however, those with a shorter stay of 7 or more days increased by the equivalent of 23 patients per day throughout the month.

Up to and including 29 September, UHNM discharged 79.33% of patients on Pathway 0. This is just under 2 percentage points above plan, totalling at 77.36%, and an increase of 1.15 percent points which shows improvement compared to August. Discharges to Pathway 3 at 0.34% remain below plan at 0.91% for the third month, recording below the overall 1% target.

Virtual Wards occupancy has increased through the inclusion of 58 sub-acute beds within the South-East, raising both capacity and overall patient occupancy levels. As of 26 September, the latest SitRep submission reported that 73.3% of the expanded 288 beds were occupied, with the North achieving 74.1%, the South-East 89%, and the South-West 35%.

5.0 Key figures from our population

	Last 4 months in current financial year				Comparator month		Change on same month previous year		
	May-24	Jun-24	Jul-24	Aug-24	Jul-23	Aug-23			
111 calls received		28,329	28,415	27,073					
Percentage of 111 calls abandoned		3.6%	3.1%	2.7%					
A&E and Walk in Centre attendances (UHNM)	23,575	22,068	21,793	20,079		19,996	83	0.4%	↑
A&E and Walk in Centre attendances (other providers)	20,035	19,594	19,753	18,013		17,804	209	1.2%	↑
Non elective admissions (UHNM)	8,367	7,562	8,279	8,101		7,419	682	9.2%	↑
Non elective admissions (other providers)	6,818	6,292	6,926	6,318		5,934	384	6.5%	↑
Elective and Day Case spells (UHNM)	7,956	7,370	8,299	8,797		6,832	1,965	28.8%	↑
Elective and Day Case spells (other providers)	8,813	8,307	8,944	8,296		7,999	297	3.7%	↑
Outpatient procedures (UHNM)	8,406	7,988	8,808	7,264		6,796	468	6.9%	↑
Outpatient procedures (other providers)	13,378	12,390	13,448	11,079		12,128	-1,049	-8.6%	↓
GP appointments (all)	536,241	503,567	552,046	485,982		506,811	-20,829	-4.1%	↓
Physical Health Community contacts (attended)	154,635	148,165	159,690	144,725		128,840	15,885	12.3%	↑
Mental Health Community contacts (attended)	41,990	41,520	45,190		46,000		-810	-1.8%	↓

*** NHS 111 - following the switchover to DHU in April 2024, published data is no longer available. Data is available through a local solution from June 2024 onwards. Please note due to the change in methodology it is not currently advisable to compare to the same month last year.**

Most datasets are subject to change upon refresh.

** Physical and mental health contacts - are sometimes one month behind other datasets depending upon publication timing.

The comparison with the same month the previous year is the same month for most measures, apart from when measures lag one month behind (e.g. Mental Health contacts).

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

Healthwatch recently published their annual report and engaged in discussions with the Care Quality Commission (CQC), where the collaborative and inclusive approach taken by the Systems Quality Group is highlighted as an example of good practice. Healthwatch colleagues are active members of the quality groups, bringing a patient's perspective of care experiences

through their active engagement and deep dive activities. This supports the Integrated Care System (ICS) to continuously improve their approach to care.

The ICB has continued to make significant progress in improving the performance to achieve the Learning from Lives and Deaths of people with a Learning Disability and Autistic People (LeDeR) national key performance indicators. The step-in process has shown successful recruitment of bank reviewers and the introduction of a standardised approach to the review process, resulting in higher quality reviews. The LeDeR Governance Panel has noted the positive impact of this change, reporting an increase in the number of reviews that they are able to close and move into improvement through learning.

Staffordshire and Stoke-on-Trent ICB are participating in an NHS England Host and Home Commissioner Pilot, which focuses on improving quality, oversight, and safety of patient placements within mental health inpatient settings for people with a learning disability and autistic people. NHS England held an event in September 2024 to support all participating ICB's to share their progress and learning, following initial testing of the agreed guidance and processes. It was recognised that whilst the ICB's involved in the pilot are at different stages in terms of implementation, Staffordshire and Stoke-on-Trent ICS's cohesive system wide approach is recognised as a model of good practice.

7.0 Vaccinations

Children, care home residents and pregnant women have been receiving their vaccinations since the beginning of September, with the campaign opening on 3 October to the wider cohorts. As per previous programmes, the COVID-19 Vaccination Programme will be delivered by PCNs, Community Pharmacies and Hospital Hub sites.

Similar to previous spring and autumn campaigns, the committee's advice is to offer the COVID-19 vaccine to those at high risk of serious disease and who are therefore most likely to benefit from vaccination. Vaccination continues to help protect against severe illness, hospitalisations and deaths arising from COVID-19.

The Targeted Vaccination Team is holding a series of pop-up flu clinics throughout the coming months. The clinics are advertised on the ICS website and shared with partners for onward distribution.

Flu and COVID-19 vaccinations are also available to ICB staff via Midlands Partnership Foundation Trust (MPFT) clinics.

7.1 Respiratory Syncytial Virus (RSV) Vaccination Programme

The Respiratory Syncytial Virus (RSV) Vaccination Programme commenced on 1 September 2024, for older adults and pregnant women. General Practice are supporting the roll out to older age patients with a catch-up programme, which aims to get the majority of eligible patients vaccinated before the end of October to allow for maximum protection over winter. The ICB are working closely with practices and PCN's around RSV Vaccinations. The maternity programme is being led by UHNM colleagues.

The ICB facilitated recent media coverage including print and broadcast to raise awareness of RSV and the availability of the vaccine.

7.2 Measles, Mumps and Rubella Vaccinations (MMR)

The Vaccine Health Inequalities Group continues to meet and work to develop meaningful solutions to improve vaccination uptake across Staffordshire and Stoke-on-Trent. The ICB has been working with Local Authorities, MPFT and Voluntary Sector organisations to host targeted MMR vaccination clinics in Staffordshire and Stoke-on-Trent. These clinics took place over Easter and most recently in the summer holidays, in areas of lowest uptake and in local community centres to improve access. These clinics received positive feedback from members of the community and a full evaluation is underway for this work led by Local Authority colleagues and full details will be shared once complete.

David Pearson, ICB Chair
Peter Axon, ICB Chief Executive Officer

Enclosure No: 07

Report to:	Integrated Care Board					
Date:	17 October 2024					
Title:	Intensive and assertive Community Mental Health treatment review					
Presenting Officer:	Nicola Bromage Associate Director MHLDA;					
Author(s):	Nicola Bromage Associate Director MHLDA ICB					
Document Type:	Other			If Other: Review and Action Plan		
Action Required (select):	Information (I)	☐	Discussion (D)	☐	Assurance (S)	☒
	Approval (A)	☐	Ratification (R)	☐	*(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.				
Any impacts on ICB Undertakings?	Yes / No	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Intensive and assertive Community Mental Health treatment review presentation and actions					

(1) Purpose of the Paper:

1. The Integrated Care Board (ICB) have been instructed by NHS England (NHSE) to carry out a review of intensive and assertive community treatment for people with severe mental health problems, submitting findings to the Regional NHSE Mental Health Team by midday on 30th September and ensuring subsequent ICB Board oversight of findings and proposed actions by the end of Q3.
2. The attached presentation summarises the high-level actions identified following the completion of the NHSE Maturity Index Self-Assessment Tool. As required, particular attention has been given to both short term actions and longer-term actions that address gaps in process and provision.
3. Due to the rapid nature of the review, time scales and owners for the short term and long term actions presented to board will be allocated and reported to Quality Safety Committee of the ICB by end of Q3.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
MHLDA Portfolio Board (D) Quality & Safety Committee (S)	05/09/2024 09/10/2024

(3) Implications:

Legal / Regulatory	2024/25 Priorities and Operational Planning Guidance (page 24) : https://www.england.nhs.uk/wp-content/uploads/2024/03/2024-25-priorities-and-operational-planning-guidance-v1.1.pdf
CQC / Patient Safety	CQC Special Review of NHFT: https://www.cqc.org.uk/publications/nottinghamshire-healthcare-nhsft-special-review
Financial (CFO-assured)	Resource implications yet to be determined following NHSE national review
Sustainability	As identified in paper and actions
Workforce / Training	As identified in paper and actions
Equality & Diversity	As identified in paper and actions
Due Regard: Inequalities	As identified in paper and actions
Due Regard: wider effect	As identified in paper and actions

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☒	☐	Timescales of review prevented full public and patient involvement. The ICS will be engaging with the public during November- January around all MH Provision.

(5) Integration with the SBAF & Key Risks:

SBAF1	Responsive Patient Care - Elective	☐	**SBAF5**	High Quality, Safe Outcomes	☒
SBAF2	Responsive Patient Care - UEC	☐	**SBAF6**	Sustainable Finances	☐
SBAF3	Proactive Planning & Delivery of Integrated Locality Based Community Services	☐	**SBAF7**	Improving Efficiency & Productivity	☐
SBAF4	Reducing Health Inequalities	☒	**SBAF8**	Sustainable Workforce	☐

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

1. The Integrated Care Board (ICB) have been instructed by NHS England (NHSE) to carry out a review of intensive and assertive community treatment for people with severe mental health problems, submitting findings to the Regional NHSE Mental Health Team by midday on 30th September and ensuring subsequent ICB Board oversight of findings and proposed actions by the end of Q3.
2. This work was instigated nationally following a CQC special review into mental health at Nottingham Healthcare Foundation Trust. In addition to the issues identified by the CQC, the 2024/25 Priorities and Operational Planning Guidance asked all systems to:
   "Review their community services by Q2 2024/25 to ensure that they have clear policies and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge."
3. In late July, an outline NHSE review template was circulated to the ICB and following this came a detailed maturity index tool and action plan template document. With collective input across the community, specialist, nursing and quality and performance directorates withing both Midlands

Partnership NHS Foundation Trust and North Staffordshire Combined Healthcare NHS Trust the ICS position has been summarised to inform an overarching ICB response.

4. Attention has been paid to operational policy and practice as well as patient experience measures (complaints, compliments, PALS enquiries) and serious incident reporting. These aspects are critical as correlation between patient safety reviews, the fundamentals of good quality care e.g. coordination of care, patient and family engagement, risk/safety management, treatment and effective discharge processes are cited throughout the review process. Alignment with the Dartmouth Fidelity Scale has also been in focus throughout the review.
5. The scope applied in the completion of the tool is defined in guidance: People presenting with psychotic symptoms (irrespective of diagnosis) who are known to mental health services presenting with repeated mental health inpatient admissions. There is involvement with multiple partner agencies/services and the person has multiple social needs (housing, finance, self-neglect, isolation). The person often presents with co-occurring drug and alcohol problems, and may not respond to, want to, or may struggle to access and use 'routine' monitoring, support and treatment that would minimise harms. The person is vulnerable to relapse and/or deterioration with serious related harms associated not limited to violence and aggression. The person requires responsive and intensive pro-active support. Concerns may have been raised by family / carers
6. The attached presentation summarises the high-level actions identified following the completion of the NHSE Maturity Index Self-Assessment Tool. As required, particular attention has been given to both short term actions and longer-term actions that address gaps in process and provision.

(7) Recommendations to Board / Committee:

1. To note the detailed review undertaken against the national guidance and the proposed high level actions across the system to ensure alignment with national guidance and resource implications that may be required to enable full compliance.
2. To note timescales and leads for actions across the ICS are to be allocated and reported to Quality Safety Committee by end of Q3.
3. To note there will be an NHSE review of the system return. NHSE will collate national trends from the reviews to use to inform future policy, as well as communicate the outcomes to the CQC and Department of Health and Social Care.

Review of Intensive and Assertive Community Mental Health Care

Nicky Bromage – Associate Director MHLDA & CYP - ICB

Ben Richards – Chief Operating Officer NSCHT & SSOT ICS Mental Health, Learning Disability and Autism Programme SRO

Lisa Agell – Operations Director MPFT

Upkar Jheeta- Head of MH Transformation MPFT

Deborah Hargreaves – Senior Service Manager NSCHT

CQC Recommendations for NHS England

Appoints a **named individual to take ownership for the delivery** of these recommendations.

Ensures that providers' **boards fully understand their role in the oversight of the needs of patients who have a serious mental illness and who find it difficult to engage with services**. This includes developing local services in partnership with others to provide intensive support in order to prevent this cohort of patients from falling through the gaps.

Ensures **every provider and commissioner in England undertakes a review of the model of care** in place for patients with complex psychosis who typical services struggle to engage and who present with high risk.

Within the next 12 months, **provides evidence-based guidance setting out the national standards** for high-quality, safe care for people with complex psychosis and paranoid schizophrenia..

Within 3 months of the publication of the national standards for high-quality, safe care for people with complex psychosis and paranoid schizophrenia, **ensures every provider and commissioner develops and delivers an action plan** to achieve these.

Through the providers' boards, ensures delivery of the actions within 12 months of the standards being published.

Royal College of Psychiatrists reviews and strengthens the guidance to clinicians relating to medicines management in a community setting reviews how legislation is used in the community to deliver medication for those patients who have a serious mental illness and where it is known they are non-compliant with medication regimes.

Health and Social Care Secretary Wes Streeting response and measures the NHS has already undertaken include:

Ensuring every provider of mental health services has clear policies and practice in place to treat patients with serious mental illness.

Issuing guidance to trusts reiterating instructions not to discharge patients with serious mental health issues if they do not attend appointments.

Commissioning an independent investigation into the incident, which will be published by the end of 2024.

Increasing funding to community mental health services by £2.3 billion per year to transform services.

Continuing to improve data on community mental health services including developing metrics around access to psychological therapies for severe mental health problems and outcomes for people accessing community mental health services.

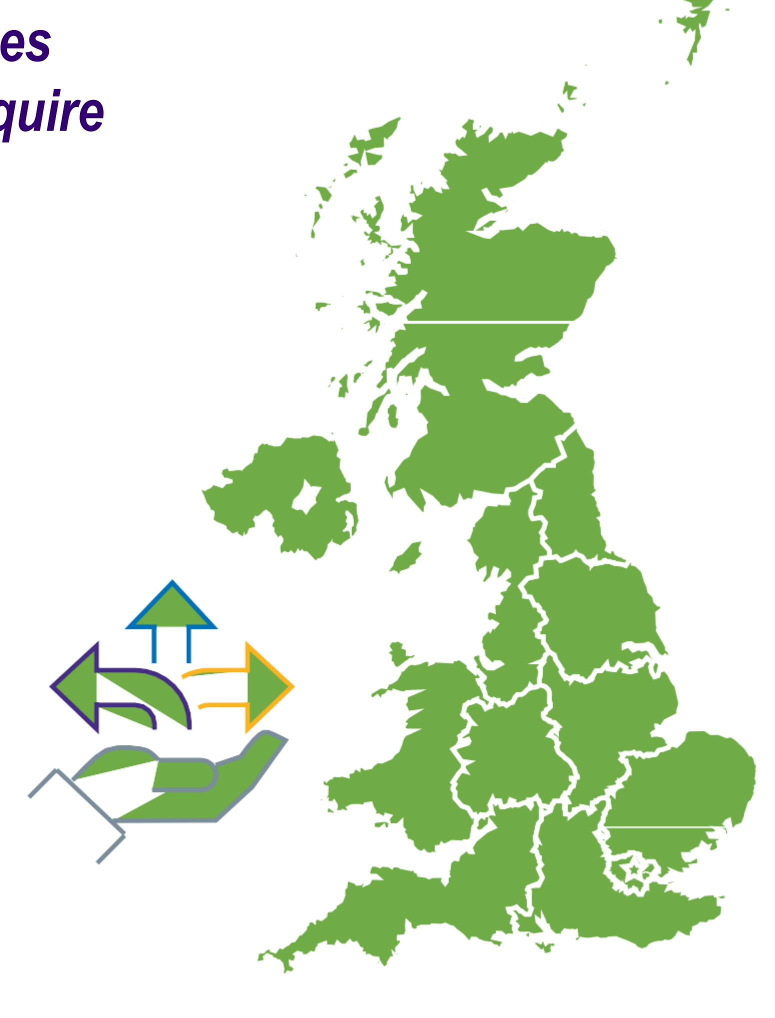
Establishing an expert advisory group to oversee the development of core standards for safe care in community mental health services.

National Overview

NHS England has asked all ICBs to review policies and practices regarding the care of people with severe mental illness who require treatment but where engagement is a challenge [2024/25 NHS Priorities and Operational Planning Guidance]

The guidance covers:

- The characteristics and presentations of individuals in scope
- Themes and lessons for services from severe untoward incidents
- The features of intensive and assertive community care
- How ICBs should undertake local reviews ICBs are being asked to report any gaps in provision and the barriers (e.g. resources / workforce) that are preventing good care for this group



Context and Background

Early signs of support seeking (ED presentations) with early poor engagement

Failure to join up presentation history / episodic care

No long term planning of care / failure to link history of care

Negative and erroneous assumptions – e.g. drug induced psychosis

Missed red flags - Minor early offending, low level assaults

Failure to acknowledge antisocial behaviour may be attributed to underlying mental illness

Poorly planned precipitous discharges from hospital

Poor involvement of family

Instability of housing / homelessness making engagement / information gathering difficult

Poor access To rehabilitation services

Failure to address side effects of treatment and a failure to review treatment

Illness becoming more continuous and decreasing time to next acute presentation

A lack of appropriate supported living environments for patients with complex needs

Discharged due to disengagement – from both CMHT and primary care

Individuals in scope of needing intensive and assertive community mental health care

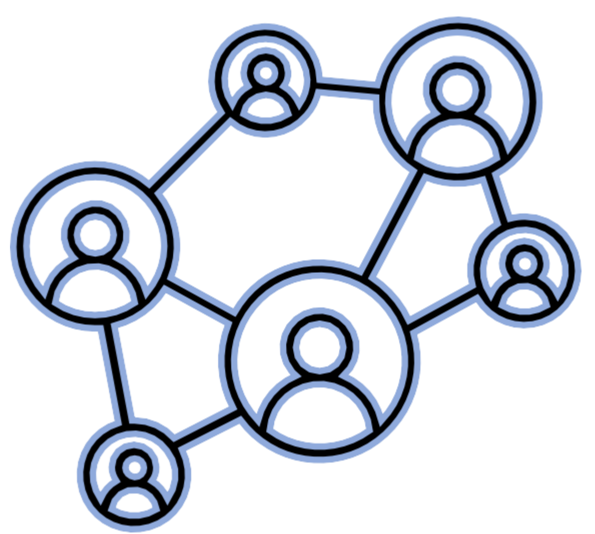
The aim of local reviews is to meet the needs of a particular group of people with severe mental health illness. The group under consideration includes individuals who:

- Are presenting with psychosis (but not necessarily given a diagnosis of psychotic illness)
- May not respond to, want or may struggle to access and use 'routine' monitoring, support and treatment that would minimise harms
- Are vulnerable to relapse and/or deterioration with serious related harms associated (esp. but not limited to violence & aggression)
- Have multiple social needs (housing, finance, self-neglect, isolation etc)
- Likely present with co-occurring problems (e.g. drug and alcohol use/dependence)
- May have had negative (e.g. harmful and/or traumatic) experiences of mental health services or other functions of the state (e.g. the criminal justice systems)
- Concerns may have been raised by family / carers

Organisations and specific leads involved in the review

The local reviews have included the following organisations and leads:

NSCHT	MPFT
Community and Specialist Directorates: Chief Operating Officer, Associate Director, Senior Service Manager, Service Leads (EIP, MD, IOT, CMHT Rehab), Consultant Nurse.	**Nursing and Quality Directorate:** Operational Teams (Integrated Mental Health Teams, EIP, Rehab, Intensive Life Skills)
Performance: Information and Costing Associate.	
Nursing and Quality: Deputy Chief Nursing Officer/Director of Nursing.	
Patient Safety: Head of Patient and Organisational Safety.	
Patient Experience: Lead (included consideration of PALS, CQC complaints, compliments/complaints).	



The ICB Review Process

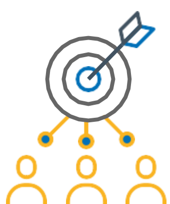
All ICBs have been asked to review their local policies and practices in relation to providing intensive and assertive community care

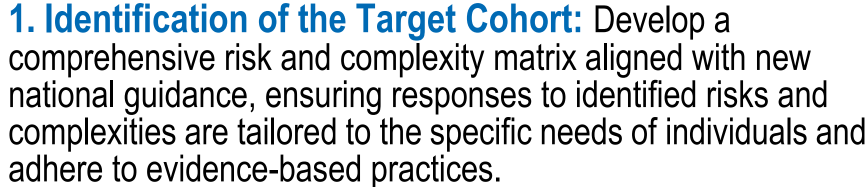
What have ICBs been asked to review?	Policies and practices in place for people who might need this type of care
	ICBs should identify gaps and barriers to providing care and report back to NHSE
Who should be involved?	Commissioners, Providers, Lived Experience Advisors, Families, VCSE, Local Authority, Quality Leads, etc.
What policies and practices are in scope?	All relevant policies and practices that involve the delivery of care to individuals in scope. This includes teams delivering intensive and assertive community treatment, and wider community services.
	Governance arrangement and partnership/monitoring agreements should also be reviewed. Along with local data, serious incident reports, and patient feedback mechanisms, to ensure appropriate care is in place.
When do reviews need to be completed?	Reviews should be completed by 30 September. However, this is just the first step, with continued work to develop longer term action plans to address any gaps.
How should the outcome of the reviews be communicated?	A template has been provided for reporting outcomes of the review. We would also like ICBs to present the outcome of reviews and their long-term action plans at their local public board meetings.

NSCHT/MPFT Policies and practices reviewed:

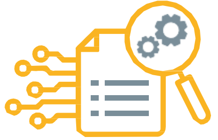
Missed Contacts Policy V1.2.pdf
Did Not Attend SOP Mental Health Division and Forensic Services Review.pdf
Co-Occurring Needs Policy Final (004) PPC amended
Care Planning Policy V1.3.pdf
Clinical Risk Management Policy .pdf
Intensive Forensic MH Forensic Intensive Recovery Support Team FIRST SOP.pdf
Recovery Support Team FIRST SOP.pdf
Management of General Adult Mental Health Beds SOP.pdf
Admission, Discharge & Transfer, Policy - V2.1.pdf
Helping Service Users towards Employment SOP
Physical Health Monitoring Requirement for Psychotropic Medication
Under 18's Admissions to AMH Ward SOP
Community Mental Health Transformation SharePoint Site
MHA Section 117 Policy Staffordshire & Stoke-on-Trent
Intensive Outreach Team/Multiple Disadvantage Team Operational SOP
Do Not Attend SOP Community MH
Early Intervention Team Operational SOP
Care Management Policy (under review due to changes with CPA)
Discharge Policy

Short-Term Actions:

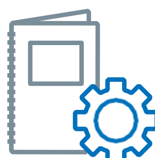




1. Identification of the Target Cohort: Develop a comprehensive risk and complexity matrix aligned with new national guidance, ensuring responses to identified risks and complexities are tailored to the specific needs of individuals and adhere to evidence-based practices.



2. Data Capture: Update EPR to capture essential information required for effective risk assessment, care planning, and outcome monitoring, as outlined in the national guidance.



3. Standard Operating Procedures (SOPs): Create or revise SOPs to ensure consistent and efficient capture, review, and removal of risk/complexity factors, adhering to the guidance's recommendations for data management and quality assurance with a focus on alignment, discharge process and rapid re-referral.

4. Caseload Management: Implement a robust caseload management solution that supports effective workload allocation, prioritisation of high-risk individuals, and timely interventions, in accordance with the guidance's principles of individualised care.

5. Multidisciplinary Team (MDT) Approach: Establish clear guidelines for MDT collaboration, ensuring that all relevant professionals are involved in decision-making and care planning, as recommended in the national guidance.

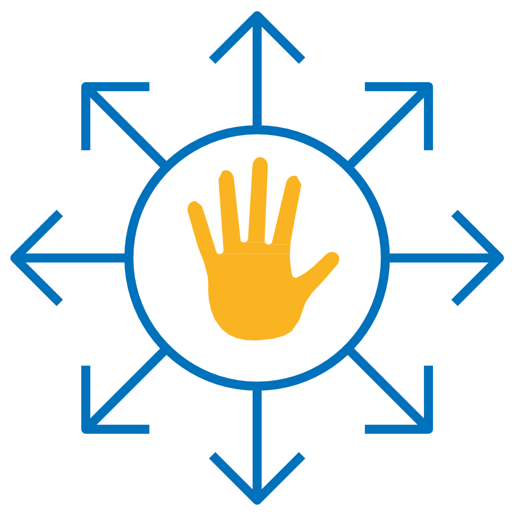
6. System Leadership and Partnership: Foster strong system leadership to bring together key stakeholders (alcohol and substance misuse providers/commissioners; homelessness duties; LDA clinical leads; Police including RCPC representatives) to discuss implications of the new guidance and define the role of system partners in supporting intensive and assertive outreach (I&AOT) coordinated approaches

7. Staff Training: Provide comprehensive training to staff on the new national guidance, ensuring they have the knowledge and skills to implement evidence-based practices, manage risk effectively, and deliver high-quality care.

8. Reporting and Governance: Establish a robust reporting system to monitor progress, identify areas for improvement, and ensure compliance with the national guidance. Integrate reporting into Trust governance processes to ensure accountability and transparency.

9. Risk Management: Implement a comprehensive risk management framework to identify and mitigate risks associated with the I&AOT program, aligning with the guidance's emphasis on safety and quality.

Long-Term Actions:



1. Assertive Outreach Teams:

ICB/MPFT/NSCHT to conduct a thorough evaluation of the need for assertive outreach teams, considering resource implications and the specific needs of the population served. Align any decision regarding the establishment of a I&AO team in line with the recommendations in the national guidance.

2. Tracking of Non-Engaged Individuals:

ICB/MPFT/NSCHT to Implement a system for recording individuals who are not engaging with core mental health services, ensuring that appropriate follow-up and outreach efforts are initiated in accordance with the guidance's principles of reducing service gaps and improving access to care.

3. Experts by Experience: To build on existing programmes around roles of EbE to be representative of I&AO patient and carer cohort.

What happens after reviews have been completed

ICBs and services

Using the outcomes of reviews ICBs should develop longer term action plans to address gaps and present these at their next local public board meetings after the 30 September.

Regions

Regional NHS England teams will lead the review of the returns and continue to work with ICBs where gaps in provision have been identified to ensure alignment with national guidance.

National Team

The National NHS England team will collate national trends from the reviews, and use it to inform future policy, as well as communicate the outcomes to the CQC and Department of Health and Social Care.

Broader pieces of work these reviews will contribute to:

- **Wider patient safety requirements:** The national team will develop wider guidance on what good quality safe care looks like for Community Mental Health Teams.
- **The new Mental Health Act:** Included in the King's Speech will improve the ability for patients to remain engaged in services by improving key characteristics of Mental Health services such as increased patient choice; requiring culturally appropriate care; and increasing requirements of patient engagement in care plans.
- **Digital:** Digital and data tools also afford opportunities to support staff in caring for those patients who are most vulnerable, and who display risk factors associated with suicide and homicide.

Questions?

Enclosure No: 08

Report to:	Integrated Care Board				
Date:	17 October 2024				
Title:	Staffordshire and Stoke on Trent ICS Strategic OD Plan				
Presenting Officer:	Pauline Grant				
Author(s):	Pauline Grant				
Document Type:	Strategy		If Other: Click or tap here to enter text.		
Action Required (select):	Information (I) ☐		Discussion (D) ☐		Assurance (S) ☐
	Approval (A) ☒		Ratification (R) ☐		(check as necessary)
Is the decision within SOFD powers & limits	Yes / No	YES			
Any potential / actual Conflict of Interest?	Yes / No	Choose an item. *If Y, the mitigation recommendations –* No			
Any financial impacts: ICB or ICS?	Yes / No	Choose an item. *If Y, are those signed off by and date:* Yes. There are elements of the plan that will need to be resourced to ensure successful delivery and implementation. These will need to be approved by the ICB following more detailed operational planning.			
Any impacts on ICB Undertakings?	Yes / No	Choose an item. *If Y, are those signed off by and date:* No			
Appendices:	Appendix 1 – OD Driver Diagram outlining Strategic Priorities and Objectives				

(1) Purpose of the Paper:
To provide an update on ICS Organisational Development (OD) Strategic Plan and present the Final draft for approval and progression to Board.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
ICS Organisational Development Community of Practice: Information, Discussion and sharing and gathering system level strategic insights to inform thinking and draft development and next steps	17/04/2024
ICB Board to provide an overview of the proposed approach to coproducing the ICS Organisational Development (OD) Plan and approach and inform the Board on progression to date.	20/06/2024
PCI Committee to provide an overview of the proposed approach to coproducing the ICS Organisational Development (OD) Plan and approach and inform the Committee on progression to date.	10/07/24
NHS Providers / ICB: Codesign and development Workshop 1 for Discussion, refinement, alignment with individual organisational priorities and context (short and long terms) and wider Provider Partners including EDI, Staff Network Leads and Staff	04/09/2024 – 12/09/2024

Networks, Social Care, Primary, Care, Voluntary Sector, Education, Union representative for discussion and consultation (see page 4, 19-25/Appendices 2-7 PCI Committee for approval	 16/10/2024

(3) Implications:	
Legal / Regulatory	
CQC / Patient Safety	
Financial (CFO-assured)	
Sustainability	
Workforce / Training	
Equality & Diversity	
Due Regard: Inequalities	
Due Regard: wider effect	

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	DPIA	☐	☒	☐	*If N, why DPIA will be undertaken with regards specific new work, projects on initiatives emanating from this plan.* *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☒	☐	*EIA will be undertaken with regards specific new work, projects on initiatives emanating from this plan.*
	QIA	☐	☒	☐	*If N, why EIA will be undertaken with regards specific new work, projects on initiatives emanating from this plan.* *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☒	☐	*#this Strategy and resulting plans will be further socialised with service user, patient carer groups and staff to inform how strategic objectives are delivered.*

(5) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	☐	BAF5	High Quality, Safe Outcomes	☒
BAF2	Responsive Patient Care - UEC	☐	BAF6	Sustainable Finances	☐
BAF3	Proactive Community Services	☐	BAF7	Improving Productivity	☐
BAF4	Reducing Health Inequalities	☒	BAF8	Sustainable Workforce	☒

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

INTRODUCTION
A number of national and local drivers set the context for this System Organisational Development Strategic plan shaping priorities for action and delivery.

Nationally, it is driven by:

- the Skills for Care 15 year strategy, **A workforce strategy for adult social care in England**,
- the NHS10 year **Long-Term Workforce Plan (2023),** for healthcare in England
- **The Hewitt Review 2021** and **The Fuller Stocktake** which set priorities for improving culture, collaboration and systems leadership
- the **NHS People Promise**
- **The Future of HR and OD** recognising the people profession as a critical factor in enabling change
- The **NHS equality, diversity, and inclusion improvement plan 2023** which sets out targeted actions to address the prejudice and discrimination that exists through behaviour, policies, practices and cultures
- The recently published Darzi Review (2024)
- The anticipated new NHS 10 Year Plan

Locally it is driven by:

OUR SYSTEM CONTEXT AND PRIORITIES

- **Our ICP Strategy** which emphasises a focus on People and communities, Personalised care, Personal responsibility, Prevention, health inequalities and Productivity, all underpinned by Population health management
- **Our Joint Health and Wellbeing Strategy 2021-2025** which highlights the need for action on the wider determinants of health and wellbeing
- The **Time for action: Midlands Workforce, Race, Equality and Inclusion (WREI) Strategy** which aims to create an anti-racist, compassionate and inclusive working culture
- Our SSOT Medium Term Plan (in development) and local response to the recent **Darzi Review (2024)** and the upcoming new 10 year health plan
- Our 25/26 People Plan (in development)

PURPOSE

This 3 year Organisational Development Plan will strategically shape our ICS OD approach, aligning to our wider CEO and ICB Board Development work and associated leadership and modelling of system culture and collaboration. Setting the scope and direction of agreed ICS strategic OD priorities, the primary focus for implementation will be to identify and build on existing good practice, sharing learning, sourcing opportunities to scale, spread and innovate, in order to reduce duplication whilst maximising efficiency.

AIMS

This Plan aims to cultivate a system wide culture of connection and collaboration to support delivery of our SSOT Strategic Aims, ensuring consistency, compassion, inclusivity and belonging are central to everything we do.

Underpinning the Plan with Strengths-based approaches enables better engagement in conversations about our successes and aspirations, aligning our priorities for action, fostering trust, building relationships and ensuring a sense of shared purpose, all critical factors in increasing the impact of our Board and leadership development efforts.

CODESIGNING AND COPRODUCING OUR STRATEGIC OD PLAN

Codesigned by our System partners to support our workforce in addressing the challenges faced, the plan recognises that in order to succeed, we must work collectively, leveraging our shared expertise and resources to deliver on our shared goals.

The content of the plan has been informed by engagement with over 80 system partners and colleagues, consisting of desktop research, analysis of surveys, observation and 1:1 conversations (early engagement July 2023 – March 2024) followed by more focused codesign and coproduction with EDI leads, Staff Network Leads and Staff Networks, Provider organisations including, NHS, Social Care, Primary Care, the Voluntary Sector, Education and Union representation (April 2024 – September 2024).

Following this period of codesign, 4 Strategic Priorities have been identified:

1. **Inclusion and Belonging** - actively working to address biases in systems and processes, closing the gaps in experience and outcomes between different staff groups, better support for internationally recruited and temporary staff and ensuring that our System workforce is representative of our local population at all levels.
2. **System Culture and Collaboration** – collaborative working across all System partners is essential and we already have great examples of changes to services that have improved patient and service user experience in the SSOT system, which can only be enhanced by this strategy. This will be further improved by recognition and appreciation of the unique challenges and circumstances faced by different partners in our System and is key to aligning our efforts and driving forward improvement and innovation.
3. **Leadership and Management** – we need strong inclusive leadership and a positive equitable, organisational and System culture. Leadership development needs to be future-focused, building capability for systems, inclusion and digital leadership, as well as equipping our people with the skills to lead through change, fostering commitment to a shared purpose and systems mindset. Developing leadership skills at all levels is seen as essential for creating resilient, psychologically safe organisations, including professional standards for line managers and building capability for our OD practitioners and staff network members.
4. **Talent Management and Development** - retaining talent is imperative for ensuring continuity of care, promoting collaboration and delivering high-quality services to patients. Developing all of our people to be the best they can be, requires an inclusive approach that recognises the talents of the many rather than the few, and needs to venture beyond singular organisational confines so that we can thrive as a system, retaining and sharing talent in ways that encourages our people to discover their own strengths, realise their aspirations and resulting in a happier and more engaged workforce.

Success is dependent on a number of strategic enablers including a focus on *Productivity and Efficiency, Knowledge Exchange and Communication* and effective transformation strategies that ensure OD initiatives are not only strategic but operationally sound and capable of delivering real change. The support and Leadership of our ICB Board is critical to ensure success.

ALIGNING PRIORITIES TO STRATEGIC OBJECTIVES

We have listened to our partners and closely aligned our System-wide strategic objectives with the existing priorities of our partner organisations ensuring the plan reflects and represents collective needs and aspirations, while maintaining a focus on how we can work together, prioritising activities that will add the most value. The plan outlines a strategic approach that provides:

- an overarching strategy aligned with ICB Board development, drives System-wide initiatives while being connected to existing work.
- Provides a scalable and cohesive approach to OD that promotes transformation, integration, reduces duplication and leverages the strengths of all partners, including smaller and voluntary sector organisations.
- fosters better communication, information sharing and supports structures that make it easier for partners to work together effectively
- defines measurable outcomes, especially in the areas of well-being, retention, and EDI improvements, with a clear connection to patient and community outcomes.

DELIVERING OUR OBJECTIVES

Applying a Strengths Based Approach There is wealth of empirical evidence that positive practices improve individual health, performance, cognitive functioning and relationships. Positive practices such as Just and Restorative, Belonging, Kindness and Joy in Work are already being prioritised and implemented across some of our System partners.

Guiding Principles underpinning this plan include quality improvement and evidence based models and frameworks known to drive positive behaviours, including *psychological safety* and *cultural intelligence.* It emphasises *Inclusion, belonging* and *compassion*, as being at the heart of everything we do, *culture* as a critical enabler of our strategic priorities together with *connection, consistency* and *collaboration*.

Shaping our Culture and Behaviours Our Leadership Compact sets out the foundational values and behaviours expected of our leaders, needed to lead across systems, driving Staffordshire and Stoke on Trent ICS forward. This OD plan builds on many of these principles. The Compact will be refreshed and reviewed with System Partners as part of the delivery of our OD approach supporting our leaders at all levels, including our Board, clinical and operational leaders, to exhibit the system leadership behaviours required to influence complex systems, working across organisational boundaries and collaborating with stakeholders across sectors to effectively address systemic issues.

NEXT STEPS

Over the next 3 months we will continue to engage with stakeholders, socialising and communicating the plan and approach, with a particular focus on those groups we have not yet reached, ensuring their voices are reflected in the more detailed operational and delivery plans.

We will:

- work in collaboration with our partners to scope the activities required to deliver on our year one priorities
- map existing activity, identifying opportunities to share learning and good practice
- map resource availability and allocation to deliver System led programmes
- establish ways of working and governance requirements that report into the People Culture and Inclusion Committee

From 2025 we will

- analyse identified areas of good practice assessing our gaps and opportunities for scale and spread
- agree our priorities for transformation
- scope our year 2 priorities

In 2026 we will

- facilitate transformation and change initiatives
- build capability
- pilot and test
- scope year 3 priorities

OWNERSHIP AND ENGAGEMENT FOR TRANSFORMATIONAL CHANGE

Transformational change is underscored by senior leadership taking ownership for driving sustainability and ensuring long-term success. it signals and supports clear governance, prioritisation of resources, and effective implementation of initiatives aimed at fostering collaboration, innovation and continuous improvement. It is important that this Organisational Development Strategic plan owned and led by our Integrated Care Board Executive Team.

CONCLUSION

Our Staffordshire and Stoke on Trent Strategic Organisational Development plan prioritises inclusion and belonging to address systemic disparities in health experiences and outcomes, particularly for marginalised groups. It emphasises the need to close the gap in workforce experiences and outcomes, acknowledging the existence of racism and discrimination within systems.

In order to succeed, Integrated Care Systems must foster collaboration among historically competitive provider organisations by developing a shared vision, building connections, and resolving conflicts. This collective engagement approach is crucial for addressing financial challenges and implementing necessary changes.

The plan, co-designed with system partners, aims for transformational change to meet the needs of the workforce and local communities effectively.

(7) Recommendations to Board / Committee:

There is a need to work together as system partners to operationalised and implement this System OD Plan.

The Board is asked to:
- approve the Organisational Development Strategic Plan, endorsing the principles, approach, strategic priorities and objectives identified for delivery and necessary to addressing current challenges whilst fostering System resilience
- assume executive ownership and leadership of the Organisational Development Plan, supporting alignment of the necessary resources, including financial, human and technological, to ensure successful implementation of the agree objectives.

NEXT STEPS

Following approval, a further stakeholder engagement session is scheduled for November 5th to determine and prioritise the detailed actions and resource required to deliver the stated objectives.

Reports on monitoring and progress will be returned to the PCI Committee.

NHS
Staffordshire and
Stoke-on-Trent
Integrated Care Board

Appendix 1 OD Driver Diagram

Aim	Primary Drivers	Primary Drivers	Change Ideas
Deliver Key Objectives around Inclusion and Belonging, System Culture and Collaboration, Leadership and Management and Inclusive Talent Management, across SSOT ICS, supported by Transformational Activities, by December 2027	1. Advance EDI	1.1 Enable shared learning 1.2 Work with EDI leads and staff networks	1.1.1 foster cross-sector collaboration on EDI including annual systemwide EDI conference 1.2.1 coordinate system-wide initiatives addressing most pressing system EDI priorities
		1.3 Build capability of staff networks/leads 1.4 Coproduce aligned EDI framework	1.3.1 include skills to facilitate change, improvement and education around EDI 1.4.1 build in EDI by design, directly linked to improving experience of service users, patients and carers across our system
	2. System Culture and Collaboration	2.1 Cocreate supportive, safe, health work environment 2.2 Facilitate integrated working	2.1.1 development of a systemwide culture change programme (eg Civility & Respect, Cultural Intelligence) 2.2.2 OD consultancy and strategic partnerships across our system
		2.3 Support professional development 2.4 Coproduce system wide knowledge hub	2.3.1 .professional development of OD and Inclusion leads 2.4.1 system wide knowledge hub
	3. Build Leadership and Manager Capability	3.1 Embed and align system wide management standards and practices 3.2 Align leadership and management development	3.1.1.leadership and management standards and practices 3.2.1 identify opportunities for collaboration and scaling** / with National/Regional partners, systems leadership development programme
		3.3 Embed inclusive leadership compact 3.4 Embed coaching coaching culture	3.3.1 standards for behaviours of all leaders across our ICS 3.4.1 coaching culture
	4. Maximise the potential of our people	4.1 Establish system talent priorities for critical role 4.2 Establish system talent pipeline and pool	4.1.1 talent identification, development, career progression and succession planning 4.2.1 system wide stretch projects, rotational and progression opportunities, evidence-based talent management toolkit
		4.3 Create spaces for leaders and talent to network	4.3.1 development network for leaders and talent
	5. Transformation and commissioned services	5.1 Develop a Identify 3 system priorities for transformation 5.2 Develop a clear vision and alignment with Provider Organisation and System Strategy	5.1.1 map existing activities of System partners across Strategic Objectives 1-4 5.1.2 agree criteria, assess baseline activity, identify opportunity to scale, spread, transform
		5.3 Implement a robust transformational change management process that includes consistent communication, training, feedback 5.4 Build from existing expertise, resource, commission required services	*to be determined*

Organisational Development Strategic Plan 2024 - 2027

Introduction

Research consistently shows that when work aligns with our values and beliefs, it significantly enhances individual performance and organisational outcomes. Prioritising meaning in work and support for well-being is linked to increased job satisfaction, improved mental health and higher levels of employee retention.

Strategic Context

In July 2024, Skills for Care set out its vision for the social care workforce for the next 15 years**,** with publication of **A workforce strategy for adult social care in England**. Commitments to attract, retain, train and transform the workforce are in line with the NHS **Long-Term Workforce Plan (2023)** which set out an ambitious 10 year vision for healthcare in England, focusing on training and growing the workforce, embedding the right culture, improving retention and reforming the way we work and train our people**. The Hewitt Review 2021** and **The Fuller Stocktake** set priorities for improving culture, collaboration and systems leadership, whilst the **NHS People Promise** sought a pledge that we work together to improve the experience of working in the NHS for everyone. **The Future of HR and OD** recognises the people profession are a critical factor in enabling change and provides a framework towards building a shared commitment for enhancing capabilities across the profession, increasing collaboration across team and organisational boundaries, supporting organisations as they address and progress key issues**.** The **NHS equality, diversity, and inclusion improvement plan 2023** sets out targeted actions to address the prejudice and discrimination that exists through behaviour, policies, practices and cultures against certain groups and individuals across the workforce. In addition, we are currently developing our Medium Term Plan linked to the Darzi Review (2024) in anticipation of the NHS 10 Year Plan.

Purpose

This 3 year Organisational Development Plan will strategically shape our ICS OD approach, aligning to our wider CEO and ICB Board Development work and associated leadership and modelling of system culture and collaboration. Setting the scope and direction of agreed ICS strategic OD priorities, the primary focus for implementation will be to identify and build on existing good practice, sharing learning, sourcing opportunities to scale, spread and innovate in order to reduce duplication whilst maximising efficiency.

Aims

This Plan aims to cultivate a system wide culture of connection and collaboration to support delivery of our SSOT Strategic Aims, ensuring consistency, compassion, inclusivity and belonging are central to everything we do.

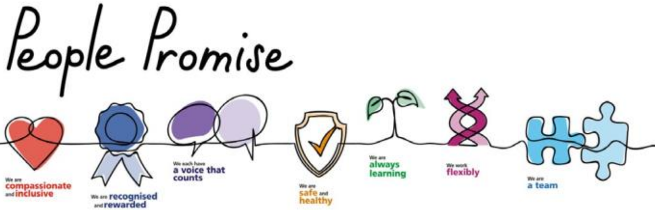
Underpinning the Plan with Strengths-based approaches enables better engagement in conversations about our successes and aspirations, aligning our priorities for action, fostering trust, building relationships and ensuring a sense of shared purpose, all critical factors in increasing the impact of our Board and leadership development efforts.

Transformational change begins with our leaders who are the catalysts for organisational evolution
Leaders set the tone, direction and pace for change, inspiring and mobilising others to embrace new ideas and approaches whilst modelling the behaviours and values necessary to drive improvement and innovation. Leading by example, they empower teams to embrace change, adapt to new challenges and realise their full potential.

We will deliver our aim through positive leadership and an unwavering commitment to the well-being of all our people.

We aspire to:

- ✓ *continually invest in and nurture our talented workforce*
- ✓ *develop our leaders with intent to building a positive organisational and system culture, with an engaged workforce*
- ✓ *create working environments where all of our people can experience inclusion and belonging and do their best work*



Our System Context and Priorities

Our Local System Context Our overall ICP Strategy (ICPS) identifies the things we need to change to make a difference and includes a focus on **People and communities, Personalised care, Personal responsibility, Prevention, health inequalities and Productivity,** all underpinned by **Population health management**. Our **Joint Health and Wellbeing Strategy 2021-2025** highlights the need for **action on the wider determinants of health and wellbeing**, whilst the **Time for action: Midlands Workforce, Race, Equality and Inclusion (WREI) Strategy** aims to create **an anti-racist, compassionate and inclusive working culture.**

Several national drivers and guidance set the context for this Strategic OD plan, framing local priorities for action including how we address persistent inequalities across different demographics within our System, as well as recruitment, retention and the wellbeing of our skilled workforce. Ongoing financial constraints and increasing demand in volume and level of need for services remain a priority area for action and development of our Medium Term Plan and System Recovery Programmes, all critical factors in delivery of our financial commitment and achieving a recurrent breakeven position. This will be further informed by our local response to the recent Darzi Review (2024) and publication of the upcoming new 10 year health plan.

Codesigned by our System partners to support our workforce in addressing these pressing challenges, in order to succeed, we must work collectively, leveraging our shared expertise and resources to deliver on our shared goals.

This plan will enable us to build a cohesive, inclusive workforce, fostering strong leadership and driving innovation. Collaboration is essential in order to achieve meaningful and sustainable change and improve outcomes for both our staff and the communities we serve. The support and Leadership of our ICB Board will be equally critical to ensure success.

Staffordshire and Stoke on Trent Interim People Plan 2022-23 and Beyond, prioritised workforce activities required to progress the ICS towards being a more integrated, inclusive, supportive system for our people. It prioritised working together to build compassionate and inclusive cultures, striving to affect positive change across the whole workforce, collaborating, widening participation, developing a broader talent pipeline and ensuring our workforce reflects our population.

Our 25/26 People Plan is currently in development and will focus on the delivery of the SSOT Medium Term Plan (and associated drivers) as well as continuing to support the Anchor Employer model for the benefit of our population and our workforce.

Our System People Priorities 2024/25

Codesigning and Coproducing our Strategic OD Plan

Our strategic focus in developing this plan:

- ✓ Support greater alignment and improved effectiveness and efficiency of activities
- ✓ Avoid duplication of effort
- ✓ Prioritise activities, determining where collaboration adds best value
- ✓ Offer a set of guiding principles and approaches
- ✓ Codesign and Coproduce with System partners to generate change

Shaping our OD focus and priorities has been informed by desktop research, thorough analysis of surveys, observation and 1:1 conversations prior to engaging in group conversations and preliminary meetings (Dec 2023 – Mar 2024. This initial research was instrumental in gathering valuable insights and forming the basis of early exploratory conversations.

Building upon this foundation, a series of codesign workshops and planning sessions were undertaken resulting in a strategic plan that has been coproduced and is owned by all System Partners (Apr 2024 – Oct 2024).

See Appendix 1 for list of partners who have contributed to this plan.

Since July 2023 we have engaged with over 80 system partners and colleagues including:

- Aiming Hire and Higher System event
- Board Development and Governance Review
- EDI leads, Staff Network Leads and Staff Networks
- Provider organisations including, NHS, Social Care, Primary Care, the Voluntary Sector, Education, Union representative
- Individual conversations and feedback

In the next phase we will do further engagement:

- More widely with our Staff and Staff Networks
- With our Patient, Service Users and Carer Networks
- Students and Trainees

Informing our System Priorities

What our system partners told us about their priorities

Our System Partners outlined their current organisational priorities which set the context for shaping our System plan (see Appendix 2-5). Understanding these priorities areas is vital for the codesign and coproduction of a joint plan and successful implementation, in line with the plan purpose. Priorities generated by our partners have been used to shape the strategic priorities below and the high level objectives on pages 9-10 along with consideration as to how we leverage our existing relationships and expertise (Appendix 6)

Strategic Priority 1: Inclusion and Belonging is a major priority for the organisations in our System, with all working towards improving practices aimed at transforming outcomes for our diverse staff groups and population, by actively working to address biases in systems and processes, closing the gaps in experience and outcomes between different staff groups0 and better support for internationally recruited and temporary staff. There is a collective focus on ensuring that our System workforce is representative of our local population at all levels and that they feel safe, supported, and valued.

Strategic Priority 2: System Culture and Collaboration Our partners have highlighted that collaborative working across all System partners is essential and a priority. There are great examples of changes to services that have improved patient and service user experience in the SSOT system, which can only be enhanced by this strategy. Recognition and appreciation of the unique challenges and circumstances faced by different partners in our System is critical to effective partnership working, a key factor in aligning our efforts and driving improvements towards better and sustained outcomes. This means collaboration across councils, health and social care, educational institutions, primary care, the voluntary sectors and staff and patient groups, for the purpose of creating an integrated System that works efficiently for all involved. In developing this strategy, it has been important to ensure the priorities and approach reflect the plans and priorities of our System partners ensuring the strategy is relevant and actionable for different parts of the System.

Culture is a critical factor driving staff experience, health and well-being and is a key priority for our partners, ensuring we are taking care of our people and recognising the direct links to retention. There is a shared understanding that creating safe, supportive, healthy work environments is crucial to keeping our people engaged, productive and committed to their roles. Retaining talent through better support, flexible working practices and well-being initiatives, is a critical priority for future sustainability.

Informing our System Priorities

What our system partners told us about their priorities

Strategic Priority 3: Leadership and Management All organisations highlighted the need for strong, inclusive leadership and a positive equitable, organisational and wider System culture. There is a clear consensus that leadership development be future-focused, building capability for systems, inclusion and digital leadership as well as equipping our people with the skills to lead through change, whilst fostering a commitment toward trust, psychological safety, shared purpose and a systems mindset. Developing leadership skills at all levels, from line managers to senior executives, is seen as essential for creating resilient organisations, including professional standards for line managers and building capability for our OD practitioners and staff network members. Equally important is developing leaders and managers who create an environment where everyone can flourish, thrive and realise their fullest potential, regardless of their protected characteristic, background or circumstance.

Strategic Priority 4: Talent Management and Development Retaining talent is imperative for ensuring continuity of care, promoting collaboration and delivering high-quality services to patients. Developing all of our people to be the best they can be, requires an inclusive approach that recognises the talents of the many rather than the few, and ventures beyond singular organisational confines in order that we can thrive as a system, retaining and sharing talent in ways that encourages our people to discover their own strengths, realise their aspirations, resulting in a happier and more engaged workforce. Across sectors, there is a shared focus on identifying, developing and retaining talent through an inclusive talent management life cycle encompassing better recruitment practices, career development and progression, succession planning enabled by robust talent pipelines, ensuring our workforce is well-equipped and resilient.

Strategic enablers that will underpin this plan:

Productivity and Efficiency Organisations across our System are concerned with maintaining financial viability while also improving productivity and efficiency. Balancing operational demands with budget constraints is a shared challenge, impacting our partners in different ways requiring renewed focus on sustainability, innovation and income generation as well as support in managing resources effectively.

Knowledge Exchange and Communication Effective communication and timely knowledge exchange between organisations, staff, and stakeholders is seen as essential. Sharing best practices, providing up-to-date information, and improving internal and external communication channels are crucial for system-wide improvement and continuous learning.

Further details of strategic enablers and requirement for delivering this plan can be found at Appendix 7.

PURPOSE AND KEY REQUIREMENTS FOR OUR ICS OD PLAN

A high-level strategic plan and approach across the system that connects to organisational priorities and challenges and aligns to delivery of system strategic objectives

Builds a shared purpose, culture and commitment to collaboration and facilitates shared learning

Sets direction and positions OD and EDI as golden threads in everything we do, ensuring they are seen as everybody's business

Consistency and efficiency of approach, builds on existing good practice, identifying opportunities to scale and spread rather than a singular focus on creating new initiatives

Prioritises activities that are best undertaken as a system, identifying opportunities for joint initiatives and innovation, enables transformational change that demonstrates impact and measurable outcomes

Supports development of system OD professionals and resources

The Purpose and Context of our OD Plan

Partners want an overarching strategy that is aligned with ICB Board development and support which drives System-wide initiatives while being **connected to existing work**. There is a need for a **scalable** and **cohesive approach** to OD that promotes **transformation**, **integration**, reduces duplication, and leverages the strengths of all partners, including smaller and voluntary sector organisations.

Additionally, there is a call for better **communication**, **information sharing** and **supports structures** that make it easier for partners to work together effectively. There is a shared emphasis on **measurable outcomes**, especially in the areas of **well-being, retention** and **EDI** improvements, with a clear connection to **patient and community outcomes.**

Aligning Priorities to our Strategic Objectives

We have listened to our partners and closely aligned our System-wide strategic objectives with the existing priorities of our partner organisations ensuring the plan reflects and represents collective needs and aspirations, while maintaining a focus on how we can work together, prioritising activities that will add the most value.

Following on from identification and alignment of these priorities and objectives we will continue work already underway to identify activities taking place in each of the priority areas, with a view to highlighting areas of success and good practice, as well as opportunities to collaborate or spread and scale initiatives with wider System partners.

Inclusion and Belonging is our first strategic priority as this underpins the foundation of a fair, equitable and high-performing System. Addressing persistent inequalities is essential not only to creating a more inclusive and supportive environment for our workforce, but also to ensuring that the care we deliver reflects and serves the diverse needs of our communities.

By prioritizing EDI, we are committed to fostering a culture where everyone feels valued, empowered and able to contribute, which will enhance System-wide collaboration, innovation and better outcomes for staff, service users, patients and carers.

Other priority areas for action include Culture and Collaboration, and Leadership and Talent Management. The model below provides a useful framework through which to view some of the outcomes we seek to achieve and these have been aligned to our priority objectives.

The Josh Bersin Company, 2021

Aligning Priorities to our Strategic Objectives

Inclusion and Belonging The principles of Equality, Diversity and Inclusion (EDI) are not exclusive to marginalised groups but are essential for the well-being and success of all individuals within society.

Strategic Priority 1:

What we will do:

Advance EDI by prioritising equity though inclusive talent management experiences, maximising opportunities for every member of our workforce to thrive and contribute meaningfully and ensuring all service users, patients and carers receive the best care:

	2024-25	2025-26	2026-27
1.1 Enable shared learning and foster cross-sector collaboration on EDI including annual systemwide EDI Think Tank			
1.2 Work with EDI leads and staff networks to coordinate system-wide initiatives that address our most pressing System EDI priorities			
1.3 Build capability of staff networks/leads to include skills to facilitate change, improvement and education around EDI			
1.4 Coproduce an aligned EDI framework (eg PSED, PCREF, NHSE 6 HIAs) that builds in EDI by design, directly linked to improving experience of service users, patients and carers across our System			

System Culture and Collaboration Embedded in a clearly agreed collective purpose, which enables a positive, inclusive culture that prioritises trust, openness and psychological safety, empowers our people to work cohesively, embracing learning, innovation and continuous improvement, pooling expertise and resources and delivering better outcomes for our workforce, service users, patients, carers and communities, whilst also supporting delivery of the ICS Medium Term Plan.

Strategic Priority 2:

What we will do:

Improve staff experience, engagement, well-being and retention across the system, ensuring effective partnership working and knowledge sharing:

Strategic Objectives	2024-25	2025-26	2026-27
2.1 Continue to co-create supportive, safe and healthy work environments† including development of a Systemwide culture change programme (eg Civility & Respect, Cultural Intelligence)			
2.2 Facilitate integrated working through OD consultancy and strategic partnerships across our system			
2.3 Support the professional development of OD and Inclusion leads			
2.4 Co-produce a system-wide knowledge hub for OD			

✓ Proposed start date. Objectives will span 1 – 3 year period.

† Interdependency *Employee experience and Health & Wellbeing Programme (see Appendix 8)*

Aligning Priorities to our Strategic Objectives

Leadership and Management Line Managers play a pivotal role in driving inclusive talent management and leadership development within organisations. Effective leadership at all levels that is focused on relationship building and system working is crucial for driving change, fostering innovation and ensuring alignment with shared values across our ICS.

Strategic Priority 3:

What we will do:

Build leadership and line manager capability, skills and behaviours for current, future focused and systems leadership:

Strategic Objectives	2024-25	2025-26	2026-27
3.1 Embed and align System wide leadership and management standards and practices*			
3.2 Align leadership and management development with existing initiatives, identifying opportunities for collaboration and scaling** (including collaboration with National and Regional partners), coproduce new systems leadership development programme			
3.3 Embed an inclusive Leadership Compact that sets the standards for behaviours of all leaders across our ICS			
3.4 Embed a coaching culture across the ICS**			

Inclusive Talent Management Using our workforce plans and data as evidence to grow, retain, nurture and deploy a diverse pipeline of talent, representative of our local populations and equipped to meet our future system leadership needs.

Strategic Priority 4:

What we will do:

Maximise the potential of our people, supporting the growth and development of a diverse high performing workforce for the future:

Strategic Objectives	2024-25	2025-26	2026-27
4.1 Establish System talent priorities and critical roles for talent identification, development, career progression and succession planning			
4.2 Establish a system talent pipeline and pool that centrally supports system wide stretch projects, rotational and progression opportunities* and adopt evidence-based talent management toolkit			
4.3 Create spaces for leaders and talent to network and develop across system organisations.			

✓ Proposed start date. Objectives will span minimum 1 – 3-year period
* National/mandatory requirement
** Work commenced

Delivering our Objectives: Applying a Strengths Based Approach

There is wealth of empirical evidence that positive practices improve individual health, performance, cognitive functioning and relationships, buffering against trauma and helping organisations amplify good practices. Positive practices such as *Just and Restorative, Belonging. Kindness and Joy in Work* are already being prioritised and implemented across some of our System partners and are known to influence employee motivation and productivity, build better team collaboration and communication, fostering cooperation and inclusivity and contributing to better organisational cultures and more productive and positive working environments.

.

Create a psychologically safe learning environment

Use a Strengths based approach

Compassion, Inclusion and Belonging as golden threads in all we do

Use best practice evidence & data to target innovation

Cocreate and Coproduce to generate change

Adopt frameworks/ methodologies to drive improvement

What we need to work together effectively across our System

1. **Trust and Psychological Safety**
   Building trust, openness, and psychological safety is essential for joint working and successful delivery of our ambitions. Our System partners want to feel confident in working together, understanding each other's roles and challenges and co-developing workable solutions. We must all be committed to building strong relationships and facilitating a culture of mutual respect and understanding.
2. **Sharing Learning and Best Practices**
   We will facilitate mechanisms for sharing best practices and solution-focused approaches across our system. This includes making OD accessible to all managers and leaders, embedding OD principles and tools into day-to-day leadership practices and ensuring that OD is seen as a shared responsibility, not just the remit of OD professionals.
3. **Project and Change Management Approaches**
   OD initiatives should model best practice by utilising project and business change management approaches, demonstrating effective transformation strategies and ensuring that OD initiatives are not only strategic but operationally sound and capable of delivering real change.

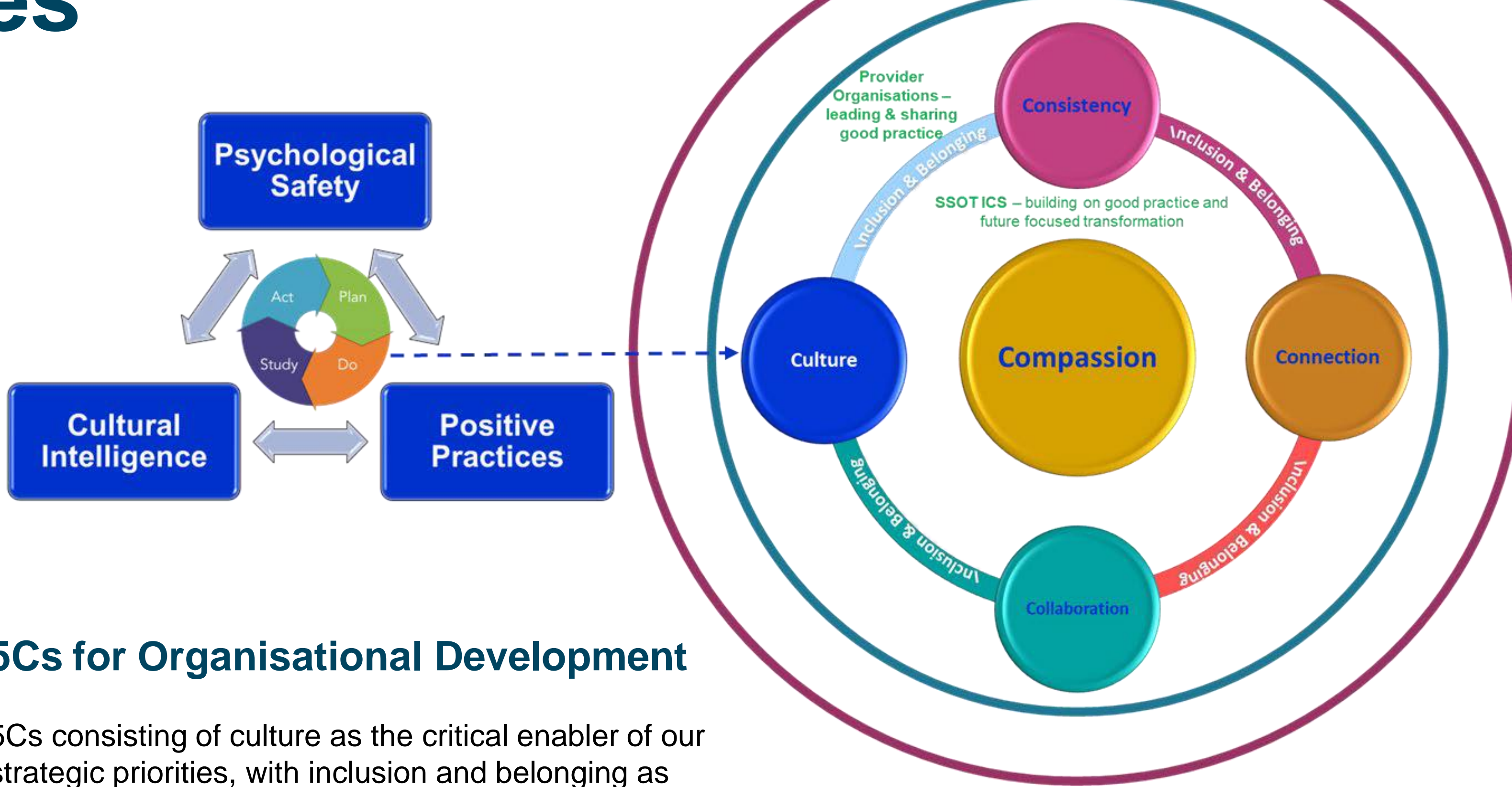
See Appendix 7

Delivering our Objectives: Guiding Principles

Building on existing priorities and approaches

4 evidence-based Frameworks and methodologies underpin our approach to driving positive behaviours and improvement:

- **Psychological Safety** – empowering our people to openly communicate, innovate and learn from mistakes, fostering strong relationships and helping us to deliver on our System priorities and objectives.
- **Cultural Intelligence** – enhancing interpersonal connection, effective communication and trust, promoting adaptive leadership, building capability to navigate System complexities, fostering innovation and success across diverse teams and organisations.
- **Positive Practices** – fostering a culture of empathy and energy that unlocks the full potential of our people, encouraging them to thrive, driving engagement, innovation and excellence throughout our integrated care System.
- **Quality Improvement** – enhancing a culture of data driven continuous improvement driven .



5Cs for Organisational Development

5Cs consisting of culture as the critical enabler of our strategic priorities, with inclusion and belonging as golden threads in everything we do, compassion, positioned as being at the heart of everything we do, connection as a key ingredient of building trusting relationships, consistency in our approach and staff experience and collaboration built on existing best practice and sharing learning, provide a framework and focus for our collective efforts in effecting change across our Integrated Care System.

Alignment with Priority Areas

Priorities resulting from this OD Plan will set the direction for aligning OD activities and support across our various People workstreams and portfolios of work.

Delivering our Objectives: Shaping our Culture and Behaviours

Our Leadership Compact sets out the foundational values and behaviours expected of our leaders, needed to lead across systems, driving Staffordshire and Stoke on Trent ICS forward and this OD plan builds on many of these principles.

It challenges our leaders to embody trust, courage and integrity while fostering an environment that is open, honest, and psychologically safe.

It recognises each of us as ambassadors of our shared vision, committed to collaborative working and continuous improvement.

By embracing these principles, we ensure that our leadership is not only effective but also reflective of the compassionate and inclusive culture we aspire to cultivate across our health and care system.

Launched in our Integrated Care Board, this Leadership Compact will be refreshed and reviewed with System Partners as part of the development and implementation of our OD approach supporting our leaders at all levels, including our Board, clinical and operational leaders, to exhibit the system leadership behaviours required to influence complex systems, working across organisational boundaries and collaborating with stakeholders across sectors to effectively address systemic issues.

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**.

Next Steps

Over the next 3 months:

- we will continue to engage with stakeholders, socialising and communicating the plan and approach
- work in collaboration with our partners to scope the activities required to deliver on our year one priorities
- map existing activity, identifying opportunities to share learning and good practice
- map resource availability and allocation to deliver System led programmes
- establish ways of working and governance requirements that report into the People Culture and Inclusion Committee

Our activities will be underpinned by the Operational Model at Appendix 9.

Ownership & Engagement for Transformational Change

Board Ownership of our OD Agenda

Transformational change is underscored by senior leadership taking ownership for driving sustainability and ensuring long-term success. it signals and supports clear governance, prioritisation of resources, and effective implementation of initiatives aimed at fostering collaboration, innovation and continuous improvement.

The expectation for ICBs is that leaders work together to plan and deliver high quality care for their local populations, working effectively as a Board, balancing their own organisational, speciality and sector priorities, whilst contributing to and leading the System agenda and delivery of this OD plan. To ensure our most senior leaders can continue to develop effectiveness as an Executive team, sufficient to resolve the challenges faced, whilst meeting the unfolding and future needs of the ICS, at the same time modelling the behaviours and good practice set out in this plan, we will put in place a robust and ongoing programme of Board development.

Codesign, Coproduction, Engagement and Socialisation

This 3 year Strategic OD plan will continue to evolve as we map our progress on EDI initiatives to date, celebrate our achievements, and determine our baseline in order to assess the impact of the plan.

Engagement with our partners, service users, patients and carers will continue as we embark on the next stages in preparation for delivering on our objectives.

Leading Transformational Change

We have acknowledged the inherent challenge in bringing together a multitude of different provider organisations into one Integrated Care System and in shaping our OD approach, this plan recognises that successful delivery will be predicated on creating mindsets for change by:

- **Assessing Readiness for change:** critically analysing our system resolve, fit and capacity to successfully deliver the benefits of our proposed OD plan and approach
- **Emphasising Collaboration and Systems Convening approaches**: encouraging collaboration and participation from all stakeholders, providing an inclusive approach that builds trust, fosters good relationships, and promote a sense of ownership and commitment
- **Focusing on Common Goals:** Facilitating discussions around shared values, aspirations and priorities, helping to identify common ground and aligning our diverse organisations around a common purpose and vision. Emphasising what unites rather than divides our organisations promoting a sense of unity and collective action.
- **Facilitating Innovation:** Encouraging creativity, exploration, and experimentation, stimulating innovation and generating new ideas for addressing complex challenges that require cross-sector collaboration, creating supportive environments for learning, adaptation and continuous improvement

Some achievements to date gained through collaborative working

Building on existing priorities and approaches

We are fortunate to have a number of existing examples of good practice to draw upon where we are already working together as a system and have achieved success. Our collaborative efforts have included improvements in:

Inclusion and belonging

Changing mindsets and culture

- ***Inclusion School*** (over 200 attendances - included both in person and online sessions in 23-24)
- ***Comfortable Being Uncomfortable*** programme (around 300 leaders participated, 95% reporting increased in having conversations on race, in being a race ally and to make positive difference at work.

Taking Positive Action

- **Differently Abled Buddy Scheme** (450 people educated on disability inclusion; at least 91 confidential discussions)
- ***New Futures*** positive action on race development programme (36 Global Majority Heritage participants).
- **WRES Champions** (20 champions) and **Reciprocal Mentoring** approaches (12 pairings)

Delivering Change

- Significant progress in improving the ethnic diversity and representativeness of our ICS workforce (Increased our Global Majority Heritage workforce from 14% to 16%
- Increased the proportion of our workforce that are confident to declare disabilities and neuro-difference (from 3% to 5%)
- Improved belief in equal opportunities by Global Majority heritage colleagues
- Improved feeling valued, satisfaction with work adjustments and engagement in differently abled colleagues

Leadership and Talent

High Potential Scheme

Our Achievements to date

- **36%** of Cohort 2 participants promoted since starting scheme in Jan 2023
- **73%** of participants progressed 1 year after graduating Cohort 1, of which 71% are female
- **Over 100** stretch opportunities offered
- **244** stakeholders involved in delivering the programme cross the systems
- **3** teams of 6 taken to WME Trisector challenge, all mentioned in a shortlisted category; one individual winning Shining Star Award for team leadership.

Our Deliverables for 2024-25

- **28** participants completing their second stretch assignments and showcase panels, amongst other activities before December 2024.
- HPS graduation event to take place 23rd January 2025.

Coaching and Mentorng Partnership

- 4 NHS providers joint members of West Midlands Coaching and Mentoring Pool along with **36** other subscribing organisations
- **18** trained coaches in external pool across SSOT ICS
- **43** internal coaches in pool across SSOT ICS
- **16** career development mentors across SSOT ICS registered in WME pool
- 17% increase in staff accessing coaching from 22/23-23/24.
- Pool membership saved us circa 82K in 23/24 for total cost of coaching hours accessed by staff

Staff Psychological Wellbeing Hub

The Hub provides a safe and confidential space for staff to prioritise their wellbeing and get themselves back on track so that they can be their best selves both at home and in the workplace

May 2021 - February 2024

Hub Referrals: **1416**
Assessments completed: **1169**
Staff referred on to support services: **978**
Engagement Sessions carried out: **200**
Workshops designed: **48**
Workshops facilitated: **200**
Attendees welcomed: **3166**

Conclusion

Our Staffordshire and Stoke on Trent Organisational Development Strategic plan, quite rightly has a priority focus on inclusion and belonging, as we are determined to address the avoidable, unfair and systematic differences in health experiences and outcomes, for service users, patient and carer populations. Those coming from Black and Asian backgrounds, those who are Lesbian, Gay, or Bisexual, as well as those living in the most deprived areas, have different, often poorer experiences than their peers, facing multiple barriers to their ability to access services, including discrimination, racism and lack of empathy. This results in a lack of trust and engagement.

Within the workforce, we know there is an equal need to close the gap in experience between different staff groups, and a recent report by Roger Kline has called on organisations, NHS in particular to accept that racism exists in their systems and processes and leaders need to take the necessary steps to act on this, and all forms of discrimination.

ICS's are in the unique position of having to bring together provider organisation with a history of competition. Of course, organisations are comprised of people and leaders at every level, therefore key messages around developing a shared vision and purpose, frequent personal contact to build connections, surfacing and resolving conflict, positive behaviours and a commitment to working together longer term, are equally pertinent to our executive board, as they are to our wider workforce. This is particularly critical at this present time, given our current financial challenges. Necessary steps to address this will result from publication of our System Medium Term Plan, as well as anticipated changes or measures likely to be put in place following recent and impending national publications.

Grint suggests that "Wicked Problems require the transfer of authority from individual to collective because only collective engagement can hope to address the problem". Our OD plan has been codesigned and coproduced on the principles of collective engagement, centring collaborative, connection and a joined-up approach that recognises the uniqueness of our individual systems partners, whist also prioritising a commitment to transformational change, ensuring we can continue to meet the needs of our workforce and local people across our health and social care system.

With all of this in mind, this coproduced Staffordshire and Stoke on Trent Strategic OD Plan, prioritises Inclusion and Belonging, System Culture and Collaboration, Leadership and Management competency and Inclusive Talent Management as our key areas of focus to improve outcomes for our people and the communities we serve.

References

1. The King's Fund. Tackling Health Inequalities: Seven Priorities for the NHS.
2. Kline, R. & Warmington, J. Too Hot to Handle: An Investigation Into Racism in the NHS. Brap, 2024.
3. Grint, K. (2008). Wicked Problems and Clumsy Solutions: The Role of Leadership. Clinical Leader, 1(2), 1757-3424.

Appendix 1: Stakeholders Engaged and Consulted

Thank you to all our partners who have contributed and helped to codesign and coproduce this system OD Plan

Peter Tomlin	Stoke-On-Trent City Council
Amy Duffy	Staffordshire County Council
Andrew Jepps	Staffordshire County Council
Andrea Hastelow	Stoke-On-Trent City Council
Anna Woodberry	Stoke-On-Trent City Council
Lisa Bridger	Staffs County Council

Julie Harding	Staffordshire Care Association
Juliet Briggs	Staffordshire #Care Association

Adele Edmonson	ICB
Granville Thelwell	ICB
Mish Irvine	ICB
Gemma Treanor	ICB
Martine Stokes	ICB
Emma Lenehan	ICB

Voluntary Sector	
Charlotte Bennett	VAST
Sandra Payne	Support Staffordshire

H Fuller	Keele University
K Guest	Keele University
Heidi Fuller	Keele University
Scott Bambrick	Keele University
Melanie Lindley	Derby University
Professor Stephen Wordsworth	Derby University

MPFT	
Lisa Whitehouse	MPFT
Alex Brett	MPFT
Kaine Davidson	MPFT
Claire Leavesley	MPFT
Kelly Woods	MPFT
Michael Sleath	MPFT
Natalie Gordon	MPFT
Baz Kaur	MPFT
NSCHT	
Jenny Harvey	NSCHT
Sarah Vincent	NSCHT
Jody Nicholls	NSCHT
Lesley Faux	NSCHT
Rebecca Crowther	NSCHT
Kerry Smith	NSCHT
Michele Willcox	NSCHT
Sue Slater	NSCHT
UHNM	NSCHT
Charlotte Lees	UHNM
Kay Myatt	UHNM
Priscilla Handley	UHNM
Laura Smoult	UHNM
Donna Bailey	UHNM
Lucy Corbett	UHNM
Rachel Polwart	UHNM
Carrie Lippitt	UHNM
Joseph Orunson	UHNM

UHDB	
Simon Holmes	UHDB
Petra Bryan	UHDB
Holly Taylor	UHDB

Primary Care	
Nav Chappell	Staffordshire Training Hub
Dr Sheena Gibson	Staffordshire Training Hub
Laura Kavanagh	Primary Care OD
Sarah Jeffrey	ICB
Emily Fraser	Primary Care OD
Jackie Bryan	ICB
Tracey Cox	ICB
Dr Anwar Tufall	LMC

Staff Networks/Leads	
Boluwatife Adeoye	Combined
Stevan Thompson	Combined
Networks Survey	16 Additional No.s TBC

Appendix 2: Our System Partners Organisational Priorities

NHS Provider Organisations / ICB:

- Positive and inclusive cultures
- Health & wellbeing
- Retention
- Employee experience and engagement
- Safe and healthy work environment
- Inclusive talent
- Productivity and efficiency
- Shared purpose and vision
- Leadership behaviours
- Building improvement capability and capacity/ embedding into management systems and processes

separate conversation held with EDI leads and staff net work leads

Universities:

- Talent management (cycle)
- EDI – by design
- Leadership, capability, capacity / Leading through change
- Knowledge exchange/research/ needs led programme development
- Industry engagement civic/patient/public
- Widening participation / social mobility
- Sustainability

Councils, Adult Social Care Providers, Voluntary Sector:

- Line manager capability, capacity / developing skills for the future / technical expertise / career development / standards (eg Registered Managers, CQC compliance etc)
- Talent management (cycle) / career development / recruitment / staffing
- Leadership / strengths based / now and future focused / digital
- Financial viability / income generation
- Health and wellbeing
- EDI
- Knowledge exchange and timely information and advice for members / communication
- Positive work environment / resilient workforce
- Sustainability
- Engagement civic/patient/public / effective partnership working / collaborative networks / sharing good practice
- A strong representative voice
- Financial support for providers (eg accessing training for registered managers)
- Climate

Primary Care:

- Leadership, culture, connections and trust
- Collaborative working between PC and across wider system partners
- Capability for system working
- Retention, EDI, wellbeing, talent management
- Governance
- Support for OD in the absence of traditional infrastructure

NHS/ICB EDI Leads and Staff Network Leads

- Debiasing systems and processes / commitment to being an anti-racist system
- Career development and progression / support and sponsorship for alumni beyond positive action programmes / system workforce that is representative of our local population
- Reasonable adjustments, better support from line managers / supportive sickness policies particularly during stage of diagnosis
- More recognition of diversity and difference across all protected characteristics
- Better visibility specific boards for staff networks / get networks out at events
- Demonstrate that we support our people – let people know / actively encourage 'it's ok' / psychological safety
- A continuous improvement mindset to EDI / Mechanisms to share experience without raising a formal complaint / a learning system
- Ensure international recruits feel safety to speak up without fear of repercussions

Appendix 3: Our System Partners Requirements for a System OD Strategy

NHS Provider Organisations / ICB

- Not in addition, connected to what we are already doing
- Start new initiatives together, identify opportunities for collaboration
- Do a few things well
- Transformational OD opportunities
- Scalability of what we are already doing
- OD professional development
- OD community as enablers for collaboration and culture change
- Delivers measurable outcomes

Universities

- More collaboration between universities
- Industry engagement, further strengthening of partnership working and networking
- Opportunities for place based learning
- Clear pathways for leadership development (clinical/non-clinical) / leadership capability/capacity / leading through change/transformation
- Better intelligence (eg, availability of programme funding
- Opportunity for joint appointments
- Support for placement learning / apprenticeships

Councils, Adult Social Care Providers, Voluntary Sector

- Reduction of duplication / A shared set of aims that drive integration / system working / shared principals / identifies opportunities to collaborate, Coproduction, better connections across partners and wider system, upskill deliver tangible outcomes / interventions and opportunities that add value
- Recognition that different partner organisations (even in the same system eg children and adult services) have different drivers, frameworks, language and recognition of smaller organisations that sit within provider organisations
- A one stop shop for information / clear communication / signpost to information providers require
- Career development pathways / recognise differing leadership roles les and guidelines
- /compensation across system partners
- More visibility and connection between work
- Systems leadership / systems thinking / engendering systems first mindset
- Help system partners understand how to work together with each other and voluntary sector
- Recognise the skills that the voluntary have to offer
- An overarching realistic strategy that enables all partners / providers / services to link into / is relatable to local plans

Primary Care (PC)

- Centralised strategy that all sign up to deliver / overarching and supports local OD plans
- Structured approaches to what it means to 'work at Place'; for general practice to raise and escalate issues
- Understanding and recognition of differences in structure (eg lack of OD infrastructure in PC)
- Ability for PC to access development in same way as other parts of system (eg HPS, ability to support development and succession planning)

EDI Leads, Staff Network Leads

- Prioritise actions for working together / commitment to doing things differently / system supports, unites, drives efficiency/impact - Clear link to PSED and 6 NHSE 6 HIAs
- Understanding of individual level responsibilities for EDI / with OD – everybody's responsibilty
- Monitors system EDI activity / governance / clarity on resource (EDI leads / staff networks)
- System wide staff network
- Links OD system priorities to patient outcomes /
- Engagement with staff and local communities for improved EDI outcomes
- Makes leadership compact real from EDI perspective
- Workforce guidance (inclusive recruitment, eliminating unconscious bias etc)
- Improved level of information for patients (inclusive communication)
- Understanding / greater clarity on how teams work together

Appendix 4:
Priorities for our Staff Networks

Staff Networks
- **Peer to peer support** - providing a space for LGBT+ employees to support each other, express concerns they may have, and spend time around people who understand their lived experience
- **Awareness Raising** - promoting a better understanding of LGBT+ Inclusion and making LGBT+ experiences more visible
- **Accountability** - scrutinising our organisation's policies and processes Feeding back concerns, and suggesting how these can be improved

Opportunities to support and progress EDI work
- **Support diversity training** - on gender reassignment and sexual orientation
- **Closely involve LGBT+ Staff Network members** in the development of LGBT+ training **and** health & wellbeing
- **Engage with network groups** as an ongoing focus group to provide feedback from a diverse range of LGBT+ employees

Staff Networks
- **Advancing EDI**
- **Collaboration** - within the ICB and across organisations to better integrate systems.
- **Support for career progression** - offer secondments and provide opportunities for leadership growth and development within OD
- **Well-being initiatives** - enhanced support systems, such as structured coaching and mentoring, especially for newly qualified staff

Opportunities to support and progress EDI
- Provide secondment opportunities within OD teams - for staff to better understand and participate in driving EDI initiatives.
- **Enhance collaboration** - Build cross-organisational partnerships that foster shared learning and focus on embedding EDI principles across different sectors.
- **Wider access to resources**: make EDI strategies and tools widely available, increase awareness and training around unconscious bias, inclusive recruitment and development practices

Requirements of our Staff Networks for a System OD Strategy

- **Measurable Outcomes**: measurable progress in areas such as staff retention, well-being initiatives and system-wide EDI outcomes.
- **Continued Engagement**: ongoing collaboration and transparency to ensure the success of the OD strategy, with regular updates and opportunities for feedback.

Appendix 5: Talent and Leadership Sub Committee Priorities and requirements from system to better support organisation priorities

Priority 1. Inclusive Talent Management

- **Establish a central system talent pool -** that supports system wide stretch projects, rotational and progression opportunities, secondments, shadowing, mentoring with access for all
- **A true system approach retention**
- **Understand primary care is different to the trusts.** Trust practices and PCNs to develop tailored priorities.
- Continue engagement meetings to share learning and information.
- **Create spaces for leaders and talent to network** and develop across system organisations.

Priority 2: Systems Leadership

- **Agreeing system leadership compact**
- **Agree what systems leadership** looks like in our local health and social care system
- **Collaboration** between voluntary sector/patients/facilitators, universities and colleges for leadership development
- **Embed coaching** into all leadership programmes

Priority 3: Coaching and Mentoring

- Continue to support System Coaching and Mentoring Pool
- Sharing best practice and resources

Appendix 6:
System and OD Strengths, Development, Opportunities and Challenges

Strengths	**Development areas**
• Existing relationships (OD Community of Practice) • Proof of concepts in People Programme • Broad OD skill set • Specialist knowledge • Governance structure in place • Existing examples of OD work in organisations and at system level • Embedded OD approaches within organisations • NHS have shared guiding principles/plans (LT Workforce plan, People Promise) • NHS have robust data sets Staff survey, ESR, Occupational Health data. • Appetite in the System to develop services with service improvement principles at the heart.	• Clarity in Shared Purpose in System leadership • Readiness for change • Psychological safety • Understand the 'what's in it for me' • Identify what is going to influence leaders at all levels • Build a compelling narrative 'Club and Country' • Work with the willing • Celebrate and showcase what we are doing across the system • Shared decision making and responsibility • Understanding the priorities and approaches • Shared definition of OD • Communities of Practice • Consistency in psychometric tools • Systems thinking leadership • Existing Governance structure • Communication and Engagement
Opportunities • Identify a consistent OD diagnostic approach • Use NHS Impact for people workstream • Defining the problem • Develop a practical OD toolkit • Talent and succession planning • Communities of Practice • Stakeholder mapping and engagement • Club and Country • Links with Quality Improvement • Digitalisation • A future focused approach	**Challenges** • Move away from 'bring in some OD' • Engage to make it real • Co-production with non-healthcare partners and staff • Defining OD collectively / an agile approach • Resourcing the work • Financial restrictions • Taking OD 'out of the box' • PESTLE influences • Culture change for 'club and country' – tuning into systems thinking

Appendix 7: What our System OD Function needs to look like and what needs to be in place

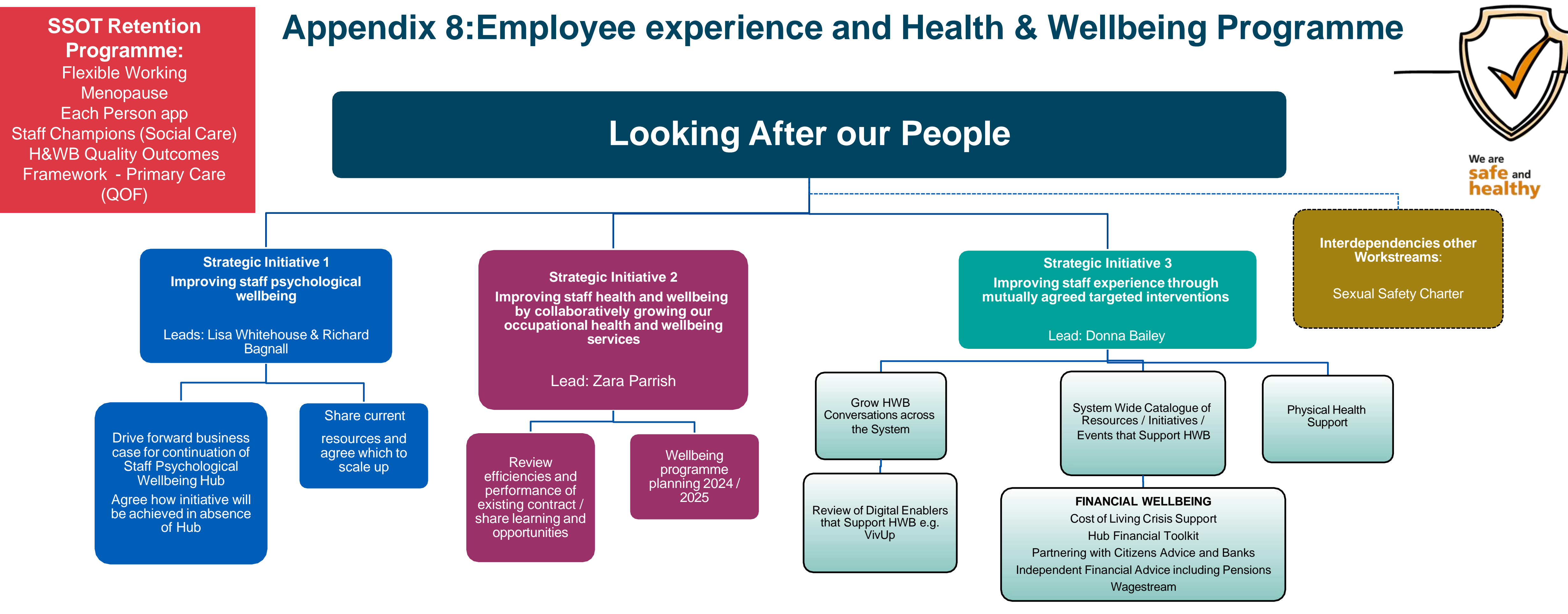
Presenter
2024-10-10 14:40:13

Leadership and Management: Align leadership and management development with existing initiatives ensuring programmes build on and enhance current work being done across organisations, avoiding duplicationBuild Understand primary care is different to the trusts. Trust

Themes - ***What our Partners told us:***

- **Clarity on OD Target operating Model** / when do we prioritise a system approach vs local delivery / agreeing OD boundaries / clear understanding of what OD is
- **Strategic business partner** / OD consultancy to support system wide OD change and transformation centres of expertise
- **Codesigned behavioural framework and values** across our system
- Collaboration, cooperation, cohesiveness, including collaborative OD research and programme development and models, that support improved efficiency and sharing of resources
- **Supports and facilitates Communities of Practice** – building relationships across OD, leading by example / fostering transparency
- **Facilitates trust, openness, psychological safety** / Focus on building and sustaining relationships and trust, understanding the ICB and other partner roles, responsibilities / working together to agree approaches, understand constraints and delivery challenges for different partners
- **Prioritise initiatives** that provide the biggest impact
- **Solution focused** in our approach
- **Facilitates sharing best practice /** including **m**echanisms to share OD resource and practices outside of OD professionals – OD as everyone's business / part of every manager/leader toolkit
- **Utilise project and business change management approaches** / modelling good practice
- Support joint financial planning and commissioning of OD initiatives
- **Aligns with financial sustainability goals** and support identification of sustainability training and support
- **Establishes system-wide OD and EDI monitoring and governance**: Robust governance structure to monitor, report and publish information on OD/workforce and patient EDI outcomes across the system, ensuring transparency and accountability

Enabling activities and functions required to support the delivery of the System OD plan



← Health Inequalities | Neurodiversity | Long Term Conditions →

Data and evidence base to inform activity:-
staff opinion including survey results, occupational health data, public health insights, identified risks, horizon scanning, sense check initiatives with staff focus groups

Appendix 9: Operational Model

Our operational model for delivering our OD plan encompasses 6 critical elements for successful implementation, outlining:

1. Functional Processes
2. People
3. Service Delivery Model
4. Technology
5. Performance Insights, Data
6. Governance.

We recognise that it is crucial to get this right at the outset, providing us with a clear roadmap for implementation, ensuring alignment and facilitating informed decision-making.

1. Functional Process

- Finance
- Procurement
- Communications & Engagement
- Quality Assurance

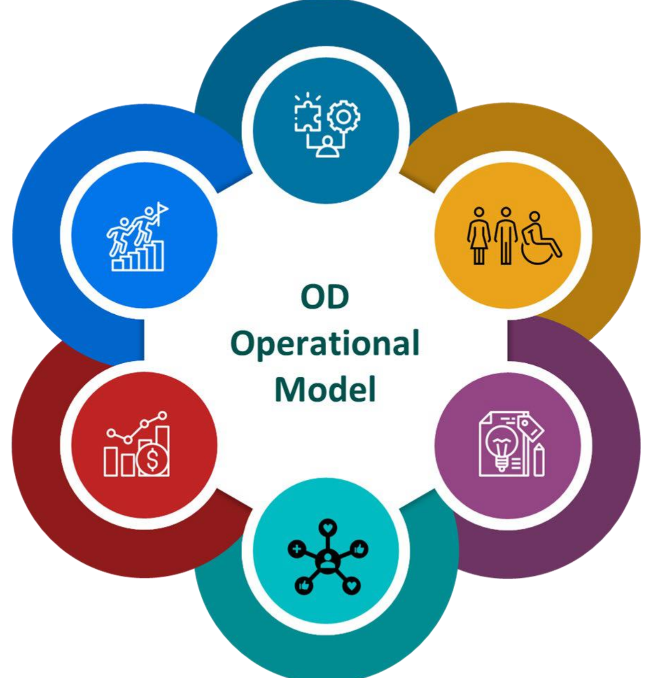
2. People

- Subject Matter Expertise
- Project/Programme Management
- Project/admin support

6. Governance

Our OD Plan is:

- Owned by our Board
- Assured by our People Culture and Inclusion (PCI) Committee
- Steered by our PCI Sub-Committees
- Delivered through working groups aligned to OD Workstream strategic priorities



3. Service Delivery Model

- System convening, codesign, coproduction, collaboration
- Centralised coordination
- Diagnosing and baselining , identify existing/good practice, inform priorities / opportunities
- Measurement, evaluation, continuous improvement

5. Performance Insights, Data

Data currently collected to shape KPI's will include:

- Staff Surveys
- NHS EDI 6 High Impact Actions
- National Data Collections
- Regional Data Collections

4. Technology

Opportunities to integrate:

- E-Learning
- Data dashboards
- Learning Management Systems / Talent Management Platform

Enclosure No: 09

Report to:	**Integrated Care Board**
Date:	**17 October 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)** ☐ **Discussion (D)** ☐ **Assurance (S)** ☒ **Approval (A)** ☐ **Ratification (R)** ☐ *(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 October 2024.

(1) Purpose of the Paper:

To provide assurance to the Integrated Care Board (ICB) 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.	Click or tap to enter a date.
This paper is a combination of corresponding papers (D/S/I) presented and discussed at system Quality Group.	Click or tap to enter a date.

(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.

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	DPIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Approved by QIA Panel on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	Click or tap here to enter text.

(5) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	☐	BAF5	High Quality, Safe Outcomes	☒
BAF2	Responsive Patient Care - UEC	☐	BAF6	Sustainable Finances	☐
BAF3	Proactive Community Services	☒	BAF7	Improving Productivity	☐
BAF4	Reducing Health Inequalities	☒	BAF8	Sustainable Workforce	☐

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

The paper summarises key areas discussed by the Quality and Safety Committee (QSC) and the System Quality Group (SQG) at the meetings held in October 2024.

Several key programmes of work were discussed, and the paper is intended to provide assurance to the Integrated Care Board in relation to:

- Home and Host Commissioner
- Looked After Children
- Paediatric Hearing Improvement Programme
- Maternity & Neonatal
- Quality Improvement
- Patient Safety Incident Response Framework

(7) Recommendations to Board / Committee:

Members of the Integrated Care Board are asked to:

- Receive this report, 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.

Appendix A: Quality and Safety Report – Detail October 2024

1. Home and Host Commissioner
1.1 The ICB, supported by system NHS mental health trust partners, have completed a self-assessment against the NHS England Midlands Mental Health – Host and Home ICB guidance pilot programme. The self-assessment demonstrates that the ICB has established processes in place for quality oversight of specialist mental health inpatient units within the Staffordshire and Stoke-on-Trent geographical area (Host Commissioner). The ICB's quality governance arrangements are well established and build upon the Clinical Commissioning Groups' experiential learning. The Home Commissioner responsibilities are new within the pilot guidance, replicating the Host Commissioner guidance for out of area placements and aligning with the quality oversight and assurance role of provider collaboratives. Improvement actions have been identified to formalise and strengthen governance and escalation processes.

1.2 The Care Quality Commission (CQC) have inspected three specialist non-secure mental health inpatient independent providers in the Staffordshire and Stoke-on-Trent geographical area. St Augustine's and Ballington House Hospital have both been rated 'Good' overall by the CQC. The inspection report for Moorlands Neurological Centre is awaited.

2 Looked After Children (LAC)
2.1 ICBs have duties and responsibilities in relation to Looked After children, as set out in statutory guidance and legislation. This includes a duty to cooperate with local authority requests to undertake health assessments and ensure support and services to LAC are provided without undue delay. As previously reported, there have been significant delays in completing Initial and Review Health Assessment with long waitlists, resulting in health assessments being completed out of statutory timescales.

2.2 The ICB has allocated resources to fund additional posts to address the delay in Initial and Review Health Assessment. A harm review process has been introduced so that any assessment undertaken outside of timescales where a child has experienced any form of harm because of the delay will be reported and reviewed collectively. Task and finish group continues to meet monthly to review current pathways and seek a long-term system wide workforce and pathway solution to supporting LAC.

2.3 Positive progress has been noted against the recovery plan. The data has demonstrated a slight improvement in compliance for timeliness with both Initial and Review Health Assessment, but with a significant reduction in the waiting time for Initial appointments. Average waiting times have also reduced slightly for Review. Adoption medical reports are being completed within the requested timescales for court.

3. Paediatric Hearing Improvement Programme (PHIP)
3.1 NHS England's Newborn Hearing Screening Programme commenced in 2023 with the ask that all local areas stand up a strategic 'Bronze' Cell to lead the required improvements across local paediatric hearing services. The ICB and partners responded to this and have since October 2023 been responsible for the development and delivery of an agreed action plan.

3.2 The PHIP Bronze Cell has an agreed action plan with providers which aligns to the national improvement programmes objectives. To date the Cell has undertaken and completed the review of services, are compliant with DM01 reporting for Paediatric Hearing Services and have in place an NHS England supported and endorsed risk framework. Two areas of the action plan have moved to "off track" which is currently being monitored and where possible mitigated through the collaborative work within the Bronze Cell; (i) commencement of the 5 years look back exercise, (ii) delay in estates work at Queens Hospital Burton. The National PHIP team have recently published Operational Guidance for systems to follow. Assessment against this guidance has been undertaken by the Bronze Cell with the support of the designated NHS England Subject Matter Expert. The conclusion of this work is that the SSOT ICS is currently on track, has undertaken all elements of the framework in its quality improvement plans and is currently entering the final Stage 4 Recall and Reassessment phase.

4. Maternity & Neonatal
4.1 All NHS Trusts report positive recruitment programmes and are taking proactive action to attract midwives into their services. All NHS Trusts continue to work towards their Birthrate Plus establishment.

There has been positive progress with appointing to Obstetric & Neonatology Consultant posts and the medical workforce at University Hospital of North Midlands NHS Trust (UHNM), however vacancies remain at present. In University Hospital of Derby and Burton NHS FT vacancies remain for medical staffing with recruitment plans underway. Mitigations remain in place and the Trust continues to work closely with the East Midlands Healthcare Workforce Deanery and the Royal College of Obstetricians and Gynaecologists.

4.2 From November 2024, GP practices across Staffordshire and Stoke-on-Trent will stop prescribing antenatal prescriptions for pregnant women in the community setting, as antenatal care is not part of the GP contract. This will lead to a delay in treatment for antenatal routine investigations and a delay in commencement of aspirin for high-risk women. This has been added to the risk register and a system wide steering group has been formed which includes community pharmacies. Trusts are moving at pace to introduce Patient Group Directions for Aspirin and Ferrous Sulphate (Iron tablets). All trusts have been asked to take into consideration the long-term requirements of training midwives in prescribing and electronic prescribing.

5. Quality Improvement (QI)

5.1 Work continues within the ICB to develop a blended improvement methodology approach, based on the improvement methodology and training approaches used across system NHS provider trusts. The ICB is working with partners to explore how to connect to existing programmes available in the ICS. Conversations are taking place to roll out virtual and bespoke training from Midlands Partnership University NHS Foundation Trust (MPFT) adapted lean training. Further, two members of the ICB's Quality Team commenced UHNM's Lean Competency System accredited Improving Together training in September 2024 with the intention that the delivery can be adapted to the ICB/ICS. Discussions are taking place with peer systems to understand and learn from their application of quality improvement. Further, the NHS Impact improvement guide for programmes is being discussed as an opportunity to apply best practice principles in adopting improvement as a method for design and delivery.

5.2 System partners and people with lived experience have co-produced QI training to assist people with lived experience to engage and be involved with QI Projects across the ICS. The training was initially rolled out via North Staffordshire Combined Healthcare NHS Trust (NSCHT) – Wellbeing College. The training is open to people living and working in the ICS footprint and future dates are planned across all partners that have supported the development of the training.

5.3 The latest joint, Shropshire, Telford and Wrekin ICS and Staffordshire and Stoke-on-Trent ICS, QI Network took place in July 2024 exploring how to embed QI routines within daily work. The total membership of the network continues to grow with 550 people now on the distribution for these events with many of the new members joining from primary care, care homes and social care.

6. Patient Safety Incident Response Framework (PSIRF)

6.1 ICBs have a responsibility to establish and maintain structures to support a co-ordinated approach to oversight of patient safety incident response in all the services within their system. Oversight meetings were established in January 2024 with MPFT, NSCHT, UHNM, Totally and National Unplanned Pregnancy Advice Service. Oversight meetings focus on improvement and learning through engagement and empowerment. All providers report positive compliance with required Patient Safety level 1 and 2 training.

6.2 Challenges remain across the country around the implementation of the full Learning from Patient Safety Events (LFPSE) system, with all providers waiting a further technical upgrade. In line with this all incidents reported which meet the national or internal threshold for a Patient Safety Incident Investigation continue to require reporting to the ICB by providers and manually added to the Strategic Executive Information System (the process followed under the Serious Incident Framework).

Enclosure No: 10

Report to:	**Integrated Care Board**
Date:	**17th October 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 Matthew Shields - Head of System Finance Alex Robinson - Head of Transformation Delivery Unit (TDU)
Document Type:	Report

Action Required (select):						
	Information (I)	☒	**Discussion (D)**	☐	**Assurance (S)**	☒
	Approval (A)	☐	**Ratification (R)**	☐	*(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**	YES *If Y, are those signed off by and date:* The financial impacts are as outlined in the body of the report.
Appendices:		Performance and Finance Report

(1) Purpose of the Paper:

The purpose of this paper is to provide the board with a summary of performance, programme delivery and finance as received at the System Performance Group (SPG) and discussed at the System Finance & Performance Committee (SFPC). It outlines at a high level the current position of key system metrics and aligned programme delivery against the Integrated Care System (ICS) Annual Operational Plan and our month 5 finance position.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	**Date**
System Performance Group (I)	25/09/2024
System Finance and Performance Committee (S,D)	01/10/2024

(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	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Approved by QIA Panel on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	Click or tap here to enter text.

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

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

The report was discussed at the System Finance and Performance Committee (SFPC) on the 1st October.

Performance

Performance against the metrics set out as part of our Integrated Care System (ICS) Annual Operational Plan was presented. Overall, the month 4 performance position in comparison to month 3 is relatively unchanged.

A positive picture around the urgent and emergency care metrics was noted and the addition of further detail on Urgent and Emergency Care (UEC) performance at University Hospital Derby and Burton (UHDB) and The Royal Wolverhampton NHS Trust (RWT).

It was noted that some specific work around priorities 4 & 5 will be developed through the demand management collaborative being led by the ICB Chief Delivery Officer.

Finance

At month 5, at a system level we are reporting a year-to-date deficit position of £63.2m, which is a £25.8m adverse variance against the £37.4m deficit plan (Month 4 – year to date £51.2m deficit; variance to plan £19.4m).

Capital reporting is on track with the forecast for operational capital and International Financial Reporting Standard (IFRS) 16 compliant against the allocations.

Workforce numbers have fallen (end of August). With a reduction in agency equivalent to 136 WTEs. Overall, the trend demonstrates the pay controls of organisations are impacting.

(7) Recommendations to Board / Committee:
The Integrated Care Board is asked to: 1. Note the high-level performance against the five priorities. 2. Note the high-level key programme deliverables update. 3. Note the financial position.

Performance and Finance Report

17th October 2024

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

Overview

This report contains for discussion:

1. An overview of key performance in July against each of the 5 priorities.
2. An overview of key points against each of the 5 priorities where performance is red.
3. A placemat that demonstrates at a high-level key programme deliverables within the 2024/25 operating plan.
4. A finance summary for the month 5 position.

Discussion from System Finance and Performance Committe on the 1st October to note:

Performance

- Performance against the metrics set out as part of our Integrated Care System (ICS) Annual Operational Plan was presented. Overall, the month 4 performance position in comparison to month 3 is relatively unchanged.

- A positive picture around the urgent and emergency care metrics was noted and the addition of further detail on Urgent and Emergency Care (UEC) performance at University Hospital Derby and Burton (UHDB) and The Royal Wolverhampton NHS Trust (RWT).

- It was noted that some specific work around priorities 4 & 5 will be developed through the demand management collaborative being led by the ICB Chief Delivery Officer.

Finance

- At month 5, at a system level we are reporting a year-to-date deficit position of £63.2m, which is a £25.8m adverse variance against the £37.4m deficit plan (Month 4 – year to date £51.2m deficit; variance to plan £19.4m).
- Capital reporting is on track with the forecast for operational capital and International Financial Reporting Standard (IFRS) 16 compliant against the allocations.
- Workforce numbers have fallen (end of August). With a reduction in agency equivalent to 136 whole time equivalents (WTEs). Overall, the trend demonstrates the pay controls of organisations are impacting.

Ctrl and click on any underlined text for further detail.

Overview of Key ICB Performance July 2024 (Q1 2024), unless specified - Priorities 1 and 2

1 Eliminate delays in access to treatment and long waits for care

Urgent and Emergency Care	Value	Trend
Category 2 Response target < 30m	6 mins 50 secs	▲ (green)
Accident & Emergency 4-hour wait (78% target by March 25) (UHNM) (August)	2.2%	▲ (green)
Adult General & Acute (G&A) bed occupancy ≤92% (UHNM) (August)	10.8%	▼ (green)
Utilisation of Virtual Wards (target 80%) (ICB) (August)	-21.4%	▼ (red)
Ambulance Hours lost due to Handover delays > 15m (UHNM) (August)	-333	▼ (green)
12 hour in Emergency Department Performance (UHNM)	5.7%	▼ (green)
Mental Health, Learning Disabilities & Autism		
Learning disability registers and annual health check (August)	0.7%	▲ (green)
Improve access to perinatal mental health services	-115	▲ (green)
Improve access to Children and Young People Mental Health services	-809	▼ (red)
Improve access to Transformed Adult Mental Health services (June)	-954	▼ (red)
Access to a course of Talking Therapy	209	▲ (green)
Median week wait to start autism assessment (North: CYP/ Adult) (May)	23 / 34	▲ (red)
Median week wait to start autism assessment (South: CYP)	40	▲ (red)
Median week wait to complete autism assessment (South: CYP)	70	▲ (red)
Children & Young People (CYP)		
Reduce CYP in residential care outside Staffordshire (August)	-22.2%	▼ (green)
Reduce CYP in residential care outside Stoke-on-Trent (August)	5.6%	▲ (red)

Planned Care	Value	Trend
Cost Weighted Activity. National published data not available from NHS England.		
Elective Activity - Daycases	5.7%	▲ (green)
Elective Activity - Ordinary Elective	-5.2%	▲ (green)
Elective Activity - Outpatient Procedures	10.6%	▲ (green)
Elective Activity- Outpatient First Appointment	-1.0%	▲ (green)
% Outpatient attends for first appointments or follow-up appointments with a procedure	0.2%	▲ (green)
Reduction in Outpatient Follow-up against 2019/20 baseline	8.9%	▼ (green)
Eliminate 65 week waits by September 2024	-4.7%	▲ (red)
Increase theatre utilisation (85% UHNM)	-8.7%	▼ (red)
Cancer 28-day Faster Diagnosis (77% target by March 2025)	1.4%	▼ (red)
Cancer 62-day pathways % seen within 62 days (target 70% by March 2025)	1.8%	▼ (red)
Cancer non-specific pathway	35.4%	▼ (red)
% of lower GI suspected cancer referrals with Faecal Immunochemical Test result	-26.4%	▲ (green)
Community Bed occupancy rate	0.9%	– (no change)
Primary Care		
Dental Activity delivered	1.6%	▲ (green)
Medicines Optimisation		
Pharmacy First Provision – number of interventions	3,462	▲ (green)

2 Improving access to high quality, sustainable primary care

Primary Care	Value	Trend
General Practice Appointments	8.6%	▲ (green)
General Practice Appointments in <2 weeks (85% target)	5.8%	▼ (red)
Additional Role Reimbursement Scheme Full Time Equivalent	8.6% (Q1)	▼ (red)
Workforce: GP Full Time Equivalent	3.8% (Q1)	▼ (red)
Planned Care		
Deliver increased diagnostic activity levels	4.0%	▲ (green)
Patients that receive a diagnostic test within 6 weeks (target)	-12.2%	▼ (red)
Mental Health, Learning Disabilities & Autism		
Recover the dementia diagnosis rate to 66.7% target	1.5%	▲ (green)

TRAFFIC LIGHT KEY

Against plan, if not available target:

Var (red)	Under performing, with variance
Var (green)	Met or over perform plan / target, with variance
Q	Quarterly Indicator

Against previous period

▼ ▲ (green)	Improvement
▼ ▲ (red)	Deterioration
–	No change

Overview of Key ICB Performance July 2024 (Q1 2024), unless specified - Priorities 3, 4 and 5

3 Delivering joined up proactive & preventative support & care

Mental Health & Learning Disabilities & Autism		
Eliminating Out of Area Placements (August)	1	▲
Talking Therapy Reliable Improvement (67% target)	7.4%	▲
Talking Therapy Reliable Recovery (48% target)	5.7%	▲
Severe Mental Illness health checks (Q1)	6.3%	n/a
Learning disability & Autism reliance on inpatient care (Adult)	0	▲
Learning disability & Autism reliance on inpatient care (<18 of age)	1	▼
Learning Disability and/or Autism Mortality Reviews (100% target) (August)	-40%	▼
End of Life, Long-term Conditions and Frailty		
Prevalence rate of Palliative care registers	-0.1%	▼
Patients receiving all 8 care processes for Diabetes -Type 1 (cumulative to August)	2.3%	▲
Patients receiving all 8 care processes for Diabetes -Type 2 (cumulative to August)	1.3%	▲
National Diabetic Prevention Programme - referrals	27.9%	▲
National Diabetic Prevention Programme - commence	-9.6%	▼

Children & Young People		
Reduce emergency admissions for epilepsy (flat activity)	-3	▼
Reduce emergency admissions for asthma (flat activity)	-19	▼
Maternity and Neonates		
Stillbirth rate (per 1000)	-3.9	▼
Neonate Mortality (rate per 1000) - UHNM only	4.2	▲
Brain injury (rate per 1000) - UHNM only	-3.9	▬
The % of full - term babies admitted to a neonatal unit (UHNM only)	0.6%	▲
Improving Population Health		
Children and Young People vaccination uptake - MMR2 (April)	Q	▬
Children and Young People vaccination uptake - Pertussis maternal vaccination	10% (Q1)	▲
Hypertension: Percentage of patients treatment to recommended age specific thresholds	Q	
Cholesterol: Percentage of patients with QRISK 20% or more treated with lipid lowering therapy	Q	

4 Delivering compassionate care of the frail and elderly

Urgent and Emergency Care		
80% discharges on Pathway 0	-0.8%	▲
Discharges on Pathway 1	-0.2%	▼
Discharges on Pathway 2	1.3%	▲
Reduce number of discharges on Pathway 3 to below 1%	-0.3%	▼
Improving Population Health		
Increase uptake of Flu vaccination (Sept - March)		
Increase uptake of COVID vaccination (Sept - Jan.)		
Integration		
Prevent emergency admission Ambulatory care (Staffordshire)	Q	
Prevent emergency admission Ambulatory care (Stoke-on-Trent)	Q	
Improve access to fall service from A&E (Stoke-on-Trent)	Q	
Improve access to fall service from A&E (Staffordshire)	Q	
Discharge to usual place of residence (Stoke-on-Trent)	Q	
Discharge to usual place of residence (Staffordshire)	Q	

5 Supporting Care Home Residents

Urgent and Emergency Care		
Achieve the 70% two-hour urgent community response standard		▼
Medicines Optimisation		
Structured Medication Reviews in last 12 months (Q1)	7.7%	n/a
Integration		
Admission to care homes	Q	
Primary Care		
% of Care Home Patients with ReSPECT Documentation	4.8%	▲
% of Care Home Patients with a Personalised Care Plan	0.7%	▼
Mean number of Multidisciplinary Team meetings per care home resident aged >18	5.8%	▲

TRAFFIC LIGHT KEY

Against plan, if not available target:	
Var	Under performing, with variance
Var	Met or over perform plan / target, with variance
Q	Quarterly Indicator

Against previous period	
▼ ▲	Improvement
▼ ▲	Deterioration
▬	No change

Please note

- Severe Mental Illness (SMI) Health Checks metric (priority 3) is a quarterly measure which has a new plan and a new metric (% not count) which means comparing to previous quarters is not possible.
- 70% Urgent Community Response (UCR) (priority 5); Activity categorisation issues within Community Services Data Set (CSDS) submission still present; Fix applied after last submission date therefore corrected position will be available next month.
- Priority 4 Vaccination metrics: COVID-19 - programme commences 3 October (data release to be confirmed); Flu - first set of data available end of October for September eligible cohorts.
- Priority 4 Integration Metrics: Better Care Exchange did not publish a Quarter 1 template for metrics instead choosing to focus on Finances so no published position available for inclusion. Quarter 2 template is due to be published in November 2024.
- Priority 5 Medicines Optimisation: Structured Medication Reviews in last 12 months – this is a new metric so comparing to previous quarters is not possible

Local Priority

Eliminate delays in access to treatment and long waits for care

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Urgent and Emergency Care (UEC)	Adult General & Acute (G&A) bed occupancy at University Hospitals North Midlands (UHNM) – Latest performance (August 2024) was 91%, down from 92.2% the previous month and 1% below target. Performance was 10.6% above the plan of 80.53% for August and 1.5% above the same period last year.	1. A 2.8% increase in Discharges throughout August released greater capacity for utilisation 2. Type 1 conversion rate reduced by 0.8% throughout August 2024 as Type 1 attendances decreased by 4%. 3. The trajectory submitted as part of the planning round set ambitious targets to be achieving between 80% and 90% on this metric across most of the year. So whilst remaining primarily below the 92% ceiling set through the planning round, we are not achieving against the trajectories that were set out in our plan.	1. No actions recommended for reducing Bed Occupancy.
	Virtual Wards (VW) – Latest performance for the final submission in August was 61.8% (29/08/2024), below plan for both occupancy and capacity. • North Sector – 110 occupied out of 170 beds (64.71%) • South-East Sector – 11 occupied out of 25 beds (44.0%) • South-West Sector – 15 occupied out of 33 beds (45.45%)	1. Continued low levels of patient eligibility rendering the opening of additional planned capacity not viable. 2. Care Home usage of Remote Monitoring reduced during recent weeks.	1. Virtual Ward Demand Management Programme workstreams focussing on efficacy of current services and service selection for future configuration. 2. Expansion of Remote Monitoring capacity under review.
	Proportion of patients spending more than 12 hours in Emergency Department at UHNM – Latest performance is 5.7% for August 2024, down from 8.6% in July and 1% below the same period last year. In comparison the Midlands average for August 2024 was 8.8%. A summary of out of ICB provider performance is provided earlier in this pack. (Provider Overview at Trust Site Level – Key UEC Metrics)	1. Increases in the 7+, 14+ and 21+ [days] Length of Stay (LoS) cohorts of patients continue to restrict bed capacity at times of high need. 2. Disparity in Wait To Be Seen times between day and night leading to extended waits out of hours overnight.	1. Continued expansion of flow through Same Day Emergency Care (SDEC) to assist in reducing volumes in A&E.

Local Priority

Eliminate delays in access to treatment and long waits for care

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Mental Health (MH) and Learning disability and Autism (LDA)	Improving Access to Perinatal MH Services - 920 women had at least one contact with the service in the rolling 12 months to July 2024. This is 115 (11.1%) under the monthly trajectory (1,035). Closer to plan than last month. Slightly higher than the same period last year (905).	1. Potential impact of a change in the way National Health Service England (NHSE) allocate activity to Commissioners. Midlands Partnership University NHS Foundation Trust (MPFT) report higher figures locally. 2. Potential impact of Did Not Attends (DNAs) at North Staffordshire Combined Healthcare NHS Trust (NSCHT). 3. NSCHT report a slight underperformance against their M4 plan.	1. Liaising with MPFT over the disparity between local and national figures to ensure the issue is not around access to delivery but the impact of National change to Mental Health Services Data Set (MHSDS) version 6. 2. NSCHT are due to commence a project that aims to reduce DNAs of initial assessment appointments which would have a positive impact on this measure. 3. NSCHT is working to increase the number of face to face and video-conference contacts. 4. Investment has been released to increase the workforce, however the benefits may not be realised until later in the financial year.
	Improving Access to Children and Young People (CYP) MH Services - 13,885 CYP had at least one contact with the service in the rolling 12 months to July 2024. This is 809 (5.5%) under the monthly trajectory (14,694). Lower than the same period last year (14,330).	1. Potential impact of a change in the way NHSE allocate activity to Commissioners. NSCHT and MPFT report higher figures locally. 2. NSCHT due to an internal pathway change activity had stopped being recorded in the same way and so was not being captured, This is now being rectified and following this a request to resubmit to MHSDS. 3. Potential underreporting of activity (e.g. sub-contractor activity - MPFT). 4. NSCHT report an underperformance against their M4 plan.	1. MPFT are working on reconciling local access figures to MHSDS data submissions to determine any if internal pathway changes have led to a change in recording. 2. MPFT are pulling together sub-contractor data to ensure their submissions are included within trust figures. 3. NSCHT has requested to resubmit to MHSDS to include the underreported activities due to the internal pathway change. 4. Portfolio to review CYP MH workforce levels within Child and Adolescent Mental Health Services (CAMHS) as part of the refresh of the CYP MH Local Transformation plan for Oct 2024.
	Improving Access to Transformed Adult MH Services - 11,970 adults had at least two contacts with the service in the rolling 12 months to June 2024. This is 954 (7.4%) under the monthly trajectory (12,924). Lower than the same period last year (13,135).	1. Potential impact of a change in the way NHSE allocate activity to Commissioners. 2. NSCHT report an underperformance against their M4 plan.	1. NSCHT are working towards having a data validation process in place similar to the one adopted for Perinatal Access.

Local Priority

Eliminate delays in access to treatment and long waits for care

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Mental Health (MH) and Learning disability and Autism (LDA)	Autism assessment waits: Wait to commence assessment (children) against target of 17 weeks - a median wait of 57 weeks was reported in July by MPFT (South) for children (40 above the quarter two target of 17 weeks). Wait to complete assessment (children) against a target of 36 weeks - a median wait of 106 weeks was reported in July by MPFT (South) for children (70 above the quarter two target of 36 weeks). Both measures have a quarterly target.	1. Increasing demand: since April 2024 2. The total number of children waiting for an autism assessment to commence increased by 38% at MPFT (South) and by 6% at NSCHT (North).	1. Provider reporting is in development, including a dashboard and infographic which will be shared at September Learning Disability & Autism Programme Board. 2. Work is going through the Mental Health portfolio to understand data quality and the patients on the waiting list. 3. A report and improvement plan is being developed, this will be presented to the ICB Mental Health meeting and then shared with NHS England. 4. ICB working with ICS to support a collective regional action plan with our Regional NHSE colleagues. Report completed in September with regional workshop planned for November. 5. Working group sessions are due to commence in September.
Children and Young People (CYP)	Reduce CYP in residential care outside Stoke-on-Trent - 78.6% of placements were outside Stoke-on-Trent in August 2024. Up from 72.6% in the same month last year. 51 (58%) of the 88 out of area placements, were over 20 miles away.	1. Local Authority data for Stoke-on-Trent – increasing numbers above the same month last year (which is the local target).	1. Stoke-on-Trent Local Authority (LA) have prioritised a reduction of out of area residential placements for Children and Young People; this workstream is owned and delivered by the LA, with numerical data on progress reported through to the CYP Programme Board dashboard. 2. Children's Improvement Board in place and led by LA with attendance from ICB. 3. Safeguarding task and finish group established in Stoke-on-Trent in July 2024 to develop key actions to reduce the numbers of CYP going into care.
Planned Care	Outpatient first attendances without a procedure - In July 2024 there was 43,111 attendances, against a plan of 43,564, Therefore under plan by 453 attendances (-1.0% variance to plan). This metric is a component of metric measuring the percentage of appointments that are outpatient procedures or first attendances, which ICB achieved in July 2024.	1. The actual number of attendances in July was 43,111, which is the highest monthly value in 2024/25. However, the plan in July 2024 (43,564) was also the highest monthly value for 2024/25. Year to date this metric is over plan by 1.3%.	1. Continue to monitor levels of activity, particularly those in scope for Elective Recovery Fund, to ensure all activity is being submitted by providers to Secondary User Service (SUS).

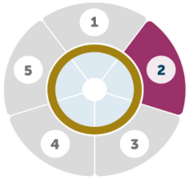
Local Priority

Eliminate delays in access to treatment and long waits for care

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Planned Care	Elective (Inpatient) Activity - Ordinary Elective - In July 2024 there was 1,765 spells, against a plan of 1,862, Therefore under plan by 97 spells (-5.2% variance to plan). These are elective interventions where patients stay in hospital at least one night.	1. The number of Elective Inpatients is in line with 2023/24, However the plan for 2024/25 was uplifted s 7.7% above last year's outturn. 2. When combined with Day Case spells metric, there was a variance to plan of 4.5% against plan in July 2024. Providers are encouraged to achieve a Day Case rate of 85%	1. Levels of Elective Inpatients (and Day Cases) are being monitored through work looking at system productivity. 2. Monthly analysis of Elective Recovery Fund (ERF) achievement planned to understand variation against planned levels of activity.
	Reduce Outpatient Follow ups v 2019/20 level - In July 2024 there were 8.9% more attendances than the planned level (based on achieving a 25% reduction by March 2025).	1. All main providers currently have levels of activity for outpatient follow-ups above 2019/20. In some cases, increased follow-ups are a result of treating patients with long waits on waiting lists. 2. Higher level of activity recorded in Independent Sector Providers as more capacity available, and providers encouraged to submit to Secondary Care User Service (SUS)	1. For Independent Sector Providers, the level of follow up appointments is being monitored as part of their contract with the ICB. 2. ICB working with providers to encourage Patient Initiated Follow Ups (PIFU)
	Increase theatre utilisation (UHNM) - In July 2024 theatre utilisation was 76.3% at UHNM, against the target of 85%.	1. Inefficient Perioperative Medicine Pathways; multiple outcomes due to this, for example on the day cancelled operations remain at 9%, and late starts (over 15 minutes) remain at 16%.	1. Perioperative Medicine Pathway Transformation Delivery groups continue to focus on future state pathway and finalising training on the digital screening tool; 2-year programme working with NHS England to deliver 2. Theatre scheduling with theatre team and specialities in place; visiting other Trusts to follow best practice.
Cancer	Faecal Immunochemical Test (FIT) - The percentage of patients referred with suspected lower gastrointestinal (GI) cancer, with a FIT result was 54.6% (year-to-date cumulative position to July 2024). This is against a plan of 81.06%. This metric has shown a continual improvement (from 43.1% in April 2024),	1. Published data extracted directly from primary care clinical systems which does not reflect the actual level of performance due to coding issues. In practice around 70% of referrals in the ICB are compliant. Referrals to UHNM are around 90% compliance and to UHDB around 70% compliance. 2. Referrals to UHNM have high level of compliance due to referrals being made via referral hub ensuring FIT tests are available, however, referrals to other providers are not made through a referral hub which means these referrals may not have the same level of scrutiny as those to UHNM.	1. The ICB is working with practices with lower recorded rates to improve coding and processes.

Other Key Points Aligned to Operational Plan Close down letter

- Cost Weighed Activity. The target set for the ICB is to achieve 102.88% of the 2019/20 level of activity. The 2019/20 baseline is £334.8m and the target value for 2024/25 is £344.5m. No actual values have been released by NHS England for 2024/25.



Local Priority

Improving access to high quality sustainable primary care

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Primary Care - Workforce	Additional Roles Reimbursement Scheme (ARRS) - stands at 588.7 Full Time Equivalent (FTE) for June 2024, below the Q1 target of 644 FTE. Data for July 2024 shows a further decrease to 577.7 FTE.	1. ARRS FTE fell due to a number of 6-month contracts coming to an end where Primary Care Networks (PCNs) had recruited temporary ARRS roles to utilise underspend. 2. Actual figures are based on National Workforce Reporting Service (NWRS) data and there are reporting discrepancies between these figures and ARRS claims. For July 2024 data, NWRS is showing 577.7 FTE and the ARRS claims portal is much higher at 674.4 FTE, so a difference of 96.7 FTE. A further breakdown for ARRS roles shows the under recording in NWRS is largely within the adult mental health practitioners staff group. Cumulative ARRS spend data (April to July 2024) shows budget utilisation at 98.3%.	1. Task and Finish group is working with Primary Care Networks (PCNs) to ensure they utilise 100% of their ARRS budget as there is no ability to undertake an unclaimed funding process this year. 2. PCN workforce plans and challenges are being discussed as part of PCN Support meetings. 3. The primary care team are working with individual PCNs to ensure they are regularly reviewing and updating the National Workforce Reporting Service (NWRS) to improve accuracy of their submissions and are in line with claims made via the PCN claims portal. 4. The ICB are working with the clinical champions and the training hub to develop initial plans to implement the new flexibility to recruit newly qualified GPs under ARRS. The ICB are awaiting the final national guidance to finalise the plans.
	GP FTE - stands at 687.9 for June 2024, below the Q1 target of 715 FTE. Data for July 2024 shows a further decrease to 685.0 FTE. A further breakdown for GP roles shows the underperformance is largely within the GP training grade roles.	1. A limited number of vacancies being advertised for salaried or partnership roles in the ICB because practices are not finding it financially viable to replace a leaving GP with another GP. 2. Practices are using a wider skill mix of staffing roles e.g. nursing and ARRS roles which are more financially viable. 3. The issue is a nationwide one and NHS England have recently conducted a deep dive exercise into the issue.	1. The Workforce Implementation Group (WIG) is developing a workforce delivery plan for sign off in Autumn 2024. 2. Retention plans are being mobilised and new schemes are being developed. All schemes are evaluated at the end of the scheme. These evaluations will be reported via WIG. 3. The primary care team are working with individual practices to encourage accurate reporting of GP Trainees as it is felt these roles are being under reported following intelligence received from the GP Training School and increases were factored into ICB plans for 24/25.
Diagnostic waits and activity	The % of patients waiting within 6 weeks for a diagnostic test at the end of July 2024 was 67.9%, against a plan of 80.2%. This is for the ICB patients at all providers.	1. The tests failing the 6-week plan in July 2024 were Magnetic Resonance Imaging, Non-Obstetric Ultrasound, Dexa scans, Echocardiography and Audiology. 2. By ICB main provider (all patients) the achievement in July 2024 was UHNM (62.8%), UHDB (75.6%), RWT (90.3%) 3. Workforce and capacity still an issue at UHNM. Also increased demand. For Non-Obstetric Ultrasounds the waiting list is increasing by 300 per month.	1. Increased Endoscopy capacity opened in August at UHNM, and the trust are currently securing extra capacity for Echocardiography tests. Additional Non-Obstetric Ultrasound capacity also being sourced. 2. To establish an understanding of what radiology imaging increases are present and whether this is related to changes in pathways or collective action. 3. The significant increase has been observed at UHNM, further understanding to be gained of whether this is more widespread at other providers (system/ region/ nationally).

Local Priority

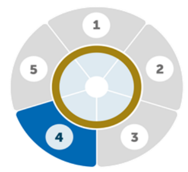
Delivering joined up proactive and preventative support and care across all pathways

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Mental Health (MH) and Learning disability (LD)	Eliminating Out of Area Placements (OAP) - there were 3 active inappropriate adult acute mental health OAPs at the end of August 2024. One over plan at an ICB level (2).	1. Unavailability of suitable beds at Midlands Partnership University NHS Foundation Trust (MPFT).	1. To review individual cases to determine if placing OOA was the only appropriate action and no other alternatives options available.
	Reliance on inpatient care for people with a learning disability and/or autism under 18 years of age - there were 6 inpatients in August, a reduction of 1 patient on last month. This measure has a quarterly plan (Quarter 2 = 5).	1. Case mix is becoming more complex. 2. The trend of late autism diagnosis in children is reported by NHSE as a national trend.	1. Invested in improved diagnosis process. 2. Fortnightly case CYP inpatients analysis continues to develop to help coordinate discharges
	Learning from Lives and Deaths (LeDeR) - of 5 eligible reviews due for completion in August 2024, 3 (60%) were completed within 6 months. Eligible reviews are those which have not been placed on hold due to external investigations.	1. An inherited backlog following a contract change. 2. Two reviews breached due to awaiting information from providers/services.	1. All bank reviewers now in post, trained and allocated reviews. The service reports an increased standard and quality of reviews and an increase in the number of focused reviews now completed. 2. There are now only 10 reviews to be allocated for notifications from May 2024 – 2nd September 2024. This is a significant improvement.
Mental Health and Learning disability (MHLDA) Portfolio Delivery Escalation	System wide roll out of Oliver McGowan Training - contract for post holder and Asist due to cease.	1. Funding needed to extend contract. 2. Statutory requirement for Care Quality Commission (CQC) regulated providers.	1. Escalation raised through the MHLDA Board to bring a collective solution with ICB, UHNM and Asist regarding funding and organisation home base of the lead roles of the Osteopathic Manipulative Treatment (OMT). 2. Single Tender Waiver (STW) is being progressed and the Vacancy Control Process is underway.
Maternity and Neonates	Neonate Mortality Rate – Increased from zero to 8.1 per 1,000 due to 4 (unvalidated) deaths at UHNM.	1. A rate increase from zero neonatal deaths last month, to 8.1, above the 2023/24 benchmark rate of 3.9 [per 1,000].	1. Request from the Provider to validate the data. 2. Raise this issue in the upcoming Quality and Safety Forum.
	The proportion of full - term babies admitted to a neonatal unit, measured through the Avoiding Term Admissions into Neonatal Units (ATAIN) programme – rate increase.	1. Rate increase to 4.9% (from 3.6% in July 2024) which is 0.6% above the 2023/24 benchmark (of 4.3%). This equates to 24 admissions in August 2024, up from 19 in July 2024.	1. Raise this issue more broadly in the Quality and Safety Forum. 2. Request will be made to UHNM, to provide feedback on the increase in admissions at the next Quality and Safety forum, 23rd September 2024.

Local Priority

Delivering joined up proactive and preventative support and care across all pathways

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
End of Life, Long-term Conditions and Frailty	National Diabetic Prevention Programme – patients commencing the programme. In July 2024 there were 235 patients starting the programme, against a target of 260. July 2024 was the first month in 2024/25 where the target was not achieved. Year-to-date the number of patients commencing the programme is above target by 19%.	1. There is a lag time in data being submitted to the national programme by providers It is expected that the position for July 2024 will improve once the data is refreshed next month.	1. Work continues with primary care to refer appropriate patients to the programme.
	Prevalence rate of patients on palliative care registers to 1%. In July 2024 there were 10,036 patients on a palliative care register. Out of 1,201,920 registered patients this equates to 0.84%, against a target of 0.90%	1. Performance has maintained at 0.84% throughout 2024/25, but not increased. Various factors including the pressures facing Primary Care and seasonal impact during summer period of Annual Leave. 2. GP collective action may affect future performance.	1. Training on Identification at End of Life will continue to be offered through Staffordshire Training Hub sessions are planned from October 2024 until July 2025. 2. Refresh of Staffordshire & Stoke-on-Trent Guidance for training and education to be published and re – circulated to practices. 3. Analysis of data to identify opportunities for a targeted approach to individual practices and Primary Care Networks (PCNs).
End of Life - Programme Delivery Escalation	EOL Programme: Hospice Accelerated Beds project for step up and step-down care was evaluated and delivered agreed outcomes. The evaluation demonstrated that the project avoids admissions and supports early discharge.	1. The ICB has been unable to provide additional funding to keep these beds open.	1. Commissioned bed and community services capacity from the Hospice's will be considered as part of the scoping of the Medium-Term Plan.
Frailty - Programme Delivery Escalation	Frailty Programme: Severe frailty service re-design Test of Change led by Midlands Partnership University NHS Foundation Trust (MPFT) has been evaluated including an economic evaluation demonstrating impact and delivery of the project goals and national guidance/best practice. Frailty Programme: Scaling up of proactive falls projects.	1. An options appraisal to scale up the model across the system cannot progress without significant re-orientation of existing resources or investment from the system. 2. An options appraisal to scale up the model across the system cannot progress without significant re-orientation of existing resources or investment from the system	1. The outcome of the severe frailty Test of Change has been shared with the system and was central to the recent Integrated Care Partnership (ICP) Deep Dive on Frailty. 2. Falls: An options appraisal to scale up the model including an economic evaluation will be completed.



Local Priority

Delivering compassionate care of the frail and elderly

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Urgent and Emergency Care (UEC)	80% discharges on Pathway 0 (ICB) – Performance in August 2024 improved from 76.18% to 78.18%, which is marginally below plan by 0.7% and 1.2% above August 2023. [1] Current position as of 8th September: 78.94%.	1. No drivers to report for Pathway 0 as overall numbers exceeds Plan figure for August. 2. Pathway 2 Discharges have reported at high levels for the 2nd consecutive month due in part to increasing levels of patients within the 7+, 14+ and 21+ [day] Length of Stay (LoS) cohorts.	1. A Total Discharge System Wide Dashboard development is underway to ensure end to end outcomes are visible, processing metrics are shared to establish root cause of delays and support the development of an improvement plan to reduce Length of Stay (LoS) and enhance flow. 2. The High Risk of Delayed Discharge (HRD) project is progressing to mobilisation– It is anticipated that we will have viability of the risk stratified patient by November 2024. 3. Voluntary, Community or Social Enterprise (VCSE) now fully operational and monitoring of key performance indicator (KPI) has commenced.
	Discharges on Pathway 2 (ICB) – Performance in August 2024 rose marginally from 3.6% to 3.69% which was 1.26% above plan and 0.75% above August 2023. Current position as of 8th September 2024: 3.1%.		

[1] *National Guidance changed in May 2024 on allocation to Pathways resulting in a step-change in allocation so post-May positions are not comparable to pre-June 2024.*

Local Priority

Supporting Care Home Residents

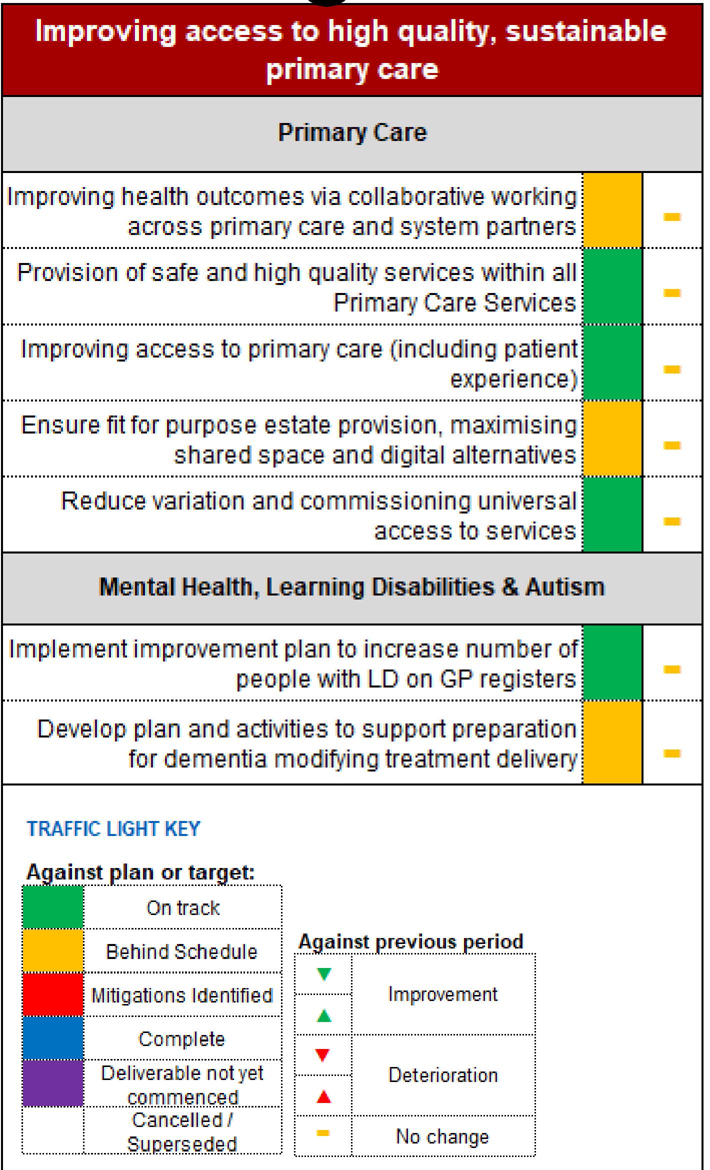
Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Urgent and Emergency Care (UEC)	2-hour UCR Referrals – June 2024 was the last full reported month where 75% compliance was achieved. Provisional performance for July 2024 was 70%, however, the volume of activity was 1/10th of the expected level and therefore should not be taken as accurate	1. Activity categorisation issues within Community Services Data Set (CSDS) submission are still present, whilst fixed for June 2024 , issues have re-occurred under July's provisional submission. 2. Issue has been raised with MPFT.	1. Midlands Partnership University NHS Foundation Trust (MPFT) have addressed the issue and a corrected position will be available at next update.
Care Homes Programme Delivery Escalation	The Care Homes Programme was originally intended to form part of the Demand Management system collaborative. However, following further exploration of scope, this has not materialised to date.	1. Care Homes does not benefit from being aligned to a single Portfolio, which means that activities designed to support care home residents remain fragmented, with the potential for duplication and gaps.	1. Discussions are already underway to determine what care home activities, in partnership with the Local Authorities, could support the UEC Portfolio to deliver this year's Surge Plan. 2. With the appointment of a new Senior Responsible Officer (SRO) for the Demand Management System Collaborative, conversations have recommenced to determine what longer term transformational activities are needed for 25/26. 3. The work on specific services/interventions to support care homes will be included in the year one delivery (25/26) of the Medium-Term Plan. The demand management collaborative is meeting this week (week commencing 23rd of September) to identify the specifics of the service/interventions for planning purposes.

Overview of Portfolio key deliverables 24/25 - Priorities 1 and 2

1

Eliminate delays in access to treatment and long waits for care

Planned Care	Trend	Urgent and Emergency Care	Trend
Elective Care: detailed delivery plans in place for referral optimisation and pathway harmonisation	–	Access: High Intensity Users	–
Cancer: deliver schemes to improve early-stage diagnosis	–	Access: Designation of Urgent Treatment Centres	–
Cancer - Improve referral quality	–	In Hospital: Non-Elective Improvement Plan	–
Diagnostics - implement diagnostic pathways under development	–	Post Hospital: Emergency Portals	–
Diagnostics - complete demand management analysis and implement actions	▼	Post Hospital: Ward Processes	–
Mental Health, Learning Disabilities & Autism		Post Hospital: Ward Processes Frailty	–
Develop and implement improvement plan for autism diagnostics	–	Post Hospital: End of Life Care Pathway	–
Develop and implement system wide improvement plan for CYP access to Mental Health support	–	Post Hospital: Embed the Voluntary Sector in the Integrated Discharge HUB	–
Develop and implement improvement plan for ADHD	–	Post Hospital: Choice Policy	–
Roll out of initiatives into the crisis response system e.g. Mental Health Response Vehicles, NHS 111 #2 and 24/7 crisis text lines	New	Post Hospital - Data and National Discharge SitRep	–
Delivery of the CYP Mental Health Local Transformation Plan	New	Surge - Workforce	–
Children and Young People, Maternity & Neonates		Surge - Development and Delivery of Surge Plan	–
Implement delivery plan to improve survival of babies and young children to reduce Infant Mortality	–		



2

Improving access to high quality, sustainable primary care

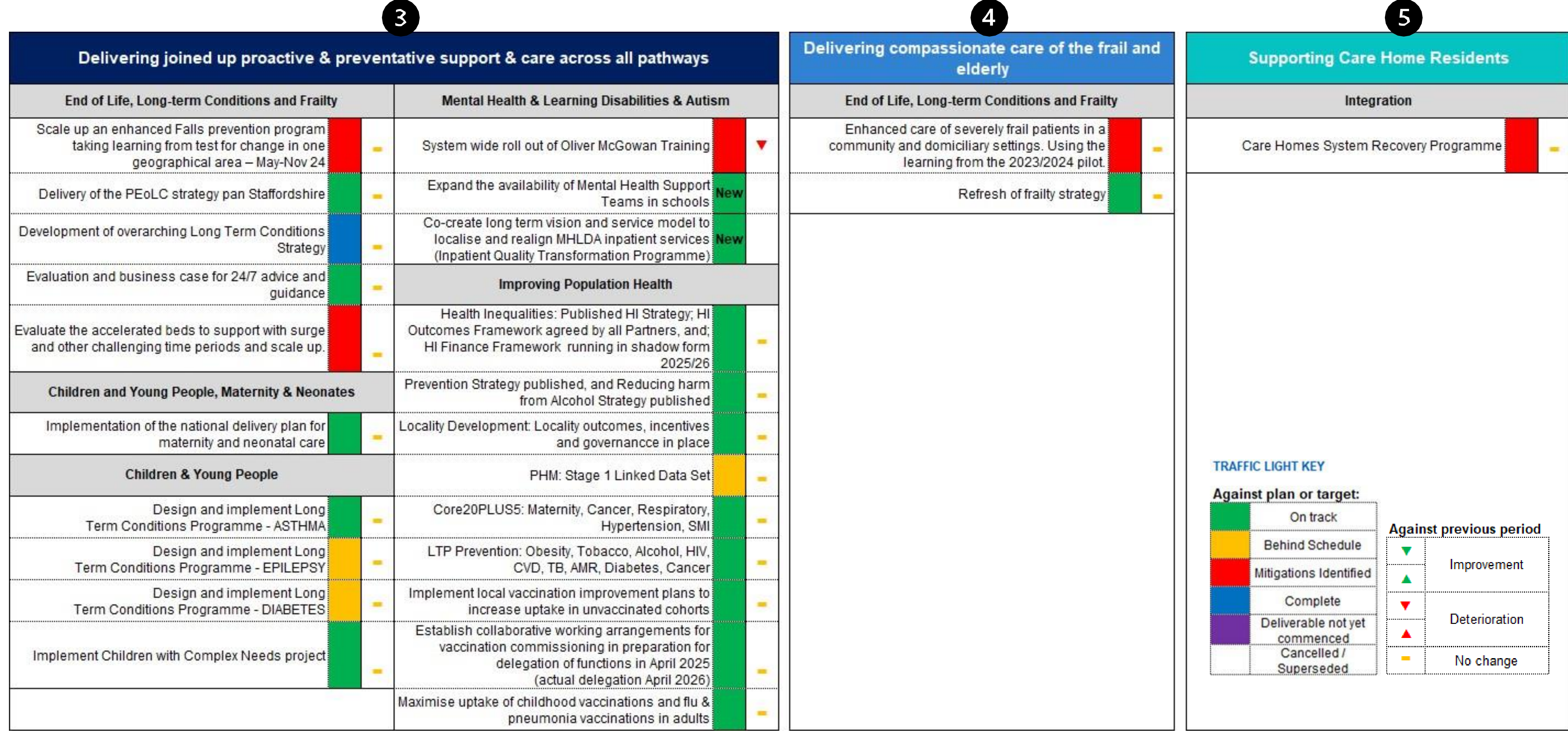
Primary Care	Trend
Improving health outcomes via collaborative working across primary care and system partners	–
Provision of safe and high quality services within all Primary Care Services	–
Improving access to primary care (including patient experience)	–
Ensure fit for purpose estate provision, maximising shared space and digital alternatives	–
Reduce variation and commissioning universal access to services	–
Mental Health, Learning Disabilities & Autism	
Implement improvement plan to increase number of people with LD on GP registers	–
Develop plan and activities to support preparation for dementia modifying treatment delivery	–

TRAFFIC LIGHT KEY

Against plan or target:
On track
Behind Schedule
Mitigations Identified
Complete
Deliverable not yet commenced
Cancelled / Superseded

Against previous period	
▼ ▲	Improvement
▼ ▲	Deterioration
–	No change

Overview of Portfolio key deliverables 24/25 - Priorities 3, 4 and 5



3 — Delivering joined up proactive & preventative support & care across all pathways

End of Life, Long-term Conditions and Frailty	
Scale up an enhanced Falls prevention program taking learning from test for change in one geographical area – May-Nov 24	-
Delivery of the PEoLC strategy pan Staffordshire	-
Development of overarching Long Term Conditions Strategy	-
Evaluation and business case for 24/7 advice and guidance	-
Evaluate the accelerated beds to support with surge and other challenging time periods and scale up.	-
Children and Young People, Maternity & Neonates	
Implementation of the national delivery plan for maternity and neonatal care	-
Children & Young People	
Design and implement Long Term Conditions Programme - ASTHMA	-
Design and implement Long Term Conditions Programme - EPILEPSY	-
Design and implement Long Term Conditions Programme - DIABETES	-
Implement Children with Complex Needs project	-

Mental Health & Learning Disabilities & Autism		
System wide roll out of Oliver McGowan Training		▼
Expand the availability of Mental Health Support Teams in schools	New	
Co-create long term vision and service model to localise and realign MHLDA inpatient services (Inpatient Quality Transformation Programme)	New	
Improving Population Health		
Health Inequalities: Published HI Strategy; HI Outcomes Framework agreed by all Partners, and; HI Finance Framework running in shadow form 2025/26		-
Prevention Strategy published, and Reducing harm from Alcohol Strategy published		-
Locality Development: Locality outcomes, incentives and governancce in place		-
PHM: Stage 1 Linked Data Set		-
Core20PLUS5: Maternity, Cancer, Respiratory, Hypertension, SMI		-
LTP Prevention: Obesity, Tobacco, Alcohol, HIV, CVD, TB, AMR, Diabetes, Cancer		-
Implement local vaccination improvement plans to increase uptake in unvaccinated cohorts		-
Establish collaborative working arrangements for vaccination commissioning in preparation for delegation of functions in April 2025 (actual delegation April 2026)		-
Maximise uptake of childhood vaccinations and flu & pneumonia vaccinations in adults		-

4 — Delivering compassionate care of the frail and elderly

End of Life, Long-term Conditions and Frailty	
Enhanced care of severely frail patients in a community and domiciliary settings. Using the learning from the 2023/2024 pilot.	-
Refresh of frailty strategy	-

5 — Supporting Care Home Residents

Integration	
Care Homes System Recovery Programme	-

TRAFFIC LIGHT KEY

Against plan or target:

- On track
- Behind Schedule
- Mitigations Identified
- Complete
- Deliverable not yet commenced
- Cancelled / Superseded

Against previous period

▼ ▲	Improvement
▼ ▲	Deterioration
-	No change

Finance Summary – M5

- This summary outlines the aggregate financial position as at month 5, compared to the year-to-date plan and sets out the position with regards to unmitigated risk to the agreed deficit of £90m.

- At month 5, at a system level we are reporting a year-to-date deficit position of £63.2m, which is a £25.8m adverse variance against the £37.4m deficit plan (Month 4 – year to date £51.2m deficit; variance to plan £19.4m). The year-to-date variance to plan sits within ICB (£15.1m) and UHNM (£11.4m) with small surplus at MPFT (£0.6m) and NSCHT (£0.2m). Further detail of the number of factors driving the variance is included on the next slide.

- The system is reporting unmitigated risk at £103m at month 5 following the movements last month on conciliation and band 2 re-banding. As a system we are now heading for a significant deficit without additional recovery actions. Based on the month 4 position and run rate the system has moved to level 4 rating with NHSE which requires the system to engage with an external supplier to support us in taking actions to reduce the rate of spend across the system to ensure the plan is delivered. This work will be supplemented by a NHSE lead to provide independent challenge.

- The system had already diagnosed the need for change and recruited a Recovery Director with same objective to improve the run rate and deliver the £90m deficit plan. The Recovery Director working with the Chief Financial Officers (CFOs) has determined the Best/Worst/Most likely outcome for the system. The recovery plan has been submitted to NHSE and we await to discuss next steps including any revisions to the forecast.

- A large driver of the position is shortfall on the efficiency programme. The total plan of £203m has £51m reported as high risk as of month 5. Work is on-going to identify further schemes. Year to date there is slippage of £16.8m, with recovery actions the forecast full year slippage of £23.5m. This results in the need to go further to recover against the plan.

- The workforce numbers (substantive + bank + agency) were 24,378 in March and they have now fallen (end of August) to 24,156. Within that we have achieved a reduction in agency equivalent to 136 WTEs. Overall, the trend demonstrates the pay controls of organisations are impacting.

- Our capital reporting is on track with the forecast for operational capital and International Financial Reporting Standard (IFRS) 16 compliant against the allocations. This is not without risk as system partners have significantly reduced plans to meet this allocation.

Month 5 Position

- The System is reporting a year-to-date adverse position of £25.8m, which is a £63.2m deficit against the £37.4m deficit plan. The main drivers for the aggregate Year to Date (YTD) position are efficiency slippage (£16.8m) and binding conciliation (£9.6m) with adverse impacts in medical staffing including industrial action (£3.9m) and continuing healthcare (CHC) (£4.5m). These are partially offset by Dental underspend (£2.7m) and other non-recurrent mitigations (£8.5m).
- Within the £25.8m there is a phasing mis-alignment between NHSE plan and UHNM which equates to £4.1m at Month 5.

System	Month 5 £m Plan	Month 5 £m YTD	Month 5 £m Variance	Month 4 £m Plan	Month 4 £m YTD	Month 4 £m Variance
Income	2,044.0	2,050.4	6.4	1,631.5	1,637.2	5.8
Pay	(528.5)	(530.5)	(1.9)	(423.1)	(425.1)	(1.9)
Non Pay	(285.7)	(303.4)	(17.6)	(228.3)	(242.9)	(14.5)
Non Operating Items (exc gains on disposal)	(14.9)	(12.4)	2.5	(11.7)	(9.9)	1.8
ICB Expenditure	(1,252.2)	(1,267.4)	(15.1)	(1,000.1)	(1,010.6)	(10.5)
Total	(37.4)	(63.2)	(25.8)	(31.8)	(51.2)	(19.4)
			-1.3%			-1.2%

ICB	Month 5 £m Plan	Month 5 £m YTD	Month 5 £m Variance	Month 4 £m Plan	Month 4 £m YTD	Month 4 £m Variance
Allocation	1,211.1	1,211.1	0.0	965.7	965.7	0.0
Expenditure	(1,252.2)	(1,267.4)	(15.1)	(1,000.1)	(1,010.6)	(10.5)
TOTAL ICB Surplus/(Deficit)	(41.1)	(56.3)	(15.1)	(34.4)	(44.8)	(10.5)
			-1.3%			-1.1%

I&E Run Rate

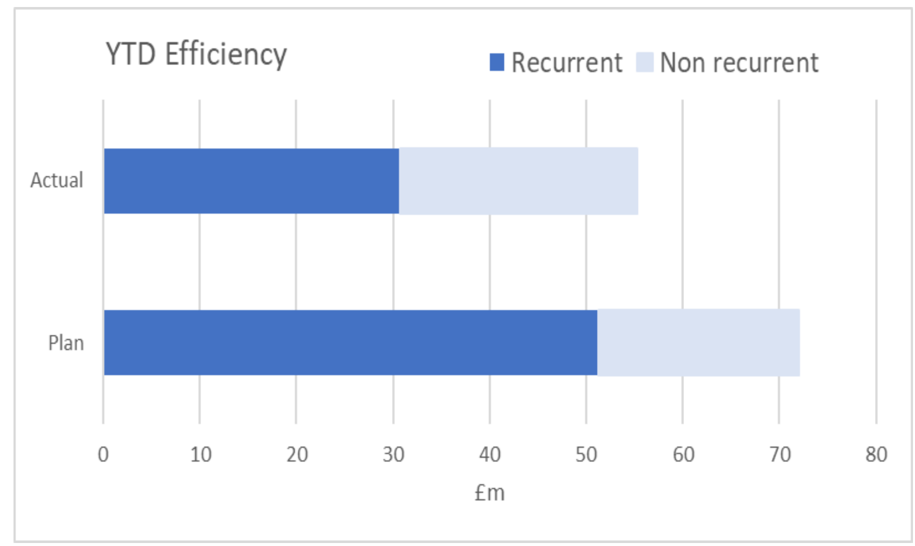
UHNM	Month 5 £m Plan	Month 5 £m YTD	Month 5 £m Variance	Month 4 £m Plan	Month 4 £m YTD	Month 4 £m Variance
Income	480.2	488.6	8.5	383.1	391.2	8.1
Pay	(287.9)	(292.6)	(4.6)	(230.3)	(234.4)	(4.2)
Non-Pay	(174.7)	(191.1)	(16.4)	(139.0)	(153.2)	(14.2)
Non Operating Items (exc gains on disposal)	(15.4)	(14.3)	1.1	(12.4)	(11.5)	0.9
TOTAL Provider Surplus/(Deficit)	2.1	(9.4)	(11.4)	1.4	(7.9)	(9.3)
			-2.3%			-2.4%

MPFT	Month 5 £m Plan	Month 5 £m YTD	Month 5 £m Variance	Month 4 £m Plan	Month 4 £m YTD	Month 4 £m Variance
Income	283.0	282.2	(0.8)	226.9	225.4	(1.4)
Pay	(199.1)	(198.3)	0.8	(159.6)	(158.8)	0.8
Non-Pay	(83.1)	(83.7)	(0.6)	(67.0)	(66.8)	0.2
Non Operating Items (exc gains on disposal)	1.3	2.4	1.1	1.3	2.0	0.7
TOTAL Provider Surplus/(Deficit)	2.1	2.6	0.6	1.5	1.8	0.2
			0.2%			0.1%

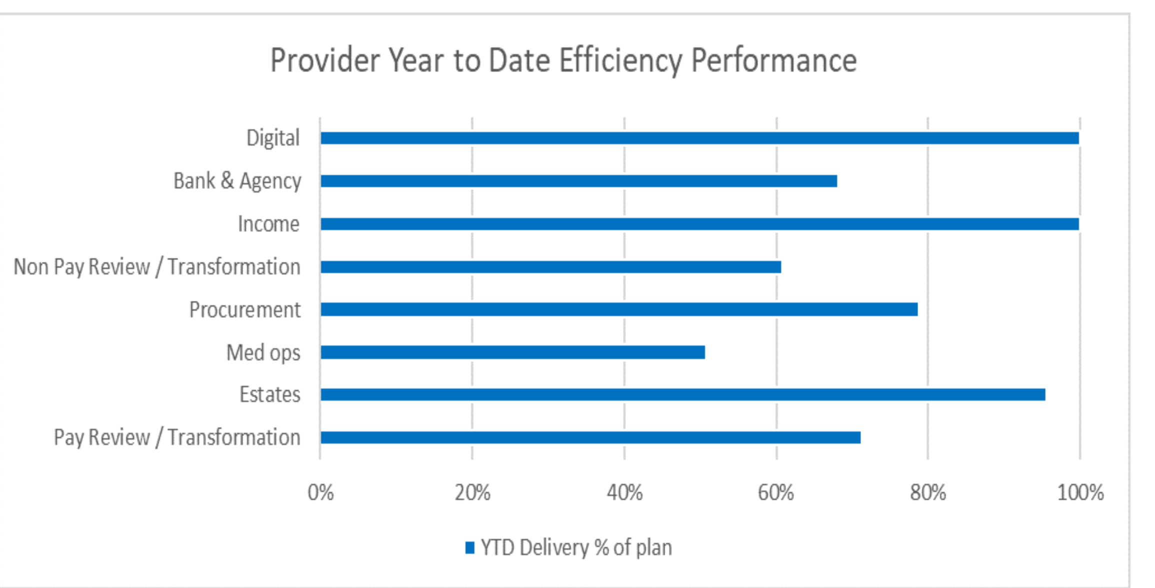
NSCHT	Month 5 £m Plan	Month 5 £m YTD	Month 5 £m Variance	Month 4 £m Plan	Month 4 £m YTD	Month 4 £m Variance
Income	69.7	68.4	(1.3)	55.8	54.9	(0.9)
Pay	(41.4)	(39.6)	1.8	(33.2)	(31.8)	1.4
Non-Pay	(27.9)	(28.6)	(0.6)	(22.3)	(22.9)	(0.6)
Non Operating Items (exc gains on disposal)	(0.7)	(0.5)	0.3	(0.6)	(0.4)	0.2
TOTAL Provider Surplus/(Deficit)	(0.4)	(0.2)	0.2	(0.4)	(0.2)	0.1
			-0.3%			-0.2%

Efficiency

- The system has delivered £55.2m of efficiency as of August 2024, this is £16.8m adverse against plan, which is largely at ICB (£11.5m) and UHNM (£4.8m)
- The run rate deteriorated in month 4 driven by the ethical wall in CHC and a deep dive into S117 using the latest information
- The System efficiency programme totals £203m with £51.1m high risk as of month 5, with work on going to identify further schemes
- Recurrent schemes are £20.4m adverse at month 5. Key challenges remain to deliver the efficiency programme to meet the agreed deficit and within this, ensure the recurrent efficiency is met to not deteriorate the underlying position
- The table below shows the position that the recovery plan would lead to taking into account the delivery of the green action.



Financial Improvement Summary	Plan £m	Risk Adjusted Position £m	Likely Recovery Actions £m	Recovery Plan £m
Organisational CIP				
ICB	47.9	38.5	8.3	**46.8**
UHNM	56.6	46.6	5.7	**52.3**
MPFT	37.9	38.7	2.4	**41.1**
NSCH	6.4	6.4	0.7	**7.1**
Collaboratives				
Continuing Healthcare	32.5	11.0	9.4	**20.4**
Clinical Values & Medicine	4.0	4.0	0.0	**4.0**
Contracts	17.8	7.8	0.0	**7.8**
Total Improvement	**203.1**	**153.0**	**26.5**	**179.5**
% of RRL	**8.0%**	**6.1%**	**1.0%**	**7.1%**



Enclosure 11

AAA Escalation & Assurance Report from Board Assurance Committee

Report To:	ICB Board
Date:	October 2024
Reporting Committee:	Finance & Performance Committee (F&PC): Parts A + B
Date of Meeting:	1 October 2024
Meeting Quorate Y/N?	YES – both Parts
Presenter:	Megan Nurse, Non-Executive Member & Committee Chair
Author:	Paul Winter, Associate Director of Corporate Governance

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

(1) Month 5 Finance Reports - Parts A + B:

For the System, we are reporting a year-to-date adverse position of £25.8m, which is a £63.2m deficit against the £37.4m deficit Plan. The main drivers for the aggregate YTD position are efficiency slippage (£16.8m) and binding conciliation (£9.6m), with adverse impacts in medical staffing including industrial action (£3.9m) and CHC (£4.5m). These are partially offset by Dental underspend (£2.7m) and other non-recurrent mitigations (£8.5m).

For the ICB, we are reporting a YTD deficit position of (£56.3m), this represents a (£15.1m) adverse variance against the (£41.1m) deficit Plan. The main drivers are consistently efficiency delivery against the £102.2m annual target; the outcome of the binding conciliation exercise; the underlying cost of CHC packages increasing significantly from the expected 2023/24 exit position.

Formally, the ICB has continued to report a (£90.0m) year-end planned deficit forecast. This is to be compliant with NHSE regulations regarding moving away from the Financial Plan. To do this, a manual forecast adjustment of £68.7m has been entered and is closely aligned to the level of 'likely' risk being flagged by the ICB.

Consequently, the ICB CFO advised the Committee that on current levels of performance, the System is heading for a significant deficit above the £90m deficit plan unless significant remedial actions take place immediately within the System Recovery Programme – see below.

As a System, we are still instructed to make a deficit of no more than £90m, the System continues to look for further improvement ideas to achieve this. Currently, the ICB's Recovery Plan does not meet the £90m Deficit Plan.

As flagged in the "Advise" section below, NHS England notified the ICB / ICS is being taken to National Oversight Framework Level 4 and into the *'Investigation and Intervention'* (I&I) process. As a result, the ICB has been instructed to appoint external support immediately. It is hoped that the support under *'I&I'* will further help the System achieve the £90m deficit plan and this remains our highest area of risk and 'Alert'.

The forecast position has remained static from Month 4 and formed the base of the Recovery Plan submitted to NHSE on 13 September. Key drivers behind the ICB risk position remain twofold:

- (£39.3m) – shortfall against the £102.2m efficiency programme
- (£29.5m) – outcome of the binding conciliation

ALERT (continued)

(2) Month 5 System Recovery Plan & Programme Update / ICS Recovery Director Report, Part A // ICB Efficiency Programme, Part B:

(Note: while these 3 items were separately discussed, they remain strongly interlinked)

At M5, the overall £203m Efficiency Plan is showing a £16.7m negative variance against a plan of £72.0m. This remains consistent with the M4 position.

All four established System Collaboratives are behind plan at M5. Each has identified a range of risks and mitigations, discussed at the Weekly System Recovery meeting on 19 September. Work continues to determine what opportunities exist within the emerging Enabling Functions System Collaborative, both in-year and for 2025/26. A more detailed update will be available for F&PC's November meeting.

TDU-reported M5 positions also show emerging risks as well as under-performance against delivery. Current forecast outturns versus plan indicate several areas of slippage in the wider Efficiency Programme as being the key driver. The Committee investigated in detail the following programmes of work, with detailed updates provided by each lead SRO:

- *Continuing Healthcare* – there remains concern regarding the Collaborative's ability to achieve the £33m financial savings target. Only £20.4m has been identified to date, this includes £9.4m of opportunities highlighted as 'likely actions' within the Recovery Plan. There remains work to be done to develop these newly identified opportunities to mitigate the gap in the financial forecast, which currently stands at £12.1m – a deep dive was requested for next month's meeting. The System remains a significant outlier nationally in this area.
- *Demand Management* – work continues to confirm what will be needed from the Collaborative in 24/25 to support the System's Surge Plan and bed gap, and what will realistically need to move into 25/26 as part of longer-term Transformational Plans. The Chief Delivery Officer is assessing whether the Winter Pressures money in the plan is adequate to cover the surge capacity needed for the remainder of 2024/25.
- *Clinical Value & Medicines* – There is an emerging risk that the financial savings aligned to the Oral Nutritional Supplement project may be reduced in 2024/25 due to implementation and IT delays.
- *Contracts* – savings opportunity associated with a key scheme is likely to be reduced by at least 50% following a more detailed deep-dive into what providers can support in-year. There is currently no forecast delivery against the £8.5m stretch target in 24/25, work is ongoing to develop savings for 25/26.

Additional Recovery Plan actions have been identified and categorised, and the System continues to work through what is possible along with a detailed understanding of the associated quality and safety risks.

Enhanced Committee focus remains a strong assurance to Board. The Committee together with the Recovery Director are keeping up the financial challenge on the work required to get back to plan, including for the already established System Collaboratives and the emerging Enabling Function System Collaborative. A meeting on 16 October between the Recovery Director / Recovery Programme PMO (TDU) is part of this work to get back to plan and tackle unacceptable under-delivery. Actions are being taken at the same to address the System moving into a Level 4 rating with NHSE.

ADVISE

(1) Letter of Support to UHDB (Part A):
Chair's Action in respect of a letter of support for a Queens Hospital Burton Minor Injury & Minor Illness Unit Programme of Works Business Case. A letter has been shared confirming that ICB are committed to supporting UHDB to deliver the successful implementation of this scheme for our patients; and that we are aware that the Trust will receive capital funding from NHSE for this scheme.

Please note, the rating level 4 referred to below is for the *Month 4 Financial Position*. It is not the overall NHS oversight framework (NOF rating) for NHS SSOT ICB.

(2) NHS Oversight / Undertakings Compliance, Parts A + B:
The Committee were advised of NHSE's letter dated 17 September 2024 advising that the System has been assessed as having a 'NOF' rating of Level 4 (greatest concerns about delivery of the financial plan). The Committee received the Oversight Letter following the ICB System Review Meeting held in August with NHSE. As part of this, the Committee also received the Provider NOF outcome letters for UHNM, MPFT & NSCHT following their meetings held with the ICB during September.

As our System is formally rated 4 – greatest concerns about delivery – the F&PC recorded our System being directed to undergo a Rapid Intervention Process (the 'I&I' referred to as an "Alert") to reduce the rate of spend including NHSE requiring the ICB to engage with an external supplier to support it in taking actions to ensure our plan is delivered.

The F&PC Chair agreed to receive onward Undertakings reports (for ICB) in the form of a routine Dashboard to be presented on behalf of the Recovery Director, updated following each F&PC meeting (in arrears), as part of the wider Undertakings Programme led on Board's behalf by the ICB Audit Committee.

(3) System Capital Prioritisation, Part A:
Initial conversations on capital prioritisation took place at the System Capital Group in September and between CFOs. A deep dive into 25/26 plans has identified gaps that need to be addressed. Given the mismatch between system capital allocation and need, the Committee supported the development of a system prioritisation process. F&PC asked the System Capital Group to further consider the framework and report next month.

(4) System Performance Programmes Report, Part A:
To advise Board on the current position of key System Metrics and aligned programme deliverables against the ICS Operational Plan. A number of measures are reported as at variance to plan / target, with drivers of under-performance and programme delivery outlined. Including the key actions and escalations put forward by Portfolios, aligned into the 5 System Priorities. Progress has been made on new governance for Priority 5 (Care Homes) and further detail will be brought to the next meeting. Improvement has been made on key metrics for UEC and Planned Care. An overview of key UEC metrics for 'out of System' providers frequently used by SSoT residents (Queens Hospital Burton and New Cross Hospital) was provided.

(5) Briefing on Out-of-System Activity Flows / Elective Care Waits Update, Part A:
A short briefing was received on activity flowing outside of the ICB footprint, requested as an outcome of Committee discussion in September. This outlined at high level the context, detail on activity flows; with the Committee agreeing the proposed next steps of further discussion on any opportunities. Plus, to continue working with UHNM to recover the Elective Backlog / maximise opportunities for further elective activity; to further develop relationships with neighbouring ICBs (to give further assurance around our patients naturally flowing to those areas); and to continue to refine the Provider Accreditation process in line with statutory Patient Choice guidance. Considering any further opportunities to repatriate patients from the Independent Sector to NHS Providers, while fully bearing in mind Patient Choice.

The Committee also received a briefing on ICB & System Partners' work 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 Q1 2024 (strong progress, small residual numbers), and 65 weeks by the end of Q2 (good progress being made on long wait cohort with remaining challenges, most significantly in ENT), in accordance with national planning guidance. The above ambitions apply to all providers across the System. The Independent Sector continues to support our recovery. NHSE confirmed in their recent review, that our System will remain in Tier 1 for Elective Care, Cancer and Diagnostics.

(6) System Transformation Update, Part A:
To advise ICB Board of the latest monthly overview of the clinical areas included within the System Transformation & Service Change programme; reporting the current positions for Maternity & UEC assurance meetings.

Maternity Stage 2 assurance will take place next month. The UEC component has seen to date c.900 online survey responses, with significant interest from Cannock & Leek areas. And an overview of ongoing engagement meetings held with local Councillors / HOSCs and MPs.

(7) Winter Surge Plan, Parts A + B:
The Committee advises Board that an in-depth report will come to the November meeting of F&PC, for review and approval. Including the preliminary, formal governance processes needed for approval pre-ICB Board ratification in November.

This will include a detailed assessment of demand and planned capacity, risk and workforce with clarity around the financial implications. It will also set out the supporting 'enablers' to promote alternative pathways to Emergency Departments. All schemes will be subject to Quality Impact Assessments.

ASSURE

(1) NHS111 Midlands Lead Commissioner and Governance Arrangements, Part B:
Prior to Board ratification, the Committee approved, a new NHS111 Midlands Governance Framework to delegate contract oversight to Derbyshire ICB of a 5+2 year contract awarded to DHU Healthcare Community Interest Company.

(The NHS111 contract remains unsigned due to ongoing negotiations between the Provider & Lead Commissioner. However, ICB leads are confident that they have oversight within other governance routes, so do not materially impact the current proposal made about future governance – which was supported by F&PC. Committee to be kept informed of progress regarding contract signing).

(2) Better Care Fund (BCF) Review Progress, Part A:
The Committee welcomed the report; and was assured on the joint actions being taken with Partners in relation to finalising scope, phasing, timescales and governance arrangements of the Review.

As part of this, the Committee supported the next steps outlined, relating to finalising the scope / phasing (predominantly relating to existing contracts) to clarify the rationale for Review inclusions or exclusions by mid-October. Prior to Review outputs / recommendations being presented to both Joint Commissioning Boards / Health & Wellbeing Boards and ICS SLT.

Noting that the review timescales may need to be revisited and considered when new policy guidance is issued, in respect of 2025; and pending further definition of the proposed oversight arrangements.

(3) Achievement of Statutory Responsibilities (ICB Finance Report), Part B:
The ICB's M5 Finance Report picked up on ICB's achievement of the Mental Health Investment Standard (MHIS), *Better Payments Practice Code* (BPCC) and ICB's Running Costs statutory responsibilities; all as sources of positive assurance to the Board.

(4) Primary Care Forum (PCF) / Procurement Operations Group (POG) Updates, Part B:
No formal escalations arose from the PCF after its latest meeting in September – assurances updates were provided in relation to Dental Access risk score reducing, a positive reassurance about ongoing work to manage the issues raised by Collective Action and process engagement improvements.

ASSURE (continued)

(4) Primary Care Forum (PCF) / Procurement Operations Group (POG) Updates, Part B:
The POG updated the Committee on:

- 3 Direct Award Process Cs processes that are fully compliant;
- The open procurements pipeline being routinely updated and monitored to ensure that there is sufficient time / resources to appropriately procure future health services following the Provider Selection Regime;
- The ICB is commencing market engagement for the Termination of Pregnancy service, to allow the ICB to gather intelligence to quantify the risk – F&PC are asked to note a potential cost pressure;
- The abandonment of the AACC procurement, with the standstill period now ended: the ICB has decided to in-house delivery of the service from March 2025 - a 'lessons learned' will be undertaken to inform future procurements.

System-ICB Risks / Board Assurance Framework (SBAF):

(1) Q2 2024-25 SBAF Report, Part A:
A full Q2 analysis was received for discussion and for assurance. F&PC has lead oversight of SBAF1, 2, 6, 7 – the latter two remaining strongly interlinked for the rest of the year.

The Committee approved the SBAF; after a discussion about whether the 3 'High Risk' (score of 20) risk scores were correct in light of the current contexts. F&PC decided that 20 was currently appropriate and did not yet support rescoring them as 25s (maximum scores). It did though request that the assurance assessments need refresh for Q3, in order to fully reflect plans to mitigate the financial context. Otherwise, F&PC confirmed the remaining adequacy of controls / assessments in its lead SBAF Objective areas.

(2) October System & ICB Risk Registers, Parts A + B:
The Committee received and noted the System and ICB Risk Register Reports. For Part A, there are **23** risks in total: 17 high scoring (12+); 6 are medium risks. For Part B, there are **13** risks, of which 5 are high scoring (12 and above); 5 medium and 3 low.

The Committee discussed the high-scoring risks where status has remained static for some time, acknowledging the conversations that took place during the meeting to, in most cases, explain this situation. The Committee also highlighted a finding that several risks' "inherent" scores had been increased without a narrative provided by the Risk Owner (to be taken forward at next update by them in consultation with the Governance Team).

- For Part A, the Committee approved the closure of two risks re. risk #1386 (BCF Home First Stoke-on-Trent) and risk #1286 (direct booking into Primary Care from NHS 111).
- For Part B, the Committee was satisfied there were no new risks or any proposed for closure this month.

Policies Approved:

The Committee did not receive or approve any policies this month; nor did any papers received under the Business Cycles of both Parts have any likely future impacts on current policy matters.

Decisions to be Escalated to ICB Board or other Committees:

☑ The F&PC approved the NHS111 Governance Arrangements, pre-Board ratification;

☑ The management of cross-boundary issues on the pathway and repatriation of patients back into the Staffordshire and Stoke-on-Trent System to be examined by the Quality & Safety Committee.

Enclosure No: 12

Report to:	**Staffordshire & Stoke-on-Trent Integrated Care Board meeting held in Public**
Date:	**17 October 2024**
Title:	**People Metrics – M5 August position**
Presenting Officer:	Mish Irvine – Chief People Officer SSoT ICB (Interim)
Author(s):	Helen Conway – ICS Strategic Workforce Planning Lead, Matt Bewick – ICS Principal Workforce Information & Systems Manager, Sarah Machin – Workforce Planning & Information Analyst
Document Type:	Report — If Other: Click or tap here to enter text.
Action Required (select):	**Information (I)** ☒ **Discussion (D)** ☒ **Assurance (S)** ☒ **Approval (A)** ☐ **Ratification (R)** ☐ *(check as necessary)*
Is the decision within SOFD powers & limits	**Yes / No** — Choose an item.
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** — YES *If Y, are those signed off by and date:* The workforce is approximately 70% of total operating costs, workforce levels have a direct impact on activity, finance and quality.
Any impacts on ICB Undertakings?	**Yes / No** — YES *If Y, are those signed off by and date:* As above
Appendices:	Click or tap here to enter text.

(1) Purpose of the Paper:	**(2)**
This summary paper provides an update on FY24-25 in year workforce position and position to plan FY24-25 plan.	

(3) History of the paper, incl. date & whether for A / D / S / I (as above):	**Date**
System Performance Group Finance & Performance Committee People, Culture and Inclusion Committee	25th Sep 2024 1st Oct 2024 16th Oct 2024

(4) Implications:		**(5)**
Legal / Regulatory	There are several conflicts to the workforce agenda at a national level, i.e. financial control and long term workforce plan.	
CQC / Patient Safety	Workforce has a direct impact on patients and the care they receive. In response to previous wider workforce challenges, Francis report, a number of mitigations have been developed since the report to ensure safer staffing tools and professional judgement are incorporated into staffing level decisions.	
Financial (CFO-assured)	Workforce is the majority of NHS operating costs.	

Sustainability	Need to ensure that workforce levels are safe, sufficiently resourced to deliver patient care.
Workforce / Training	As detailed in the exec summary below.
Equality & Diversity	Yes, our workforce demographic should be representative of the population we serve.
Due Regard: Inequalities	As per Equality and Diversity.
Due Regard: wider effect	Our workforce is the means in which our patients receive care and is also our biggest asset.

(6) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	Click or tap here to enter text.

(7) Integration with the SBAF & Key Risks:

SBAF1	Responsive Patient Care - Elective	☐	**SBAF5**	High Quality, Safe Outcomes	☒
SBAF2	Responsive Patient Care - UEC	☐	**SBAF6**	Sustainable Finances	☒
SBAF3	Proactive Planning & Delivery of Integrated Locality Based Community Services	☐	**SBAF7**	Improving Efficiency & Productivity	☒
SBAF4	Reducing Health Inequalities	☒	**SBAF8**	Sustainable Workforce	☒

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

People Metrics - Total workforce levels, as at Aug-24 equated to 24,157 wte which is currently +333 wte (+1.4%) above the operational workforce plan and is under establishment by -604 wte. The over plan position is primarily driven by bank workforce which is +286 wte (+21.7%) above plan and substantive workforce which is +116 (+0.5%) above plan. Positively agency workforce is currently -69 wte (-17.8%) below plan and is a decreasing trajectory. In respect of FYTD, the workforce has decreased by -221 wte (-0.9%)

Our overall temporary staffing use is 8.0% which is -1.6% lower than the highest point in the last 12 months. We have also made great strides in agency reduction with agency spend equating to £2.6m, which equates to 2.4% (0.8% below the NHSE target) of the total staffing spend. This is also currently £1.5m less than the highest position in the last 12 months, which continues to be a significant achievement. The next area of focus in agency improvement will include ensuring compliance with pay cap spend.

The data above informs provider oversight meetings and supports identification of workforce improvement opportunities.

(9) Recommendations to Board / Committee:

The purpose of this paper is to brief committee members on the workforce position to plan, grip and control to support and inform wider decision making in respect of the people agenda.

People Metrics

August 2024

Current Workforce Position: August 24

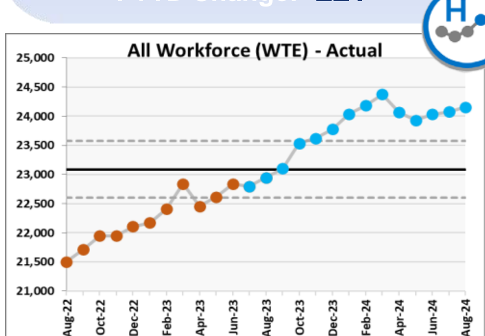
Staff in Post (Total Workforce wte)

Aug 24: **24,157**

Position to Plan: **+333**

12M Change: **+1,206**

FYTD Change: **-221**



Actual vs Plan

Overall: +333 wte above plan
Registered Nursing: +88 wte above
Registered S,T&T: -30 wte below
Support to Clinical: +20 wte above
NHS Infrastructure: +202 wte above
Medical and Dental: +57 wte above

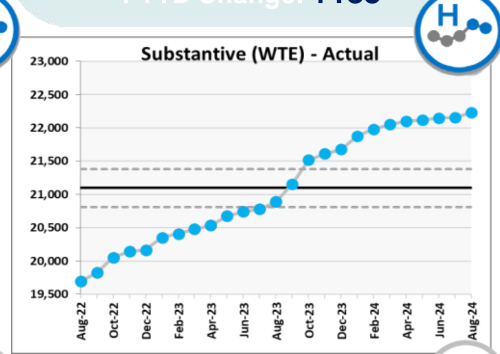
Staff in Post (Substantive wte)

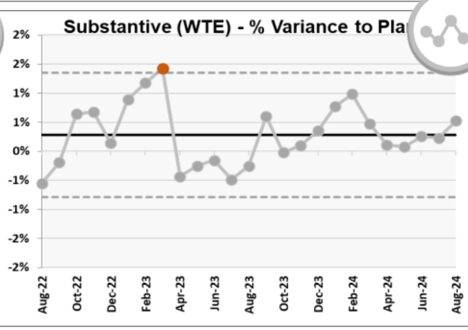
Aug 24: **22,234**

Position to Plan: **+116**

12M Change: **+1,344**

FYTD Change: **+183**





Actual vs Plan

Overall: +116 wte above plan
Registered Nursing: +11 wte above
Registered S,T&T: -22 wte below
Support to Clinical: - 78 wte below
NHS Infrastructure: +162 wte above
Medical and Dental: +44 wte below

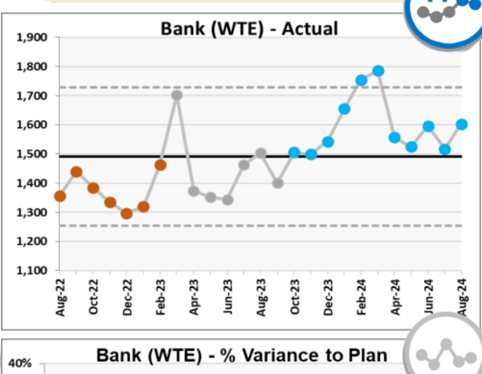
Bank Workforce

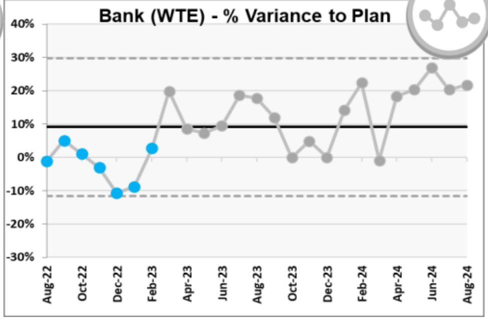
Aug 24: **1,603**

Position to Plan: **+286**

12M Change: **+100**

FYTD Change: **-183**





Actual vs Plan

Overall: +286 wte above plan
Registered Nursing: +95 wte above
Registered S,T&T: +10 wte above
Support to Clinical: +105 wte above
NHS Infrastructure: +49 wte above
Medical and Dental: +29 wte above

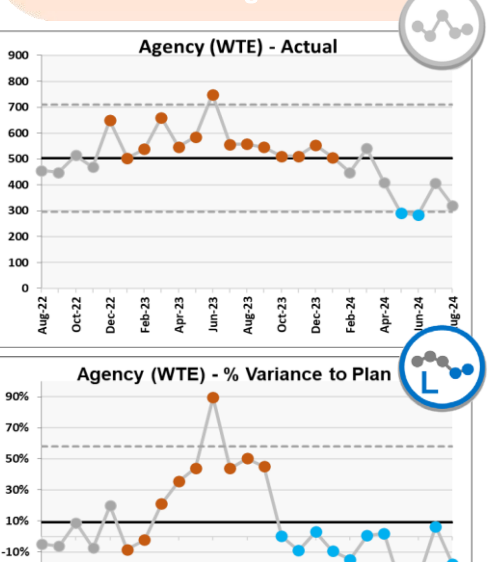
Agency Spend (% of total pay spend)

Aug 24: **2.4%**

Plan Position (FYTD): **-20.3%**

12M Change: **-2.2%**

FYTD Change: **-0.8%**

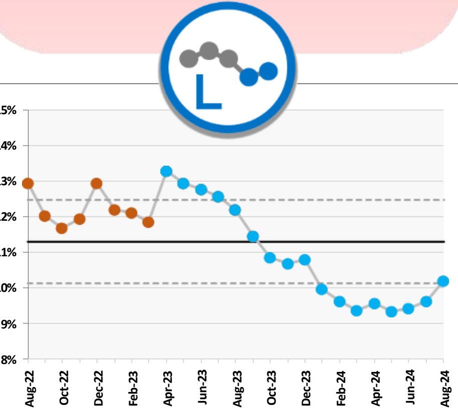


Actual vs Plan

Overall: -69 wte below plan
Registered Nursing: -9 wte below
Registered S,T&T: -18 wte below
Support to Clinical: -6 wte below
NHS Infrastructure: -9 wte below
Medical and Dental: -18 wte below

Vacancies (%)

Aug 24: **10.2%**



Vacancies

Vacancies total 2,526 wte (10.2%), this is the highest level of vacancies the system has had in the last 8 months, and +247wte higher than the lowest vacancy WTE in the last 12 months (Mar 24)

Staffordshire & Stoke-on-Trent NHS: August 2024

NHS Workforce

Total Workforce
24,157 WTE
Currently +1,053 wte (Sep 23)

Substantive
22,234 WTE
Currently +1,077 wte (Sep 23)

Bank
1,603 WTE
Currently +202 wte (Sep 23)

Agency
320 WTE
Currently -234 wte (Dec 23)

Temporary Workforce
8.0%
Currently -1.6% (Mar 24)

Agency Spend
£2.6M (2.4%)
Currently -£1.5M (Nov 23)

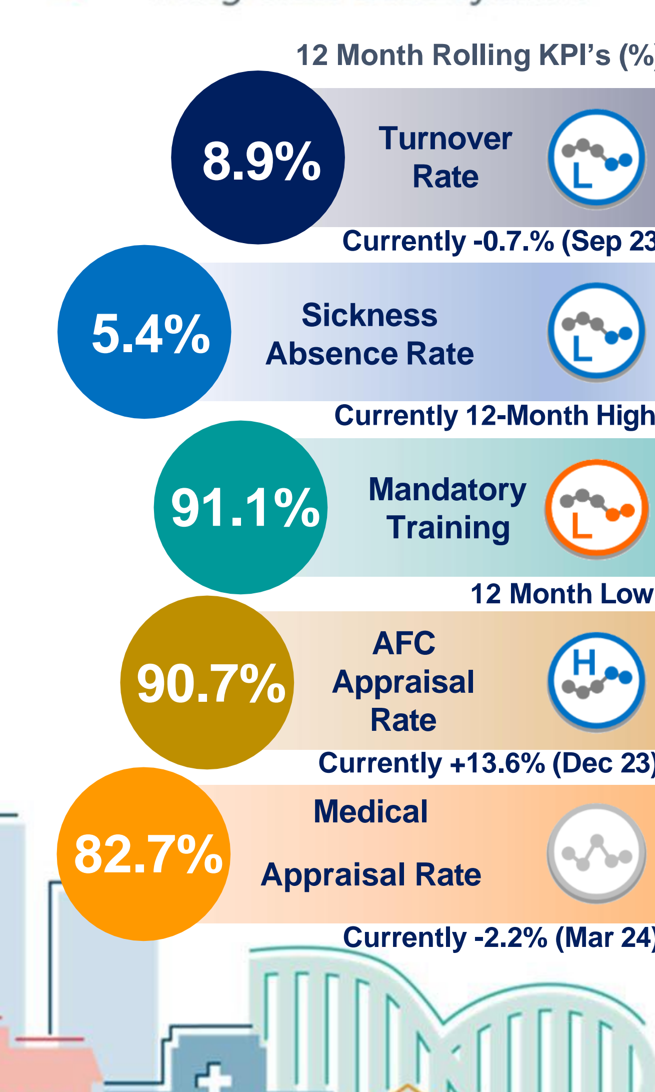
Vacancies
2,527 wte (10.2%)
Currently -212 wte (Sep 23)

Joiners
405 wte
Currently +239 wte (Jun 24)

Leavers
146 wte
Currently -96 wte (Mar 24)

Other Health and Care Workforce

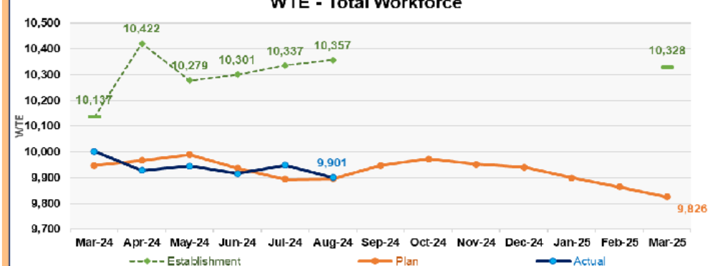
SSOT ICB Workforce	Primary Care Workforce
281 WTE	2,872 WTE
Social Care Workforce	**Dentistry Workforce**
20,000 WTE	610 Headcount

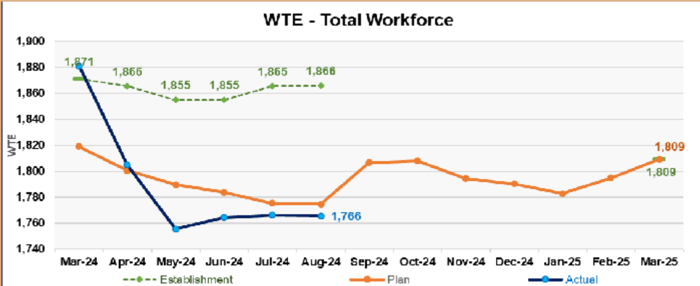


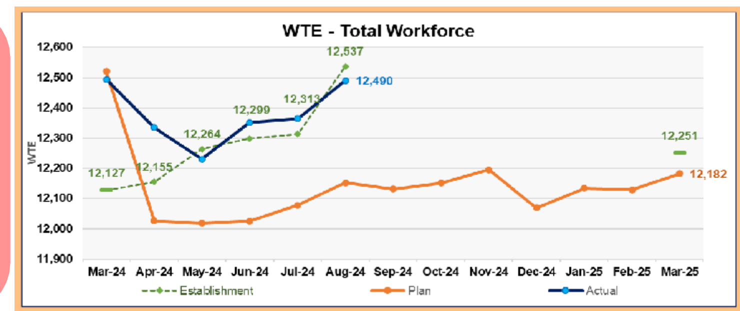
5. Workforce – FY24-25 Performance to Plan

	Total Workforce	Substantive	Bank	Agency
SSOT	31st Mar 24: 24,378 wte Aug-24: 24,157 wte FYTD Change: -221 wte / -0.9% Aug-24 Position to Plan: +333 wte / +1.4% above plan	31st Mar 24: 22,051 wte Aug-24: 22,234 wte FYTD Change: +183 wte / +0.8% Aug-24 Position to Plan: +116 wte / +0.5% above plan	31st Mar 24: 1,786 wte Aug-24: 1,603 wte FYTD Change: -183 wte / -10.2% Aug-24 Position to Plan: +286 wte / +21.7% above plan	31st Mar 24: 541 wte Aug-24: 320 wte FYTD Change: -221 wte / -40.8% Aug-24 Position to Plan: -69 wte / -17.8% under plan
MPUFT	31st Mar 24: 10,003 wte Aug-24: 9,901 wte FYTD Change: -102 wte / -1.0% Aug-24 Position to Plan: +4 wte / 0.0% above plan	31st Mar 24: 9,154 wte Aug-24: 9,300 wte FYTD Change: +146 wte / +1.6% Aug-24 Position to Plan: +93 wte / +1.0% above plan	31st Mar 24: 647 wte Aug-24: 501 wte FYTD Change: -146 wte / -22.6% Aug-24 Position to Plan: -37 wte / -6.9% under plan	31st Mar 24: 202 wte Aug-24: 99 wte FYTD Change: -102 wte / -50.8% Aug-24 Position to Plan: -52 wte / -34.3% under plan
NSCHT	31st Mar 24: 1,881wte Aug-24: 1,766 wte FYTD Change: -115 wte / -6.1% Aug-24 Position to Plan: -9 wte / -0.5% under plan	31st Mar 24: 1,732 wte Aug-24: 1,644 wte FYTD Change: -89 wte / -5.1% Aug-24 Position to Plan: +9wte / +0.6% above plan	31st Mar 24: 113 wte Aug-24: 107 wte FYTD Change: -6 wte/ -4.9% Aug-24 Position to Plan: -11wte / -9.3% under plan	31st Mar 24: 36 wte Aug-24: 14 wte FYTD Change: -21 wte / -59.9% Aug-24 Position to Plan: -7 wte / -33.4% under plan
UHNM	31st Mar 24: 12,494 wte Aug-24: 12,490 wte FYTD Change: -4 wte / -0.0% Aug-24 Position to Plan: +338 wte / +2.8% above plan Aug-24 Position to Establishment -46.8 wte under establishment	31st Mar 24: 11,165 wte Aug-24: 11,289 wte FYTD Change: +125 wte / +1.1% Aug-24 Position to Plan: +14 wte / +0.1% above plan	31st Mar 24: 1,026 wte Aug-24: 995 wte FYTD Change: -31 wte / -3.1% Aug-24 Position to Plan: +335 wte / +50.7% above plan	31st Mar 24: 303 wte Aug-24: 206 wte FYTD Change: -97 wte / -32.0% Aug-24 Position to Plan: -10 wte / -4.8% under plan

WTE - Total Workforce







Enclosure No: 13

Report to:	**Integrated Care Board**					
Date:	**17 October 2024**					
Title:	**Q2 2024/25 System Board Assurance Framework (SBAF) Update**					
Presenting Officer:	Claire Cotton, Director of Governance, UHNM					
Author(s):	Lia Pitarokoili, Head of Governance					
Document Type:	Report	If Other: Click or tap here to enter text.				
Action Required (select):	**Information (I)**	☐	**Discussion (D)**	☒	**Assurance (S)**	☒
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	NO				
Any potential / actual Conflict of Interest?	**Yes / No**	*NO*				
Any financial impacts: ICB or ICS?	**Yes / No**	*NO*				
Any impacts on ICB Undertakings?	**Yes / No**	*NO*				
Appendices:	SBAF report					

(1) Purpose of the Paper:

The enclosed report sets out the refreshed System Board Assurance Framework (SBAF) for Quarter 2 2024-25 and is provided to ICB Board for oversight and assurance. The SBAF has been presented to all ICB Committees during October 2024.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	**Date**
Finance and Performance Committee (for Discussion and Assurance)	1/10/2024
People, Culture and Inclusion Committee (for Discussion and Assurance) – circulated offline	1/10/2024
Audit Committee (for Discussion and Assurance)	7/10/2024
Quality and Safety Committee (for Discussion and Assurance)	9/10/2024
Health and Care Senate (for Information)	10/10/2024

(3) Implications:

Legal / Regulatory	UK Corporate Governance Codes and Controls Assurance Audits. SBAF completion is a key component of the ICB's Risk Management Strategy.
CQC / Patient Safety	There are no implications for CQC or other regulators
Financial (CFO-assured)	Managing financial risks will help mitigate Financial Management Concerns
Sustainability	Managing 'Greener NHS' risks will help mitigate Sustainability Concerns
Workforce / Training	Mitigation of workforce risks to meet the requirements of NHS Long Term Workforce Plan. There are no training implications resulting from this paper

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	☐	☐	☒	N/A in relation to this Report
	EIA	☐	☐	☒	N/A in relation to this Report
	QIA	☐	☐	☒	N/A in relation to this Report
Has there been Public / Patient Involvement?		☐	☐	☒	N/A in relation to this Report

(5) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	☒	BAF5	High Quality, Safe Outcomes	☒
BAF2	Responsive Patient Care - UEC	☒	BAF6	Sustainable Finances	☒
BAF3	Proactive Community Services	☒	BAF7	Improving Productivity	☒
BAF4	Reducing Health Inequalities	☒	BAF8	Sustainable Workforce	☒

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

The System Board Assurance Framework (SBAF) sets out the principal risks to the achievement of the ICB's Strategic Ambitions and constitutes a practical means through which the Committees and Board can assess delivery of these. The SBAF is also a primary source of evidence in describing how the ICB is discharging its responsibility for internal control. The SBAF sets out the key controls in place to manage these risks and the assurances available to support judgements as to whether the controls are having the desired impacts. It additionally describes any gaps in control that need to be addressed to achieve the target risk score or to improve adequacy of assurance and the actions to further reduce each risk to our Strategic Ambitions.

The attached SBAF provides the Board with the refreshed objectives as agreed on the 21st March 2024 and the Q2 update for 2024/25. The SBAF as a dynamic document will continue to be developed and improved in terms of format and function throughout 24/25 and beyond.

The SBAF includes eight Strategic Risks which provide coverage of the four Strategic Ambitions. The Strategic Framework is set out in Section 2 of the report.

Strategic Ambition 2 (Address inequalities in access, experience and outcomes from health and care services) and Strategic Ambition 3 (Achieve a sustainable and resilient ICS) remain the most threatened, each with 5 Strategic Risks posing a threat.

The top 3 Strategic Risks for this quarter remain SBAF 4 (Reducing Health Inequalities), SBAF 6 (Sustainable Finances) and SBAF 8 (Sustainable Workforce), all scoring High 20.

There are in total 2 actions that are 'Problematic' within SBAF 3 (Proactive and Needs Based Community

Services). There are in total 3 actions that are 'Delayed', within SBAF 1 (Responsive Patient Care – Urgent & Emergency Care), SBAF 3 (Proactive planning and delivery of Integrated Locality Based Community Services) and SBAF 4 (Reducing Health Inequalities).

The majority (6/8) of Strategic Risks have a 'Partial Assurance' rating although SBAF 5 (High Quality, Safe Care Outcomes) and SBAF 8 (Sustainable Workforce) have 'Acceptable Assurance' rating.

(7) Recommendations to Committee:

The ICB Board is asked to discuss and confirm whether the Quarter 2 risk scores and assurance assessments are an accurate reflection of the position and discuss and confirm the adequacy of those controls and assessments.

Integrated Care Board

System Board Assurance Framework (SBAF)

Quarter 2 2024/25

1 Introduction and Overview

Situation

The System Board Assurance Framework (SBAF) provides a structure and process which is designed to focus the Integrated Care Board (ICB) on the key strategic risks which might compromise the achievement of its Strategic Ambitions (SA). In identifying those risks, consideration is given to the key controls in place to mitigate the impact of risk and the sources of assurance which the Board can reply upon to determine the effectiveness of those controls. Where gaps in control or assurance are identified, further actions are identified which are aimed at either providing additional assurance or to reduce the likelihood or consequence of the risk, towards the target. The target risk score or 'tolerance' is aligned with our Risk Appetite Statement (appendix 4 of our Risk Management Strategy).

Background

The Board approved the Integrated Care Partnership (ICP) Strategy in March 2023, which set out a Strategic Framework including four Strategic Ambitions (as set out in Section 2 below), around which the SBAF has been structured.

To refresh the SBAF for 2024/25, a Board Development session was held in March 2024. This provided opportunity to review each strategic risk and determine whether it remained relevant, with a particular focus on ensuring that they were described at a system wide level. As a result, it was agreed that each strategic risk would be carried forward into 2024/25, while some minor changes were agreed and have been considered and included in Q1 2024/25 as well as in this latest iteration. The SBAF is a dynamic, ever evolving document which has and will continue to be developed and improved in terms of format and function throughout 2024/25 and beyond.

Assessment

	The **top 3 Strategic Risks** for this quarter are SBAF 4: Reducing Health Inequalities, SBAF 6: Sustainable Finances and SBAF 8: Sustainable Workforce, all scoring **High 20**.
	Risk levels have remained unchanged since Quarter 1 2024/25 with risk movement remaining static during Quarter 2 2024/25.
	SBAF 5: High Quality, Safe Care Outcomes has the **highest number of linked operational risks** (25 which has reduced from 27 since the last update) whereas SBAF 2: Responsive Patient Care (Elective) and SBAF 3: Proactive planning and delivery of Integrated Locality Based Community Services have the **lowest number of linked operational risks** (3 and 2 respectively, both of which have reduced from 4 since the last update).
	There are in total **2 actions which are 'Problematic'** at this stage within SBAF 3: Proactive planning and delivery of Integrated Locality Based Community Services. There are in total **3 actions that are 'Delayed'**; within SBAF 1: Responsive Patient Care – Urgent & Emergency Care, SBAF 3: Proactive planning and delivery of Integrated Locality Based Community Services and SBAF 4: Reducing Health Inequalities.
	Strategic Ambition 2: Address inequalities in access, experience and outcomes from health and care services and Strategic Ambition 3: Achieve a sustainable and resilient Integrated Care System remain the 'most threatened', each with 5 Strategic Risks posing a threat.
	The majority (6/8) of Strategic Risks have a **'Partial Assurance'** rating although SBAF 5: High Quality, Safe Care Outcomes and SBAF 8: Sustainable Workforce have **'Acceptable Assurance'**.

Recommendations

Committees are asked to:

- Discuss and confirm whether the Q2 Risk Scores and Assurance Assessments are an accurate reflection of the position.
- Discuss and comment on the adequacy of Controls and Assurances and consider whether the actions identified are sufficient to either reduce the risk score towards target or to provide additional assurance.
- Note that further work is to be undertaken on Committee Business Cycles to ensure full alignment with the SBAF.

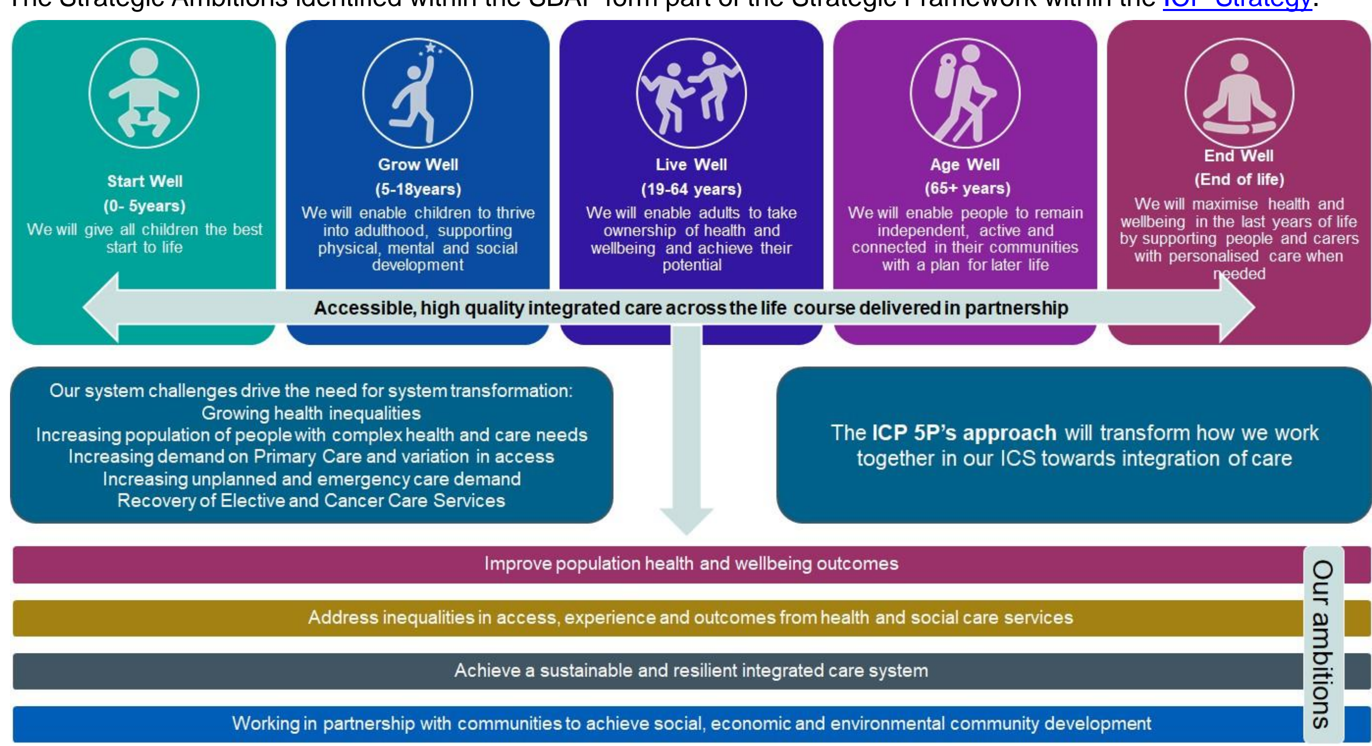
Additional Information

- The SBAF can be viewed on SharePoint: Staffs CCGs | Communications and Governance - BAF and Risk Register - All Documents (sharepoint.com)
- The following tables set out the keys used within the SBAF for Action Plans and Assurance Assessment Ratings

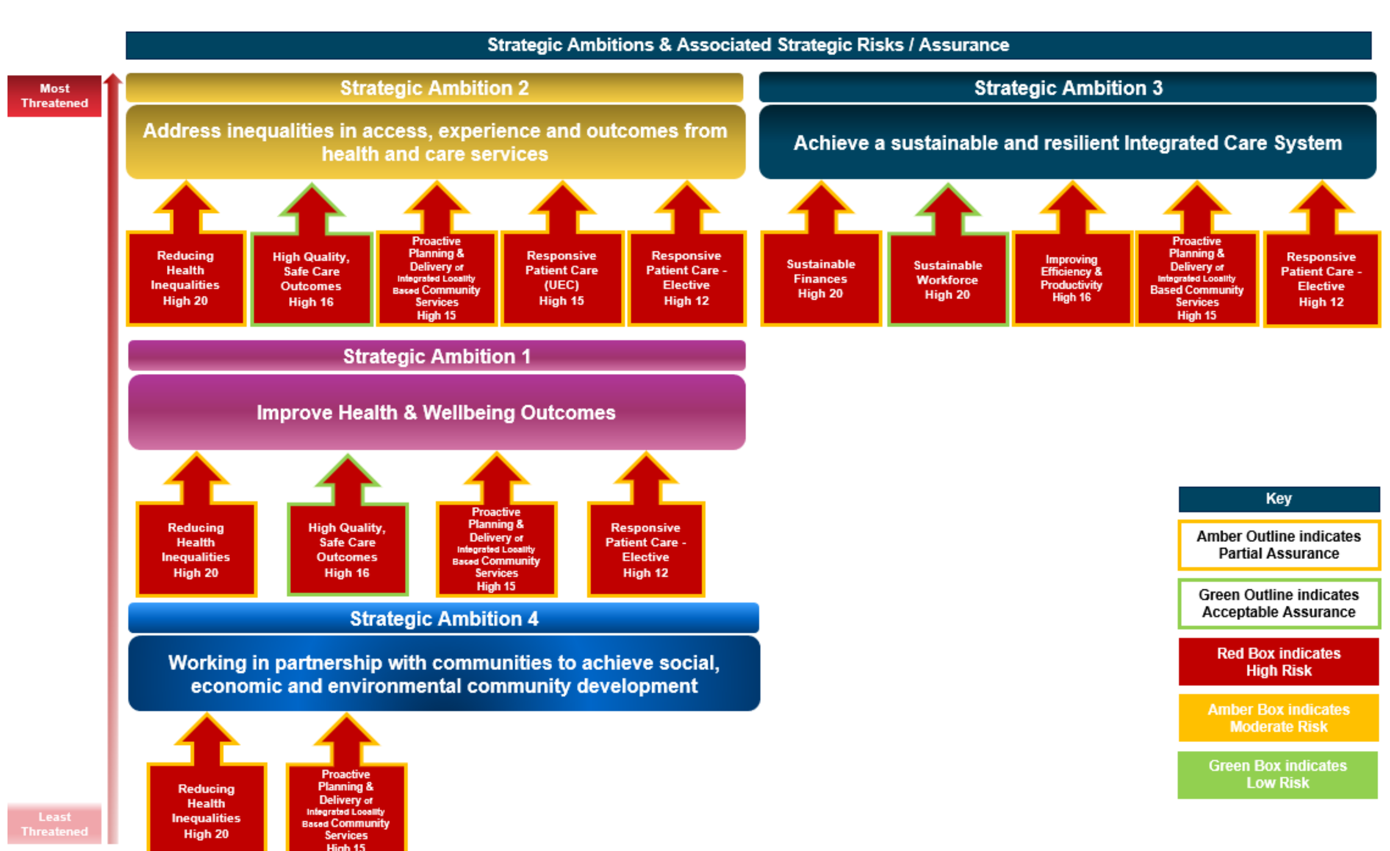
Action Plans – Key to Progress Ratings		Assurance Assessment Ratings	
Complete / BAU	Action completed, now business as usual	Significant Assurance	High level of confidence in delivery of existing mechanisms / objectives
On Track	Improvement on trajectory, on track, or completed	Acceptable Assurance	General confidence in delivery of existing mechanisms / objectives
Problematic	Delivery remains feasible, actions not completed, awaiting further interventions	Partial Assurance	Some confidence in delivery of existing mechanisms / objectives, some areas of concern
Delayed	Off track / trajectory / milestone breached. Recovery plan required.	No Assurance	No confidence in delivery

2 Strategic Framework

The Strategic Ambitions identified within the SBAF form part of the Strategic Framework within the ICP Strategy.



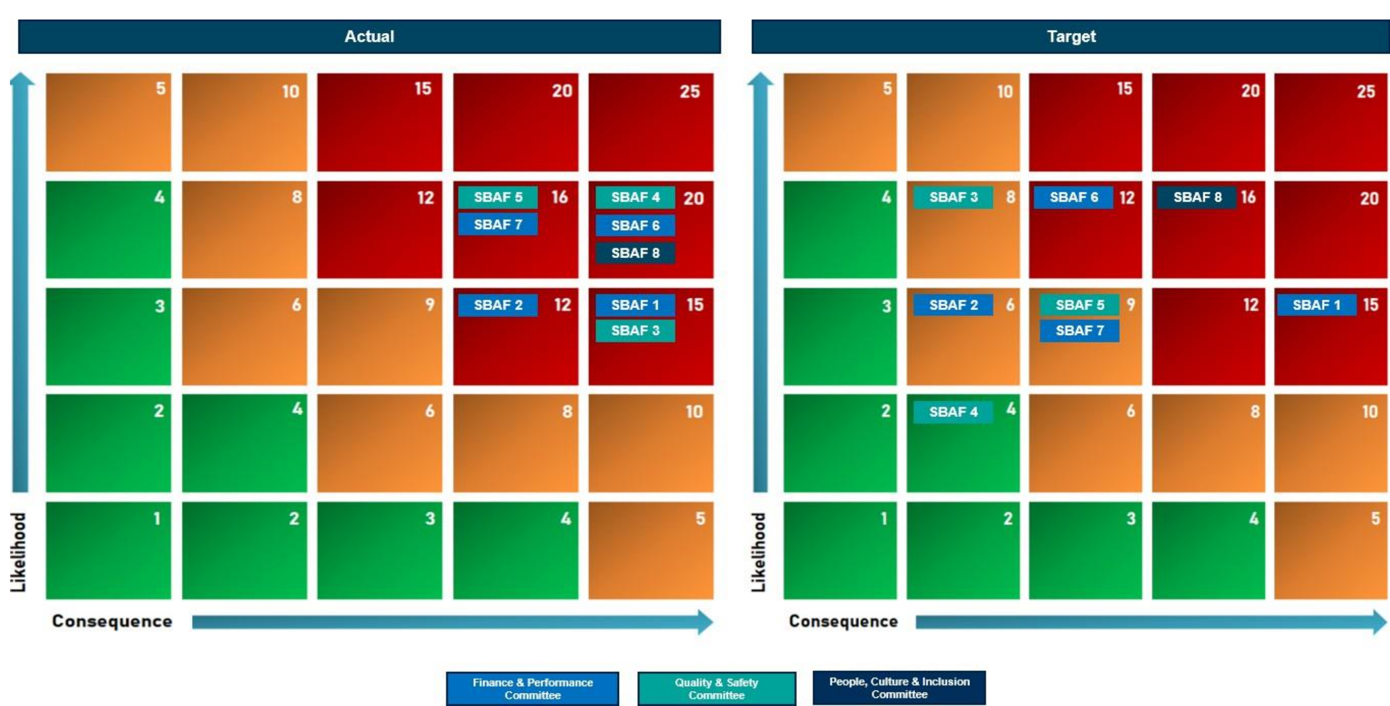
3 Threat to our Strategic Ambitions



4 Summary Board Assurance Framework (SBAF)

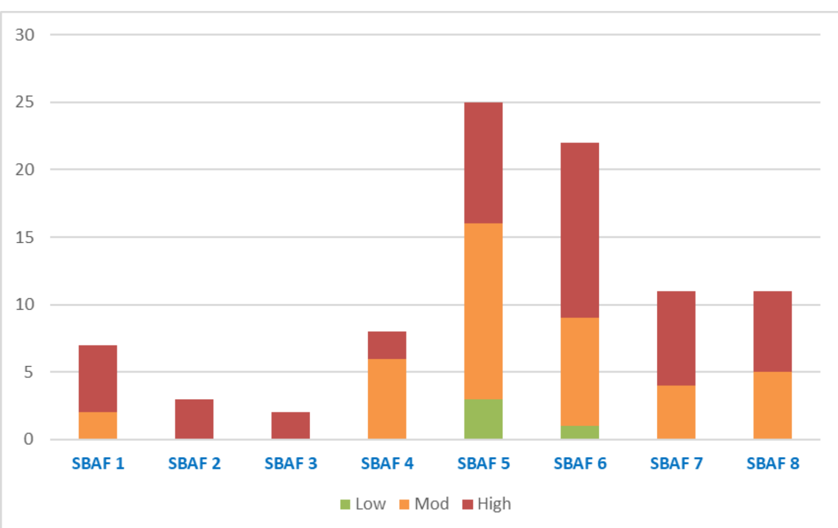
No.	Strategic Risk Title	Q1 L	Q1 C	Q1 S	Q2 L	Q2 C	Q2 S	Q3 L	Q3 C	Q3 S	Q4 L	Q4 C	Q4 S	Target L	Target C	Target S	Target Date	Risk Movement	Assurance Assessment	Action Plan	Linked Risks	Threat to Ambitions
SBAF 1	Responsive Patient Care - Urgent & Emergency Care	3	5	High 15	3	5	High 15							3	5	High 15	31/03/2025		Partial Assurance	1, 4		SA2
SBAF 2	Responsive Patient Care - Elective	4	3	High 12	4	3	High 12							2	3	Mod 6	31/03/2025		Partial Assurance	4		SA1 SA2 SA3
SBAF 3	Proactive Planning & Delivery of Integrated Locality Based Community Services	3	5	High 15	3	5	High 15							2	4	Mod 8	31/03/2026		Partial Assurance	2, 1, 4		SA1 SA2 SA3 SA4
SBAF 4	Reducing Health Inequalities	4	5	High 20	4	5	High 20							2	2	Low 4	31/03/2028		Partial Assurance	1, 3		SA1 SA2 SA4
SBAF 5	High Quality, Safe Care Outcomes	4	4	High 16	4	4	High 16							3	3	Mod 9	31/03/2025		Acceptable Assurance	1		SA1 SA2
SBAF 6	Sustainable Finances	4	5	High 20	4	5	High 20							4	3	High 12	31/03/2025		Partial Assurance	4		SA3
SBAF 7	Improving Efficiency & Productivity	4	4	High 16	4	4	High 16							3	3	Mod 9	31/03/2025		Partial Assurance	4		SA3
SBAF 8	Sustainable Workforce	4	5	High 20	4	5	High 20							4	4	High 16	31/03/2025		Acceptable Assurance	4		SA3

5 Strategic Risk Heat Map



***Top 3 Scoring Strategic Risks** are SBAF 4: Reducing Health Inequalities, SBAF 6: Sustainable Finances and SBAF 8: Sustainable Workforce.*

6 Linked Operational Risks



SBAF 5: High Quality, Safe Care Outcomes and SBAF 6: Sustainable Finances have the highest number of ***linked operational risks.***

7 System Board Assurance Framework (SBAF)

SBAF 1: Responsive Patient Care – Urgent & Emergency Care

Finance & Performance Committee | Chief Delivery Officer

Risk Description and Impact on Strategic Ambitions	
Cause (Likelihood)	If the Urgent and Emergency Care (UEC) system does not have sufficient and appropriate capacity across the entire system pathway to meet demand and support flow,
Event	then should demand outstrip capacity, there will be pressure points within the UEC system,
Effect (Consequence)	resulting in poor outcomes and experience for patients, increased pressure for our workforce and consequently poor performance and non-delivery of operational planning targets.

SA1	Improve Health and Wellbeing Outcomes		SA3	Achieve a sustainable and resilient Integrated Care System	
SA2	Address inequalities in access, experience and outcomes from health and social care services	●	SA4	Working in partnership with communities to achieve social, economic and environmental community development	

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target Score/Date		Risk Tolerance Statement	Linked Risks		
Likelihood	3	3			3	31/03/25	The consequence of not having the correct capacity in the UEC system will inevitably impact on delivery and patients not able to access the UEC they require. The biggest risk is having long waits for ambulances in the community.	Low	0	↓
Consequence	5	5			5			Mod	2	↓
Risk Level	High 15	High 15			High 15			High	5	↑

Rationale for Risk Score and Progress Made in the Quarter:

For Q2 the key priority areas for improvement remain 4-hour Emergency Department (ED) performance towards achieving 78%, 12-hour ED performance, and reducing ambulance handover delays and therefore category 2 performance.

Our UEC governance infrastructure ensures collective leadership for system oversight for delivery and improvement, with all system partners. During 24/25 we will again have a surge plan with oversight in place that replicates that of 23/24 which will outline investment across UEC pathways to increase capacity. To support improvement in 24/25 and beyond, a Demand Management Collaborative has been created with Chief Operating Officer (COO) Senior Responsible Officer (SRO) leadership. This collaborative will work with the UEC Portfolio to lead the development of a demand management plan across the system to identify areas for efficiency and to mitigate the identified bed deficit of 85 beds to agreed manageable levels. The 24/25 plan will include learning and mitigation identified from the 23/24 system winter lessons learnt event.

One additional area of risk in regard to delivery has been identified following the recent notification of the GP Collective Action. Depending on the level of actions taken by GP colleagues this has the potential to have a significant impact on UEC services across the system. At this time no adverse impacts have been identified. This continues to be monitored daily via system calls alongside weekly UEC representation at the Primary Care led GP Collective Action working group.

There are a number of initiatives that will impact upon system capacity for 24/25 including those outlined in the system Joint Forward Plan (JFP) 2023-28:

- Continued focus on the in-hospital improvement programme, and right sizing of medical capacity at University Hospitals of North Midlands NHS Foundation Trust (UHNM). Funding was received in 23/24 for a modular unit at Royal Stoke University Hospitals, which has supported the mobilisation of a new Acute Medical Rapid Assessment Unit (AMRAU). This unit provides both additional assessment and bedded capacity at the Royal Stoke site.
- Continued development of our acute care at home collaborative, and the Development of a system single point of access.
- Focus on designation of Urgent Treatment Centres (UTC) and development of our UTC model across Staffordshire and Stoke-on-Trent (SSOT).
- Continued work on our integrated discharge model and increasing numbers of pathway 0 patients.
- Continued improvement in bed occupancy to 92% or below.

Key Controls Framework

- Daily System Control Centre (SCC) & Daily System calls.
- Regional Capacity Calls attended by System Control Centre.
- System UEC Improvement plan – the system has agreed a focused plan to drive improvements across the UEC system.
- System UEC 24/25 Surge Plan is currently being developed through a multidisciplinary approach and will be signed off through an extension governance route including all partner organisational Boards.
- The SCC was mobilised in December 2022 and remains in place. The SCC proactively manages the daily capacity and demand across the system and leads daily system COO calls to manage pressure.
- System Escalation Plan, the refreshed system escalation plan was developed in December 2023 with system partners. This is currently being reviewed again in collaboration with our system partners ahead of sign off at the UEC Board. This annual review is to ensure there is an appropriate framework for managing risk and escalation across the ICS whilst building on the learning from 23/24.
- System UEC Strategy – whilst outlining longer term plans of improvement, the UEC Strategy development ensures that the UEC Portfolio has a clear vision for UEC development, any in year improvements will be striving to meet the improvements set out in the long-term System UEC Strategy.
- ICB Finance & Performance Committee and System Performance Group; these groups are tasked with being assured on delivery and offer good-strength controls into the decision-making processes, supporting the other principal controls outlined. Surge reports monthly to these forums.

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1st Line (organisation)					
2nd Line (system)	System Performance Report to Finance & Performance Report to Finance & Performance Committee and ICB Board.	●	●		
	Monthly updates to System Delivery Group.	●	●		
	Monthly update to System Performance Group.	●	●		
	Monthly update to Finance and Performance Committee.	●	●		
	Fortnightly SLT update.	●	●		
	Surge Plan Assurance by: • UEC Board. • Children & Young People (CYP) Programme Board. • UEC Clinical Advisory Group. • Finance & Performance Committee. • UHNM Trust Board. • Clinical Senate. • SOTCC Operational Business Meeting. • MPFT Trust Board. • SCC Health & Care Senior Leadership Team. • Staffordshire Health Overview & Scrutiny Committee • System Quality Committee. • ICS People, Culture & Inclusion Committee.				
	Tier 2 UEC Improvement framework – Executive monthly.	●	●		
3rd Line (external)	Surge Plan Assurance.	●	●		
	NHS England - Surge Plan Assurance Template.	●	●		
	NHS England Regional Assurance Visit/Peer Review.	●	●		

Assurance Assessment

Significant	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable	General confidence in delivery of existing mechanisms / objectives	
Partial	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	●
No Assurance	No confidence in delivery	

Gaps in Control or Assurance

What are the gaps to be addressed to achieve the target risk score or to improve adequacy of assurance?

- Residual bed capacity gap.
- Workforce deliverability across all areas of UEC pathway.
- Industrial Action (IA) and impact of collective action.
- Surge beyond the predicted peak.
- Covid restrictions applied in Care Home market.
- Unforeseen demand due to major incident.
- Individual organisation risk management.

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)

Complete/BAU | On Track | Delayed | Problematic

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	24/25 Surge Plan to be agreed by ICB Board	Agreed trajectory to close capacity gap.	Chief Delivery Officer	30/09/24	Surge Plan in development. Interdependency with Demand Management collaborative.	Delayed
2	Delivery of System UEC Improvement Plan against trajectory	Achieve Operational Plan requirements. 4-Hour ED Target Bed occupancy – 92% or below Cat 2 response – 30 mins.	Chief Delivery Officer	31/03/25	Action plans and delivery underway. Improvements seen in 23/24 continue to be seen in 24/25.	On Track
3	System Escalation Plan	Plan to cover risk arising from: • Bed capacity gap. • Surge beyond predicted peak. • Covid restriction in Care Homes.	Chief Delivery Officer	30/10/24	Plan for 24/25 to be developed in line with ambitions of System Collaborative for Demand Management.	On Track
4	Industrial action & GP Collective Action	There are plans in place to deal with each incidence of industrial action. Plans for collective action in production.	Chief Delivery Officer	31/03/25	This remains a risk as the level and frequency of the industrial action are unknown.	On Track
5	Workforce deliverability across all areas of UEC pathway	Overarching workforce plan, underpinned by workstream & service level plans including transformation, supply, training and OD.	Chief Delivery Officer/ Chief People Officer	31/03/25	Approach to workforce plan agreed, scoping underway within workstreams and services to identify workforce requirements, risks and plans to mitigate.	On Track

SBAF 2: Responsive Patient Care – Elective Care, Cancer and Diagnostics

Finance & Performance Committee | Chief Delivery Officer

Risk Description and Impact on Strategic Ambitions

Cause (Likelihood)	If the system fails to deliver on the specific expectations set out in the 2024/25 (and earlier) planning guidance relating to waiting time recovery,
Event	then cancer and planned care waiting times will not reduce in line with national expectations,
Effect (Consequence)	resulting in potential patient harm and reputational damage to the ICS in addition to a potential loss of Elective Recovery Fund (ERF).

SA1	Improve Health and Wellbeing Outcomes	●	SA3	Achieve a sustainable and resilient Integrated Care System	●
SA2	Address inequalities in access, experience and outcomes from health and social care services	●	SA4	Working in partnership with communities to achieve social, economic and environmental community development	

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target Score/Date		Risk Tolerance Statement	Linked Risks		
Likelihood	4	4			2	31/03/25	The tolerance of failing to deliver against this risk should be low as underachievement will have a knock-on effect to subsequent milestones. All efforts must therefore be focussed on delivery.	Low	0	→
Consequence	3	3			3			Mod	0	↓
Risk Level	High 12	High 12			Mod 6			High	3	↑

Rationale for Risk Score and Progress Made in the Quarter:

- Despite 13 periods of Industrial Action in 23/24, significant progress has been made in reducing the 104, 78 and 65-week wait patient cohorts, with an expectation that we will achieve zero 78s by July 2024, and an expectation that 65-week waits will be cleared by September 2024.
- As a system we have effectively utilised Independent Sector capacity to support clearance of long waits.
- One additional area of risk in regard to delivery has been identified following the recent notification of the GP Collective Action. Depending on the level of actions taken by GP colleagues this has the potential to have a significant impact on planned care services across the system. At this time no adverse impacts have been identified. This continues to be monitored daily via system calls alongside weekly PCCD representation at the Primary Care led GP Collective Action working group.

Key Controls Framework

- Weekly tier 1 accountability meetings with NHSE.
- 2024/25 operational plan delivery and reporting.
- Portfolio performance steering group (reporting to portfolio Board).
- Weekly meetings in place to ensure maximisation of independent sector capacity and tracking of long wait patients.
- Regular monitoring backlogs of Staffordshire and Stoke-on-Trent patients in other systems to ensure equitable access to recovery milestones.
- Weekly meeting with UHNM to review specialty level challenges, to support transfer of long waiters to alternative providers. Including focus on rescheduling/reprioritising listed patients to achieve the milestones.
- UHNM improving productivity through Getting it Right First Time (GIRFT) review and best practice adoption.
- NHS England (NHSE) supporting provision of mutual aid monitored through weekly meetings.
- Review of core capacity and demand across the system.

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1st Line (organisation)	Weekly Elective Oversight Management Group (EOMG).	●	●		
	Weekly COO Group.	●	●		
2nd Line (system)	System Performance Report to Finance & Performance Committee and ICB Board.	●	●		
	Portfolio Performance Steering Group (reporting to Portfolio Board).	●	●		
3rd Line (external)	NHSE oversight via Tier 1 meeting.	●	●		

Assurance Assessment

Level	Description	
Significant	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable	General confidence in delivery of existing mechanisms / objectives	
Partial	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	●
No Assurance	No confidence in delivery	

Gaps in Control or Assurance

What are the gaps to be addressed to achieve the target risk score or to improve adequacy of assurance?

- Capacity plans in some specialties to meet demand and support recovery – ICB team to maintain focus on development of appropriate community capacity to direct patients to the most appropriate setting through commissioning and contracting of additional provision.
- Industrial Action impact – need to fully understand impact of Industrial Action in elective cancellations which compromises delivery of ambitions.

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)

Complete/BAU | On Track | Delayed | Problematic

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Review Independent Sector (IS) contractual opportunities to expand provision.	Identification of additional capacity and support achievement of ERF ambitions.	Chief Delivery Officer	30/09/24	Plan in development.	
2	Develop plan for focused speciality review with end of end pathway approach.	Identification of opportunities to reduce duplication and improve productivity.	Chief Delivery Officer	30/09/24	Plan in development.	
3	System capacity and demand review.	Greater understanding of opportunities for productivity improvement.	Chief Delivery Officer	31/10/24	Identification of resource to undertake the review and development of scope is underway.	
4	System collaborative for contracts to develop plans for efficiency and delivery of elective activity.	Increased delivery of activity and continued reduction of long wait patients supporting Elective Recovery.	Chief Delivery Officer & SRO System Collaborative	31/10/24	Plan in development.	

SBAF 3: Proactive Planning and Delivery of Integrated Locality Based Community Services

Quality & Safety Committee | Chief Transformation Officer

Risk Description and Impact on Strategic Ambitions

Cause (Likelihood)	If we do not deliver integrated community services based on population need,
Event	then services will remain reactive and generic and not sensitive to the needs of the population,
Effect (Consequence)	we will continue to see increases in demand and acuity of need.

SA1	Improve Health and Wellbeing Outcomes	●	SA3	Achieve a sustainable and resilient Integrated Care System	●
SA2	Address inequalities in access, experience and outcomes from health and social care services	●	SA4	Working in partnership with communities to achieve social, economic and environmental community development	●

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target Score/Date		Risk Tolerance Statement	Linked Risks		
Likelihood	3	3			2	31/03/26	The consequence of not mitigating this risk and moving to a more proactive needs-based community model of care is that our system will remain reactive and reliant on services, particularly secondary and UEC. This will not meet the needs of our population, will challenge the sustainability of services and is not in line with our strengths-based strategy for our population.	Low	0	→
Consequence	5	5			4			Mod	0	↓
Risk Level	High 15	High 15			Mod 8			High	2	↑

Rationale for Risk Score and Progress Made in the Quarter:

The Improving Population Health Portfolio has been established (June 2023) and the Portfolio Board is meeting regularly. Partners have agreed the delivery structure of the portfolio as:

- ICB/S Delivery (to meet NHS statutory requirements in partnership).
- ICP Strategy Development (to turn the ICP Strategy into reality with the 5 P's across the life course, underpinning strategies and development of Place/localities), and;
- ICS Transformation (to find and engage system-wide support around shared priorities and joint endeavours).

Delays to Digital and Population Health Management (PHM) programmes regards the secondary use of data has led to a review of the PHM programme to scale, spread and sustain a PHM approach across SSOT at all levels.

The programme has continued to work with our partner (Optum), the biggest difficulty remains Information Governance (IG) and data sharing which, although solutions have been identified and are now being implemented, but continue to provide significant challenge, particularly regards timescales. Work is ongoing around the necessary DPIA and CAG applications in order that we can share data for secondary use.

During Q3 23-24 the PHM Programme undertook an options appraisal and procurement exercise to enable bulk extracts of GP data into a linked dataset. Procurement has concluded, the contract has been awarded and mobilisation commenced in Q4. Whilst GP data extraction was expected to commence towards the end of Q1 of 24-25, this has been delayed due to the national bulk extraction assurance process (IM1) being paused for 3 months to end September 2024, in addition, GP DSA sign-up is impeded by GP Collective Action for which there is an unknown end.

Through PHM led discussions at both Staffordshire and Stoke-on-Trent Place Development Boards and within the IPH Portfolio Board, there is now agreement of the localities that make-up the two Place's aligned with UTLAs:

- Staffordshire – District and Borough Council alignment (8).
- Stoke-on-Trent – Geographical alignment (4).

A proposal for locality and neighbourhood development and how the NHS might support that through the close involvement of Primary Care Networks (PCNs), the development of Integrated Neighbourhood Teams and the intelligent use of PHM and other data. This has been progressed through various Boards and is supported by the VCSE and local councils.

The Health Inequalities (HI) Strategy progressed through to ICP on 3 June 2024 and received positive approval of the principles outlined. There are proposals in development for a supporting HI Financial Framework that uses the full £4.1M allocation to drive forward change in inequalities through a clear investment programme into the VCSE through localities/neighbourhoods. The first 'design' workshop for a shared HI Outcomes Framework was held on

21 June 2024, and the second 'develop' workshop is being rescheduled for September 2024 following late apologies due to the bank holiday, whilst the third 'deliver' workshop will be held in October 2024.

Key Controls Framework

- PHM Partner contracted to support scale, spread and sustain of PHM approach for SSOT.
- Portfolio governance heavily partnership based with District/Borough Council (community) leadership in role of CE Sponsor.
- People and Communities is one of the 5P's of the ICP Strategy.
- Place Development Boards have agreed the construct of 'Place'.
- IPH Team (manage the implementation of the PHM Programme to scale, spread and sustain a PHM approach across SSOT).
- IPH Portfolio Programmes (cross working to ensure health inequalities and preventative actions are considered during intervention design).
- Other Portfolios (matrix working with other portfolios to design interventions and deliver transformational change).
- H&CS (provides a system health and care viewpoint on any PHM processes being implemented and interventions being designed).
- IPH Portfolio Board (provides strategic oversight and is the portfolio aligned with this risk).
- ICP (has ICS partnership wide oversight).
- Establishment of IPH Portfolio Board.
- Defined scope of IPH Portfolio and all incumbent programmes and projects.
- CSU Procurement guidance to ensure procurement exercise is robust.
- Report procurement exercise outcome to ICB EWT.
- GP Data Extract procurement completed, and contract awarded and being mobilised.
- Locality/Neighbourhood plans/proposals well-articulated and co-produced.
- HI Strategy developed collaboratively through workshops and extended partnership discussions through to ICP.
- HI Strategy principles formally endorsed on 3 June by ICP.
- Regular bi-monthly reporting to QSC continues along with scheduled Deep Dives.
- HI Outcomes Framework and HI Finance Framework in development.

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1st Line (organisation)	IPH Team Meetings: MS Planner reviewed to assure programme actions are on track for delivery (weekly).	•	•		
2nd Line (system)	Quality & Safety Committee: IPH Portfolio Progress update provided to assure committee of progress (bi-monthly).	•	•		
	Finance & Performance Committee: IPH elements of Quarterly Stocktake and ICS Operational Plan to provide assurance against LTP and 1YOP delivery.	•	•		
3rd Line (external)	Regional HI Programme: IPH Portfolio Progress Reports for progress assurance against LTP.	•	•		
	Regional Prevention: IPH Portfolio Reports for progress assurance against LTP.	•	•		
	NHSE: IPH elements of Quarterly System Review provided to assure progress against LTP and 1YOP delivery.	•	•		

Assurance Assessment

Level	Description	
Significant	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable	General confidence in delivery of existing mechanisms / objectives	
Partial	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	•
No Assurance	No confidence in delivery	

Gaps in Control or Assurance

What are the gaps to be addressed to achieve the target risk score or to improve adequacy of assurance?

- Data and Information Governance progress now hindered by IM1 Pause (national GP bulk data extraction assurance process paused for 3 months) and GP Collective Action (unknown end).
- Formalising arrangement regards Place and localities - outcomes and financial frameworks being developed.

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						Complete/BAU / Delayed	On Track / Problematic

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Stakeholder Engagement of HI Strategy.	Additional assurance.	Chief Medical Officer	30/09/24	New action - engagement plan to be developed.	
2	Resolve data and information governance issues regards GP data extraction.	Additional control through secure and legal basis to extract data.	Chief Medical Officer	30/11/23 delayed (1) 30/06/24 delayed (2) 30/09/2024 delay (3) unknown end	(1) GP Data Extract procurement completed, contract awarded and mobilised. (2) National bulk extraction assurance process (IM1) paused for 3 months to end September 2024. (3) GP DSA sign-up impeded by GP Collective Action – unknown end.	
3	Work with the Digital Programme to resolve data and information governance issues regards the sharing of data for the purpose of secondary use.	Additional control through secure and legal basis to use data.	Chief Digital Officer	31/03/24 delayed 30/09/24	Working with Digital Programme, section 251 being reviewed. CAG application impacted by IM1 Pause (see above)	
4	Develop HI Outcomes Framework.	Additional Control.	Chief Medical Officer	30/09/24 delayed 31/10/24	HI Outcomes Framework Workshop 1 'Design' held on 21/06/2024. Workshop 2 'Develop' rescheduled for Sept 2024, Workshop 3 'Deliver' Oct 2024.	
5	Develop HI Financial Framework.	Additional Control.	Chief Medical Officer	31/12/24	Proposals for allocation of HI budget developed and being finessed with Finance and Partners.	
6	Develop governance for locality and community delivery.	Additional governance.	Chief Transformation Officer	31/03/25	New action - plan to be developed.	
7	Run 'shadow' year of Locality governance with outcomes and finance frameworks 2025/26.	Additional assurance.	Chief Transformation Officer	31/03/26	New action - plan to be developed.	

SBAF 4: Reducing Health Inequalities

Quality & Safety Committee | Chief Medical Officer

Risk Description and Impact on Strategic Ambitions

Cause (Likelihood)	If we are unable to work together as an Integrated Care System across organisation and sector boundaries,
Event	then we will have less (or no) impact on reducing health inequalities of the population of Staffordshire and Stoke-on-Trent,
Effect (Consequence)	resulting in sustained or increased health inequalities, worsening health and wellbeing of the population, potentially increased cost of health and care and worsened quality of service experienced.

SA1	Improve Health and Wellbeing Outcomes	●	SA3	Achieve a sustainable and resilient Integrated Care System	
SA2	Address inequalities in access, experience and outcomes from health and social care services	●	SA4	Working in partnership with communities to achieve social, economic and environmental community development	●

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target Score/Date		Risk Tolerance Statement	Linked Risks		
Likelihood	4	4			2	31/03/28	Tolerance is low as reducing health inequalities and working in partnership impacts on 3 of the 4 Strategic Ambitions. The target date is long-term and as such risk scoring would be expected to reduce over that period as health inequalities improvement is made and can be demonstrated.	Low	0	→
Consequence	5	5			2			Mod	6	↑
Risk Level	High 20	High 20			Low 4			High	2	↓

Rationale for Risk Score and Progress Made in the Quarter:

Early targets for progress to reduce health inequalities were set against the agreement of an Integrated Care Partnership Strategy which was published at the end of March 2023, (this was reflected in the target risk). Evaluation of the reduction of health inequalities will be over a longer period (c. 10 years) and the target risk will be reviewed on this basis. The foundations to achieving this has been progressed in terms of the Integrated Care Partnership Strategy, procurement of a partner to support the scale, spread and sustainment of a Population Health Management approach for SSOT that will positively impact on HI, HI is included throughout the 1 Year Operational Plan and Joint Forward Plan.

The Improving Population Health Portfolio has been established (June 2023) and is now meeting quarterly. Partners have agreed the delivery structure of the portfolio as ICB Delivery (to meet NHS statutory requirements in partnership), ICP Strategy Development (to turn the ICP Strategy into reality with the 5Ps across the Life Course, underpinning strategies and development of Place/localities), and ICS Transformation (to find and engage system-wide support around shared priorities and joint endeavours).

Key to improving health inequalities of the SSOT population is the development of Place and localities in partnership. Through PHM led discussions at both Staffordshire and Stoke-on-Trent Place Development Boards, there is now agreement of the localities that make-up the two Place's aligned with UTLAs:

- Staffordshire – District and Borough Council alignment (8).
- Stoke-on-Trent – Geographical alignment (4).

A proposal for locality and neighbourhood development and how the NHS might support that through the close involvement of PCNs, the development of Integrated Neighbourhood Teams and the intelligent use of PHM and other data. This has been progressed through various Boards and is supported by the VCSE and local councils.

Locality development based on intelligence through PHM is being impeded by GP Collective Action for which there is an unknown end. This is also impacting upon system relationships and is increasingly slowing the momentum built up to work together as an Integrated Care System across organisation and sector boundaries, therefore decreasing the combined impact on health inequalities or the population of SSOT.

The Health Inequalities (HI) Strategy progressed through to ICP on 3 June 2024 and received positive approval of the principles outlined. There are proposals in development for a supporting HI Financial Framework that uses the full £4.1M allocation to drive forward change in inequalities through a clear investment programme into the VCSE through localities/neighbourhoods. Preparations are also underway for a shared HI Outcomes Framework Workshop to be held on 21 June 2024. The first 'design' workshop for a shared HI Outcomes Framework was held on 21 June 2024, and the second 'develop' workshop is being rescheduled for September 2024 following late apologies due to the bank holiday, whilst the third 'deliver' workshop will be held in October 2024.

Key Controls Framework

- ICP Strategy approved with a focus on 5P's across the life course which all centre on reducing health inequalities across SSOT.
- Place Development Boards have agreed the construct of 'Place'.
- ICB impact assessment and business case templates include consideration of HI.
- IPH Team (manage the implementation of the HI Programme to reduce inequalities across SSOT).
- IPH Portfolio Programmes (cross working to ensure work to reduce health inequalities is led by intelligence) Other Portfolios (matrix working with other portfolios to design interventions and deliver transformational change).
- H&CS (provides a system health and care viewpoint that will always consider HI impact).
- ICP (has ICS partnership wide oversight).
- Clarity of governance and delegated authority to Place and Portfolio.
- Defined scope of IPH Portfolio and all incumbent programmes and projects.
- Bi-monthly assurance reporting to Quality & Safety Committee (accountable for SBAF 4).
- Procurement for GP Extraction Tool complete, contract awarded and being mobilised.
- Locality/Neighbourhood plans/proposals well-articulated and co-produced.
- HI Strategy principles formally endorsed on 3 June by ICP.
- Regular bi-monthly reporting to QSC continues along with scheduled Deep Dives.

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1st Line (organisation)	IPH Team Meetings: MS Planner reviewed to assure programme actions are on track for delivery (weekly).	●	●		
2nd Line (system)	Quality & Safety Committee: IPH Portfolio Progress update provided to assure committee of progress (bi-monthly).	●	●		
	Quality & Safety Committee: IPH Portfolio – Health Inequalities Deep Dive.	●	●		
	Finance & Performance Committee: IPH elements of Quarterly Stocktake and ICS Operational Plan to provide assurance against LTP and 1YOP delivery.	●	●		
3rd Line (external)	Regional HI Programme: IPH Portfolio Progress Reports for progress assurance against LTP.	●	●		
	Regional Prevention: IPH Portfolio Progress Reports for progress assurance against LTP.	●	●		
	NHSE: IPH elements of Quarterly System Review provided to assure progress against LTP and 1YOP delivery.	●	●		

Assurance Assessment

Significant	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable	General confidence in delivery of existing mechanisms / objectives	
Partial	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	●
No Assurance	No confidence in delivery	

Gaps in Control or Assurance

What are the gaps to be addressed to achieve the target risk score or to improve adequacy of assurance?

- Maintaining stakeholder relationships, engagement, involvement and commitment to ICP Strategy aims by all ICP partners.
- Shared understanding and development of delivery vehicles that ICP Strategy priorities can be owned.
- GP Collective Action has an unknown end and as yet has not been successfully 'broken'.

Further Actions
(Additional Assurance or to Reduce Likelihood / Consequence)

Complete/BAU | On Track | Delayed | Problematic

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Stakeholder Engagement of HI Strategy.	Additional assurance.	Chief Medical Officer	30/09/24	New Action - plan to be developed.	On Track
2	Develop HI Outcomes Framework.	Additional Control.	Chief Medical Officer	30/09/24 delayed 31/10/24	HI Outcomes Framework Workshop 1 'Design' held on 21/06/2024. Workshop 2 'Develop' rescheduled	Delayed

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						Complete/BAU / Delayed	On Track / Problematic
No.	**Action Required**	**Outcome of Action**	**Lead Director**	**Due Date**	**Quarterly Progress Report**		**BRAG**
					for Sept 2024, Workshop 3 'Deliver' Oct 2024.		
3	Develop HI Financial Framework.	Additional Control.	Chief Medical Officer	31/12/24	Proposals for allocation of HI budget developed and being finessed with Finance and Partners.		
4	Run 'shadow' year of Locality governance with outcomes and finance frameworks 2025/26.	Additional assurance.	Chief Medical Officer	31/03/26	New Action - plan to be developed.		

SBAF 5: High Quality, Safe Care Outcomes

Quality & Safety Committee | Chief Nursing & Therapies Officer

Risk Description and Impact on Strategic Ambitions

Cause (Likelihood)	If we cannot ensure high quality, equitable and safe patient care,
Event	then we will be unable to achieve high standards of quality and safety,
Effect (Consequence)	resulting in actual or potential harm to patients, loss of reputation, intervention from regulators, failure to deliver our statutory quality duties and increased costs associated with poor standards of care

SA1	Improve Health and Wellbeing Outcomes	●	SA3	Achieve a sustainable and resilient Integrated Care System	
SA2	Address inequalities in access, experience and outcomes from health and social care services	●	SA4	Working in partnership with communities to achieve social, economic and environmental community development	

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target Score/Date		Risk Tolerance Statement	Linked Risks		
Likelihood	4	4			3	31/03/25	The system will prioritise quality and safety over performance and finance to prevent patient harm but will tolerate moderate risk levels resulting from system pressures.	Low	3	→
Consequence	4	4			3			Mod	13	↓
Risk Level	High 16	High 16			Mod 9			High	9	↓

Rationale for Risk Score and Progress Made in the Quarter:

All areas progressing well, but some challenges remain across the system:

- The Draft of the PCBC regarding the future of FMBU has been shared with NHSE as an early working draft for feedback ahead of our final submission deadline of 11th September 2024.
- Maternity workforce at UHNM is now in a much better place than when the survey was carried out in Autumn 2023. Staff have been involved at every level of the changes that have been introduced. There is also health and wellbeing support in place for staff. The Trust has also reported that they have retained all newly qualified midwives employed within the last two years.
- First quarter update of the Quality Strategy implementation plan was presented at QSC over 75% of expected actions have been completed with actions in place against the outstanding 25%.
- Initial Patient Safety Incident Response Framework learning event was held with positive feedback received from all partners. Further event is currently being arranged for Q3 with keynote speakers from a range of disciplines.
- Initial/Review Health Assessment (IHA/RHA) compliance remains significantly below expected levels. The ICB has allocated resource to fund additional posts to address the delay in IHA. Proposal for IHA and adoption medical forms to be merged to reduce duplication; awaiting approval from Staffordshire & Stoke-on-Trent local authority legal teams. Harm review process introduced so that any assessment undertaken outside of timescales where a child has experienced any form of harm because of the delay will be reported and reviewed collectively. Task and finish group continues to meet monthly to review current pathways and seek a long-term system wide workforce and pathway solution to supporting Looked after children.
- Paediatric Audiology Bronze meetings have moved to fortnightly by agreement of all stakeholders. Community service backlog is reducing and expects to be cleared before the October timeline. The 5-year lookback remains pending.
- Information continues to be gathered supporting the LFPSE approach continues to be collated, however there continues to be a delay nationally in the roll out of the upgraded Taxonomy 6 which is impacting upon the delivery of a digital process.
- Plans are in place to recover wheelchair assessment and delivery performance to 95% within 18 weeks over the next 12 months. The ICB has worked with AJM Healthcare to strengthen their quality governance arrangements including sharing best practice from NHS system partners to update the duty triage guidelines to include reprioritisation and clinical harm review. A quality visit was undertaken by the ICB, supported by the National Clinical Director, in May 2024 to discuss the implementation of the updated guidelines.
- LeDeR step in arrangements have successfully reduced the backlog. Work is now being undertaken to develop an options appraisal to consider future provision of this service.
- CQC inspected medicine at Royal Stoke University Hospital and County Hospital (UHNM) at the beginning of July 2024. Initial feedback was positive; however, the Trust await publication of the report.
- All Age Continuing Health Care continues to deliver against quality and financial targets to date however the stretch targets are being impacted whilst consideration is given regarding the outcome of the MSP procurement.

- As mandated by NHSE, Shropshire, Telford & Wrekin ICB and Staffordshire & Stoke-on-Trent ICB are currently working collaborative to respond to the ask for a joint Local Maternity & Neonatal System Partnership Group.
- The caretaker provider took over the day to day running of Gordon Street Surgery in May 2024. A fortnightly Quality MDT was established in June 2024 with representatives from the caretaker provider, Primary Care, Medicines Management, the GP Support Team, the Quality Team. Several concerns have been closed following full investigation and assurances provided by the caretaker that no patient harm has occurred. The GP Support Team are currently completing an audit of long-term condition reviews.
- The ICB, supported by North Staffordshire Combined Healthcare NHS Trust and Midlands Partnership University NHS Foundation Trust, is piloting the Mental Health Host and Home Commissioner guidance.
- In response to the Urgent Emergency Care pathway assurance actions (PRN01417). The ICB Quality and Patient Safety Team have undertaken unannounced quality visits in July 2024 to Royal Stoke University Hospital Emergency Department, Queens Hospital Burton Emergency Department, Community Rapid Intervention Service, Urgent Care Coordination Centre. No urgent escalations have taken place and there has been evidence of good practice noted.
- Current work around harm reviews in the emergency department only take place at UHNM and work is taking place to scope further practicable triggers and inclusion of UHDB alongside colleagues from Derby and Derbyshire ICB as the lead for QHB.
- System Quality Group has received updates from all partners on how they are implementing National Patient Safety Alert guidance for Sodium Valporate and Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices and is satisfied that these meet the necessary requirements.
- Transforming Mental Health Inpatient Services in Staffordshire and Stoke-on-Trent strategy was presented and approved at QSC. An action plan underpinning the strategy is in progress.
- System-wide MDT established to review the ten GP Collective Action (unknown end date) areas and identify potential risks and mitigations. Quality and Safety Committee receiving regular updates.

Key Controls Framework

- Quality Impact Assessment agreed and implemented (Policy and Procedures).
- ICB Quality Strategy with agreed outcomes.
- Quality features as an enabler to all portfolios and all have allocated quality links.
- Quality Improvement Group/network established and sharing best practice. Meets quarterly.
- Local Maternity and Neonatal Service Partnership Board and Quality and Safety Oversight Forum (sub-group) and attendance at relevant internal UHNM meetings. Meets Monthly
- Strong maternity transformation plan
- Established system wide Safeguarding arrangements – Second Stage of Provider collaborative agreed and first meeting has taken place
- Portfolio groups/boards or other meetings which meet monthly.
- CQC attends monthly QSISM meeting and has regular contact with the LAs for individual services where there are concerns.
- Health watch attendance at SQG on a monthly basis.
- Reporting to and attendance at NHSE meetings, ERSM meets monthly with QRSM is quarterly.
- Nursing Home Quality Assurance and Improvement Group (NHQAIG) – system partner attendance which meets monthly.
- Care Home quality framework monitoring.
- All Age Continuing Health Care has a robust governance process in place and reports internally through QSC, F & P and externally to NHSE against progress.
- LeDeR group including system partner attendance and shared learning as well reporting into QSC (quarterly) and LDAP board monthly.
- Quarterly Health Economy Infection Prevention meeting as well as weekly informal IPC Leads meetings.
- PSIRF bi-annual collaborative learning events and feeds into regional meeting.
- PSIRF monthly oversight meetings and all providers who have transitioned to PSIRF.
- Bi-monthly patient specialist meeting – with all partners PSS.
- Midlands IPC BAF.
- Health Safeguarding and Looked after Children Forum which meets monthly.
- Independent hospital quality quarterly assurance meetings.
- Bronze, silver and gold cell meetings bi-weekly – Paediatric Audiology Improvement Programme.
- Contract quality review meetings undertaken monthly.
- Progress report and impact received by CYP and QSC regarding RHA & IHA delays.

Assurance Map					
Defence Line	**Sources of Planned Assurance**	**Q1**	**Q2**	**Q3**	**Q4**
1st Line (organisation)	Monthly Quality and Safety Assurance report to ICB Board.	●	●		
	Bimonthly Assurance paper and Chair Update from Quality & Safety Committee to ICB Board.	●	●		
	Bi-Monthly LMNS report to Quality & Safety Committee.	●	●		
	Bimonthly Assurance paper from SQG to Quality & Safety Committee.	●	●		
	Monthly Assurance papers to SQG.	●	●		
	Bi- Monthly People & Communities Assembly to Quality & Safety Committee.	●	●		
	Quarterly Quality Strategy implementation plan updates to Quality & Safety Committee.	●	●		
	Tri-annually QIA Assurance report to Quality & Safety Committee.	●	●		
	Tri-annually CQI sub-group report to Quality & Safety Committee.	●	●		
	Quarterly LeDeR Assurance Report to SQG.	●	●		
	Quarterly SEND update and assurance report to SQG.	●	●		
	Paediatric Audiology Improvement Programme – updates through quality governance.	●	●		
	Assurance report re: IHA/RHA received by Quality & Safety Committee (Ad hoc or included in Safeguarding report).	●	●		
	CHC assurance reports to Quality & Safety Committee.	●	●		
2nd Line (system)	Monthly Provider Update/Assurance reports to SQG.	●	●		
	Bimonthly PSIRF oversight report to SQG.	●	●		
	Quarterly Soft Intelligence/Complaints report to SQG.	●	●		
	Monthly Provider Update and Assurance report to SSoT LMNS Partnership Board.	●	●		
	Update reports to Staffordshire and Stoke-on-Trent Health Safeguarding and Looked after Children Forum.	●	●		
	Deep Dive presentation to QSC.	●	●		
	Infection Prevention Control (Health Economy Group) Update/Assurance report to QSC received quarterly.	●	●		
	Monthly Paediatric Audiology Improvement Programme provider updates to SQG.	●	●		
	Monthly by exception escalations to SQG.	●	●		
3rd Line (external)	Quarterly Update and Assurance report to Regional Quality Group – NHSE led.	●	●		
	Provider's escalation of CQC activity to SQG.	●	●		
	Monthly NOF Assurance Report (UHNM).	●	●		
	Quarterly System Review Meeting Assurance Report.	●	●		
	Quarterly NOF Assurance Report (NSCHT/MPFT).	●	●		
	Escalation to Paediatric Audiology Improvement Silver & Gold cells (ad hoc).	●	●		
	Bi-monthly Midlands Nursing and Midwifery Excellence network report.	●	●		

Assurance Assessment		
Significant	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable	General confidence in delivery of existing mechanisms / objectives	●
Partial	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	
No Assurance	No confidence in delivery	

Gaps in Control or Assurance

What are the gaps to be addressed to achieve the target risk score or to improve adequacy of assurance?

- IHAs/RHAs action plan mitigations to be revisited with the support of Providers, NHSE and LA to look at innovative ways of working to impact positively on the backlog. Presently legislation impacts on who can carry out IHAs.

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)

Key: Complete/BAU | On Track | Delayed | Problematic

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Collaboration with system partners and regional and national ICBs to look at innovative ways of improving the IHA challenges locally, regionally and nationally.	Reduction in timeline.	Assistant Chief Nursing & Therapies Officer	30/07/25	**Q1 –** NHSE are driving discussions forward to look at using other staff other than medical practitioners. ICB looking at additional resource to reduce the back log further. **Q2 -** IHA/RHA compliance remains below the expected levels. Proposal for reduction in the IHA process has been made to the Local Authorities which if approved is expected to improve the position. The plan is on track to deliver the required changes by July 2025 with an ambition to achieve at an early date where possible.	On Track

SBAF 6: Sustainable Finances

Finance & Performance Committee | Chief Finance Officer

Risk Description and Impact on Strategic Ambitions

Cause (Likelihood)	If financial cost pressures are not controlled,
Event	then we will not achieve our statutory financial duties,
Effect (Consequence)	resulting in financial intervention from NHSE including reduced local discretionary decision making, reduce capital resources, reduced opportunity to apply for additional funds, impacting on services and waiting lists.

SA1	Improve Health and Wellbeing Outcomes		SA3	Achieve a sustainable and resilient Integrated Care System	●
SA2	Address inequalities in access, experience and outcomes from health and social care services		SA4	Working in partnership with communities to achieve social, economic and environmental community development	

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target Score/Date		Risk Tolerance Statement	Linked Risks		
Likelihood	4	4			4	31/03/25	Tolerance is high as costs related to maintaining patient safety and workforce issues may cause additional financial demand.	Low	1	↑
Consequence	5	5			3			Mod	8	↓
Risk Level	High 20	High 20			High 12			High	13	↑

Rationale for Risk Score and Progress Made in the Quarter:

The Financial Plan for 2024/25 is a deficit plan of £90.0m, agreed with NHSE. Achievement of the 2024/25 plan requires the in-year delivery of £203m system savings which includes a £40m system stretch target. A System-wide Recovery Plan is being designed for 2024/25 to manage the delivery of the efficiency target. The System net risk identified at the time of the plan submission is £88m resulting in a higher risk level in Q1 than the target risk for the end of the year.

Following the Month 4 position and forecast outturn, the System net risk has been increased to £103m. The £15m risk increase relates to the potential liability on the re-banding of Band 2 posts at UHNM materialising. £30m of the previously identified £88m risk has now crystalised following the outcome of the contracts binding conciliation process.

Following a review of the Month 4 financial position, the System has been categorised as Level 4 (greatest concern about financial delivery), also referred to as the Investigation and Intervention Regime. We are directed by NHSE to undergo a rapid intervention process to reduce the level of spend. A Recovery Plan has been developed and was submitted to NHSE on 13 September 2024. Currently this shows that the ICS will not achieve its £90m planned deficit position unless further savings can be identified.

The Q2 score is to remain at 20 as there remains a very high risk of missing the target, although work continues to close the gap on delivery of the financial improvements. This will be through a combination of improved delivery against existing schemes, development of new schemes and more assertive approaches around grip & control together with consideration of harder actions. The actions under the Recovery Plan and the support put in place under the Investigation and Intervention process will also play in.

Key Controls Framework

- Appointment of Financial Recovery Director.
- System Financial Plan agreed.
- Recovery Plan agreed.
- System Collaborative Programme implemented.
- Monthly monitoring delivery of all efficiency plans by the Transformation Delivery Unit (TDU) across the system
- Reporting on progress through System Performance Group and Finance and Performance Committee.
- Monthly budget holder meetings to ensure delivery remains on track.
- Weekly meeting of System Chief Finance Officers.
- Weekly System/IFP finance deputies meetings held to support System meetings.
- Weekly System Collaborative Programme meetings.
- Weekly System CFO meeting.
- Fortnightly System Senior Leadership Team meeting.

Assurance Map					
Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1st Line (organisation)	Monthly System finance reports articulating risk / mitigations.	●	●		
2nd Line (system)	Monthly System Finance Report to Finance & Performance Committee.	●	●		
	Monthly Collaborative Programme report to Finance & Performance Committee.	●	●		
	Monthly System Performance Report to Finance & Performance Committee.	●	●		
3rd Line (external)	Annual value for money assessments completed by external auditors.	●	●		
	Annual Internal audit review of efficiency programme plans and delivery planned in Q3 24/25.	●	●		

Assurance Assessment		
Significant	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable	General confidence in delivery of existing mechanisms / objectives	
Partial	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	●
No Assurance	No confidence in delivery	

Gaps in Control or Assurance

What are the gaps to be addressed to achieve the target risk score or to improve adequacy of assurance?

- The Financial Plan has significant gaps in the identification and delivery of efficiency schemes, the System is working towards a Financial Plan for the year to ensure all risks are understood and mitigated wherever possible.
- The Financial Plan is a best-case scenario and consequently the System is working towards a Financial Plan for the year to ensure all new risks are understood and mitigated wherever possible.

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)

Complete/BAU | On Track | Delayed | Problematic

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	System to focus on identification and delivery of additional efficiency plans to mitigate the current unidentified savings gap.	Additional Assurance.	Chief Finance Officer	30/09/24	To be reported to Recovery Board (SPG) and Finance and Performance Committee.	
2	System Finance and Operational teams to develop a medium-term plan to define the transformational solutions and actions that will ensure the delivery of the integrated care strategy and trajectory for return to financial sustainability.	Additional Assurance.	Chief Finance Officer	31/12/2024	Progress to be reported to System Finance and Performance Committee.	
3	Financial Recovery Director appointed to ensure that the System delivers its financial target for 2024/25 of a £90m deficit.	Additional Assurance.	Chief Finance Officer	31/03/2025	Progress to be reported to Recovery Board (SPG) and System Finance and Performance Committee	

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)			Complete/BAU			On Track
			Delayed			Problematic
No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
4	Risk assessment to be completed against the 9 areas proposed in the GP Collective Action to assess any impact on the System Recovery Programme. The work is being completed centrally by the Primary Care Portfolio.	Additional Control	Chief Finance Officer/ Chief Medical Officer	31/12/2024	To be reported to Recovery Board (SPG) and Finance and Performance Committee	

SBAF 7: Improving Efficiency and Productivity

Finance & Performance Committee | Chief Finance Officer

Risk Description and Impact on Strategic Ambitions

Cause (Likelihood)	If the ICB and provider partners are unable to develop and deliver recurrent efficiency schemes and productivity gains, during 2024/25 required to address the system recurrent deficit of c. £183m,
Event	then we will fail to achieve the operational improvements, aligned with the national agenda, which underpin our performance targets and fail to deliver the recurrent financial efficiency requirements which underpin delivery of our statutory financial target of breakeven,
Effect (Consequence)	resulting in financial intervention from NHSE including reduced local discretionary decision making, reduced capital resources, reduced opportunities to apply for additional funds, impacting on services and waiting lists.

SA1	Improve Health and Wellbeing Outcomes		SA3	Achieve a sustainable and resilient Integrated Care System	●
SA2	Address inequalities in access, experience and outcomes from health and social care services		SA4	Working in partnership with communities to achieve social, economic and environmental community development	

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target Score/Date		Risk Tolerance Statement	Linked Risks		
Likelihood	4	4			3	31/03/25	Efficiency and Productivity improvement is an essential ingredient of the System Plan and so a lower risk appetite target has been set.	Low	0	→
Consequence	4	4			3			Mod	4	→
Risk Level	High 16	High 16			Mod 9			High	7	↑

Rationale for Risk Score and Progress Made in the Quarter:

It has been agreed by System Performance Group (SPG) that work on efficiency and productivity targets will be delegated to providers with the addition of system efficiency collaboratives to assist in delivering a further System stretch efficiency target. The 2024/25 financial and operation plans reflect significant unidentified and high-risk efficiency schemes and consequently the higher likelihood of this risk occurring is currently assessed. The delivery of the financial and operational plans requires full System participation including Primary Care so this may be impacted by the GP Collective Action.

Providers will continue to lead on driving productivity improvements in their own organisations but there will be agreed standardised improvement targets so that all are improving productivity in their organisation at the same rate. A Resource Model will be built to create a triangulated medium-term activity, workforce and financial plan.

Key Controls Framework

- Monthly monitoring of the delivery of all efficiency plans by the TDU across the System and reporting on progress through System Performance Group and Finance and Performance Committee.
- Weekly System Collaborative Programme meetings.
- Weekly System/IFP finance deputies meetings held to support System meetings.
- Weekly System CFOs meeting.
- Fortnightly System Senior Leadership Team meetings.

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1st Line (organisation)	Monthly System finance reports articulating risk / mitigations.	●	●		
	Responsibility for acute productivity improvement to be taken forward by Providers. Progress to be reported to System Finance & Performance Committee.	●	●		
2nd Line (system)	System Finance Report to Finance & Performance Committee.	●	●		
	System Performance Report to Finance & Performance Committee.	●	●		
	Productivity Report to System Performance Group.	●	●		
3rd Line (external)	Annual value for money assessments completed by external auditors.	●	●		
	Internal audit review of efficiency programme plans, and delivery planned for Q3 2024/25.	●	●		

Assurance Assessment		
Significant	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable	General confidence in delivery of existing mechanisms / objectives	
Partial	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	●
No Assurance	No confidence in delivery	

Gaps in Control or Assurance

What are the gaps to be addressed to achieve the target risk score or to improve adequacy of assurance?

- The national team look at productivity through an acute lens. The System is planning to widen this to include all other elements of productivity.

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)

Complete/BAU | On Track | Delayed | Problematic

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	System to focus on identification and delivery of additional efficiency plans to mitigate the current unidentified savings gap.	Additional Assurance	Chief Finance Officer	30/09/24	To be reported to Recovery Board (SPG) and Finance and Performance Committee.	
2	Develop and apply an agreed System approach to improving productivity encompassing all sectors.	Additional assurance	Chief Finance Officer	30/09/24	To be reported to the Finance and Performance Committee quarterly.	
3	Create and implement a System demand and capacity model	Additional assurance	Chief Finance Officer	31/10/24	Progress to be reported to Finance and Performance Committee.	
4	A Resource Model to be built to agree the standardised improvement targets to be applied to all care settings and parts of the pathway	Additional Assurance	Chief Finance Officer	31/12/24	To be reported to Recovery Board (SPG) and Finance and Performance Committee.	

SBAF 8: Sustainable Workforce

People, Culture & Inclusion Committee | Chief People Officer

Risk Description and Impact on Strategic Ambitions

Cause (Likelihood)	If recruitment activity reduces due to financial pressures; and there is an ongoing reduction in recruitment to non-registered and / or trainee posts,
Event	then workforce gaps will increase, employee health and wellbeing will be affected, and turnover may increase; and the future pipeline will destabilise.
Effect (Consequence)	resulting in the inability to meet the requirements of the NHS Long Term Workforce Plan, deterioration of employee health, wellbeing and retention, with actual or potential impact on service delivery and quality of care.

SA1	Improve Health and Wellbeing Outcomes		SA3	Achieve a sustainable and resilient Integrated Care System	●
SA2	Address inequalities in access, experience and outcomes from health and social care services		SA4	Working in partnership with communities to achieve social, economic and environmental community development	

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target Score/Date		Risk Tolerance Statement	Linked Risks		
Likelihood	4	4			4	31/03/25	Tolerance is high in recognition of the workforce pressures and financial position in health and social care. It may not be possible to deliver the Long-Term Workforce Plan, secure a robust future pipeline, retain people in the current climate and deliver the demand within the workforce constraints and current productivity levels. The system work programmes will focus on reform, collaboration, productivity, maintaining safe staffing levels, and developing operational and innovative approaches to reduce the impact.	Low	0	➔
Consequence	5	5			4			Mod	5	➔
Risk Level	High 20	High 20			High 16			High	6	➔

Rationale for Risk Score and Progress Made in the Quarter:

Recognising the financial challenges and change in landscape for 2024/25, the overarching risk reflects the current workforce challenges and system position.

Summary of the risk register and rationale for the Q2 score as follows:

- Extensive work was undertaken via the PCI Committee in 2023/24 to review and test risks to ensure they are reflective of the system-wide health and social care workforce challenges.
- All risk scores on the risk register are currently 16 or under.
- In addition to individual risk actions, the overarching risk is being addressed via targeted programmes of work, interventions and collaborative work at system and organisational level with evidence of an improved position in several areas including retention, wellbeing and strengthening the future pipeline.
- Increased scrutiny and oversight of workforce controls, driven by national requirements and system financial deficit including agency usage and spend, vacancies, system financial deficit, and productivity.
- Overall delivery of the ICS People Plan and Long-Term Workforce Plan is led by the ICS People Function and programme delivery across all schemes is currently on track. The plan covers several schemes and programmes which seek to secure the future pipeline, reform workforce models, develop new ways of working and unregistered roles, retain our people, improve their experience and health & wellbeing, create an inclusive and compassionate culture, develop our leadership and talent. The system EDI agenda is a crucial element of the plan and all programmes.
- The PCI Committee governance structure has recently undergone a review of meeting structure, assurance, risks and work programmes. A revised structure with a strengthened approach to assurance, risk mitigation and system activity is due to be presented and approved at the September 2024 Committee.
- One additional area of risk has been identified following the announcement of GP Collective Action in July 24. As well as possible impact upon delivery of patient care, morale and wellbeing of Primary Care workforce could be impacted and GP retention may be adversely affected. At this time no impacts have been identified, however this is being monitored via weekly MDT meetings, at which workforce colleagues are in attendance. Mitigation includes the delivery of the System wide Employee Experience, Health & Wellbeing programme and the Retention programme; GP Practice being a key focus and many resources available to Practice employees. Contingent workforce options also available and being scoped via the People Hub.

Assurance Map					
Defence Line	**Sources of Planned Assurance**	**Q1**	**Q2**	**Q3**	**Q4**
1st Line (organisation)	**Trust People Committees (review and assurance)**	●	●		
	People Metrics, Key performance indicators and assurance reporting.	●	●		
	People Risk Register and Board Assurance Framework.	●	●		
	NHS Trust and ICB Vacancy Oversight process and meetings.	●	●		
	Trust vacancy oversight panels.	●	●		
2nd Line (system)	**ICS People, Culture & Inclusion Committee**	●	●		
	People Metrics, Key performance indicators and assurance reporting presented.	●	●		
	Operational Plan and workforce Controls reporting, monitoring and assurance.	●	●		
	Annual deep drive of high scoring risks driving the BAF risk.	●	●		
	ICB Board	●	●		
	ICS People Culture and Inclusion Committee highlight and People Assurance Report.	●	●		
	People Deep Dive planned for 2024 (date to be confirmed).				
	Finance & Performance Committee	●	●		
	People Metrics Report presented including agency, vacancies, workforce position, workforce controls and performance against operational plan.	●	●		
3rd Line (external)	**NHSE - System Review Meetings -**	●	●		
	People Metrics and KPI report presented to assure performance against Operational plan, JFP and LTWP.	●	●		
	NHSE – Regional Workforce Transformation and Development teams	●	●		
	Quarterly review meetings to report and assess the progress of workforce development funding spend.	●	●		
	Monthly review meetings for national/ regional programmes (including T-Levels and retention) to assure progress of programme activity and funding.	●	●		

Assurance Assessment		
Significant	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable	General confidence in delivery of existing mechanisms / objectives	●
Partial	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	
No Assurance	No confidence in delivery	

Gaps in Control or Assurance

What are the gaps to be addressed to achieve the target risk score or to improve adequacy of assurance?

- Capacity to meet additional reporting and assurance requirements from NHSE.
- Ability to meet demand and Long-Term Workforce Plan growth with financial deficit, workforce controls, supply, future pipeline, and availability of registrants.
- Workforce development funds limited from NHSE and other sources to support innovative future workforce supply solutions and programmes.

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)

Complete/BAU | On Track | Delayed | Problematic

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Collaboratively review and update the ICS People Plan in line with NHS and Social Care Long Term Workforce Plans.	Additional Assurance	Chief People Officer	31/03/25	PCI Committee members received revised structure and governance proposals in July 2024. Feedback received and currently finalising for approval in September. Skills for Care workforce Strategy	

					launched and working with regionally colleagues to develop local approach – integrated plans and working	
2	Further mapping and alignment of long-term workforce plan trajectories against the local position and our gap.	Additional Assurance	Chief People Officer	31/03/25	Ongoing work aligned to 2024/25 Operational Plan and programme activities underway in line with delivery plans.	
3	Establish CPO and CNO/CMO forum to join up and agree actions to address critical workforce challenges and quality impact assess.	Additional Assurance	Chief People Officer	31/03/25	Regular discussion and relationships built. Senior ICS people representation now on Quality and Safety Committee.	
4	Horizon Scanning for alternative workforce development funding sources.	Additional Assurance	Chief People Officer	31/03/25	Ongoing work via People Collaborative and Steering groups.	

#

Enclosure No: 14

Report to:	**Integrated Care Board**					
Date:	**17 October 2024**					
Title:	**Staffordshire and Stoke-on-Trent Health and Care Senate Summary and Escalation Report**					
Presenting Officer:	Paul Edmondson-Jones, Chief Medical Officer					
Author(s):	Paul Edmondson-Jones, Chief Medical Officer					
Document Type:	Report			If Other: Click or tap here to enter text.		
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☐
	Approval (A)	☐	**Ratification (R)**	☒	*(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:	1. Summary and Escalation Report					

(1) Purpose of the Paper:
The purpose of this report is to provide a summary and escalation report of the items discussed at the Staffordshire and Stoke-on-Trent Health and Care Senate meeting, which was held on 12th September 2024, and any approvals that were made in that meeting.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	**Date**
Staffordshire and Stoke-on-Trent Health and Care Senate	13/06/2024
Click or tap here to enter text.	Click or tap to enter a date.

(3) Implications:	
Legal or Regulatory	None arising directly from this briefing paper. The H&CS will identify any issues for escalation through the briefing paper and will engage with relevant colleagues on specific issues.
CQC or Patient Safety	None arising directly from this briefing paper. The H&CS will identify any issues for escalation through the briefing paper and will engage with relevant colleagues on specific issues.
Financial (CFO-assured)	None arising directly from this briefing paper. The H&CS will identify any issues for escalation through the briefing paper and will engage with relevant colleagues on specific issues.

Sustainability	None arising directly from this briefing paper. The H&CS will identify any issues for escalation through the briefing paper and will engage with relevant colleagues on specific issues.
Workforce or Training	None arising directly from this briefing paper. The H&CS will identify any issues for escalation through the briefing paper and will engage with relevant colleagues on specific issues.
Equality & Diversity	None arising directly from this briefing paper. The H&CS will identify any issues for escalation through the briefing paper and will engage with relevant colleagues on specific issues.
Due Regard: Inequalities	None arising directly from this briefing paper. The H&CS will identify any issues for escalation through the briefing paper and will engage with relevant colleagues on specific issues.
Due Regard: wider effect	None arising directly from this briefing paper. The H&CS will identify any issues for escalation through the briefing paper and will engage with relevant colleagues on specific issues.

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☐	☒	*If N, why* Not required for this report as it is for information. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Not required for this report as it is for information.
	QIA	☐	☐	☒	*If N, why Not required for this report as it is for information.* *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	Not required for this report as it is for information.

(5) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	☒	**BAF5**	High Quality, Safe Outcomes	☒
BAF2	Responsive Patient Care - UEC	☒	**BAF6**	Sustainable Finances	☐
BAF3	Proactive Community Services	☒	**BAF7**	Improving Productivity	☐
BAF4	Reducing Health Inequalities	☐	**BAF8**	Sustainable Workforce	☐

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

The purpose of this report is to provide a summary and escalation report of the items discussed at the Staffordshire and Stoke-on-Trent Health and Care Senate meeting, which was held on 12th September 2024, and any approvals that were made in that meeting.

(7) Recommendations to Board / Committee:

The Staffordshire and Stoke-on-Trent Integrated Care Board is asked to
- Note the contents of the report.
- Ratify the approvals made at the Staffordshire and Stoke-on-Trent Health and Care Senate meeting held on 12th September 2024.

Summary and Escalation Report

Report of:	Staffordshire and Stoke-on-Trent Health and Care Senate
Chair:	Paul Edmondson-Jones
Clinical & Professional Lead:	N/A
Date:	Meeting held on 12th September 2024

Key Discussion Topics	Summary of Item	Action including referral to other committees and escalation to Board
Items Approved		
Systemwide Approach to Malnutrition Policy	• The paper was taken as read (Enc. 07) and the Senate received a presentation, from Hardip Kalirai, titled system Collaborative Clinical Values and Medicines – ONS. • The Senate raised some concerns regarding capacity in Dietetic Services and about potential health inequalities caused by removal of ONS, for those experiencing food insecurity. The Senate were reminded that the purpose of presenting the policy was to agree the evidence base, and that the criteria had not changed from what was currently in place in all the organisations. The Senate were also given assurance that the Task and Finish Group involved clinicians, who could feedback on capacity issues, and that implementation could be managed accordingly. • The Senate **approved** the evidence-based system wide policy and **noted** that the criteria for those eligible does not differ from existing guidance. The update of the Cochrane Review and BDA guidance reinforces when ONS may be appropriate, and the delivery plan within the collaborative seeks to put specific interventions in that support behavioural change. There was no Adult Social Care, or PCN/LMC representation at the meeting, so the paper will be sent to them for ratification. All approvals are subject to Quality and Safety Committee and Finance and Performance Committee sign off, in accordance with their functions outlined in their terms of reference. • The approval was **ratified** by	Approval to be noted. No escalations to other Committees or the Board.

	representatives from Adult Social Care and Primary Care on 2nd October 2024.	
Integrated Medicines Optimisation Group	• The Senate received the highlight report from the IMOG meeting held on 5th June 2024 and 3rd July 2024 • The Senate **approved** IMOG recommendations a, b and c from the meeting held on 5th June 2024 and IMOG decisions a, b and c from the meeting held on 3rd July 2023. There was no Adult Social Care, or PCN/LMC representation at the meeting, so the paper will be sent to them for ratification. All approvals are subject to Quality and Safety Committee and Finance and Performance Committee sign off, in accordance with their functions outlined in their terms of reference. <u>5th June 2024</u> a) See highlight report for the summary of various NICE technology appraisals. There were 3 technology appraisals that were for NHSE funded treatments and another 3 technology appraisals for ICB funded treatments. All drugs are of specialist nature and therefore should be classified as red drugs on the formulary. Note that NICE TA 958 recommends ritlecitinib for treatment of severe alopecia areata and in this respect the ICB excluded and restricted procedures commissioning policy may need clarification as this policy currently does not support treatment for hair loss. This drug would be prescribed by dermatologists in acute trusts. The second TA worthy of note is TA 878 which extends the cohorts that are eligible for covid treatment. The TA is being implemented in phases. Since June 2024 the most significant change has been making these drugs available to care home residents who have diabetes, heart failure, BMI of 35 or more and individuals aged 70 years or over. Form June 2025, the ICB will have to make treatment available to <u>any</u> individual with aforementioned characteristics. ICB is considering options for a future model for delivery of covid treatment. b) The two Staffordshire formularies have been harmonised across many formulary entries in Chapters on Skin and ENT. See highlight report for the summary of formulary harmonisation changes. c) Minoxidil foam 5% for male pattern baldness has been recommended as a grey drug meaning it should not be available on the NHS and that patients should be advised to purchase this product	Approval to be noted. No escalations to other Committees or the Board.

	3rd July 2024 a) See highlight report for NICE technology appraisals that were relevant this month. Note there were four drugs approved for various indications. All four drugs fall within NHSE specialised commissioning domain and therefore will be added to the formulary as red drugs (i.e. specialist only drugs) b) North and South Staffordshire formularies have been harmonised for many entries in chapters on Skin and Pain. c) In recent months NICE has approved new oral antimigraine treatments and at least one of these new drugs called Rimegepant is now prescribable in Primary Care. Therefore, a summary document has been produced (Treatment pathway for the use of oral CGRP receptor antagonists in the acute treatment of migraine) which explains the place of Rimegepant in current treatment pathway for acute migraine. • The approval was **ratified** by representatives from Adult Social Care and Primary Care members on 2nd October 2024.	
Strategic Items Discussed		
Medium Term Plan	• The Senate received an update from Paul Brown and Elizabeth Disney regarding the Medium-Term Plan and the role of the Senate in helping decide on the areas of focus, especially regarding the rightsizing concept, and how to utilise existing forums. • The Senate asked whether there would be access to investment, to enable double running, whilst the organisations piloted some of the ideas and assessed their effectiveness. It was agreed that support would be sought from regulators, regarding funding, but the Senate were advised that there would also need to be some reviews undertaken, regarding whether outcomes could be improved, and capacity increased, by doing things differently, and to understand whether the costs, currently incurred in the system, are best value. • The Senate highlighted the importance of all partners being included in Integrated Care discussions and about the system partners making decisions that had as little impact on others as possible or, if unavoidable, explaining the reason for the decision to the affected partners. • It was agreed that the team would develop a list of suggestions, to support the Senates discussions, which would be	No escalations to other Committees or the Board.

	presented to a future meeting. • The Senate **received** the Medium-Term Plan update.	
Termination of Pregnancy Services	• The Senate received a presentation titled Termination of Pregnancy Service (TOPs) from Nicola Bromage. • The Senate were supportive of the procurement option and highlighted the importance of having a local and easily accessible service in place, as there are several people from deprived areas in Staffordshire. • The Senate highlighted the need to investigate the whole pathway, to ascertain whether access to contraception services, earlier in the pathway, was driving demand and, if so, what was driving those access issues. • The Senate **received** the Termination of Pregnancy Service update.	No escalations to other Committees or the Board.
Path to Remission	• The Senate received a presentation titled Path to Remission from Dr Hannah Missen. • The Senate were supportive of the programme but raised a few concerns regarding the requirement for a GP referral. Assurance was provided that a Health Coach is supporting some practices and, after referral, there as not a lot of requirements on GP practices in terms of the follow up processes. • The Senate queried how BAME communities, who are at a high risk of developing diabetes, were being targeted. Assurance was provided that further modelling is being undertaken to target the work of the Health Coach and a face-face event is being arranged. Existing links with community groups will also be utilised. • The Senate **received** the Path to Remission update and were supportive of the programme.	No escalations to other Committees or the Board.
Clinical Values and Medicines Collaborative	• The Senate received a presentation titled Clinical Value Collaborative – MRI & Vitamin D Projects from Dr Gary Free and Meghan Shirley-Evans, which outlined the plans over the next couple of months. • Local Guidance for Vitamin D is in the process of being updated and will be presented to the October Senate, for approval. • PEJ is acting as temporary SRO for the collaborative. • The need for operational support for the collaboratives has been escalated to the Executive Team. • The Senate **received** the Clinical Values and Medicines Collaborative update.	No escalations to other Committees or the Board.

Quality Issues

Nothing further that hasn't been highlighted within the above.

Issues for escalation

No items for escalation.

Enclosure 15

Board Committee Summary and Escalation Report

Report of:	Staffordshire and Stoke-on-Trent ICB Remuneration Committee
Chair:	Josie Spencer, Non-Executive Director
Executive Lead:	Tracey Shewan, Director of Corporate Governance
Date:	25th September 2024

Key Discussion Topics	**Summary of Assurance**	**Action including referral to other committees and escalation to Board**
2023/24 ICB Chair Appraisal	Committee members received a paper on the 2023/24 ICB Chair Appraisal. Committee members; • Noted that the Chair's performance was assessed as Satisfactory. • Noted that the Chair continues to be considered a Fit and Proper Person to carry out his role. • Was assured that the correct Chair's appraisal process had been followed.	
2023/24 ICB CEO Appraisal	Committee members received a paper on the 2023/24 ICB CEO Appraisal. Committee members; • Noted the consistent and sound delivery of 2023/24 objectives and that the process to set current year plans is completed.	
2024/25 NED Appraisal Update	Committee members received a paper on the 2024/25 NED Appraisals. Committee members; • Noted the summary performance of all Non-Executive Members is Strong Performance. • Noted that the Non-Executive Member appraisal process has been carried out appropriately.	
Fit and Proper Person Test (FPPT) Update	Committee members received a paper on the Fit and Proper Person Tests (FPPT). Committee members; • Noted the update of the FPPTs	

	• Was assured that the chair is assured that the NEDs are fit and proper for their roles on the Board.	

Risk Review and Assurance Summary