

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

**Thursday 26<sup>th</sup> September 2024  
1.00pm-2.30pm**

*[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.	Leadership Compact	Chair	Enc 01	A		3
3.	Conflicts of Interest	Chair	Enc 02	---		4-5
4.	Minutes of meeting held on 18 <sup>th</sup> July 2024	Chair	Enc 03	A		6-25
5.	Action Log - progress update on actions	Chair	Enc 04	D		26-27
6.	Questions submitted by members of the public in advance of the meeting	Chair	---	D	1.05pm	

**Strategic and System Development**

7.	ICB Chair and Chief Executive Update	DP/PA	Enc 05	I	1.15pm	28-38
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**System Governance and Performance**

8.	Quality and Safety Report	HJ	Enc 06	I/S	1.25pm	39-42
	System Quality and Safety Committee Summary and Escalation Report – August	JS	Enc 07	I/S	1.35pm	43-45
	System Quality and Safety Committee Summary and Escalation Report – September	JS	Enc 08	I/S	1.40pm	46
9.	Staffordshire and Stoke on Trent Health and Care Senate Summary and Escalation Report	PEJ	Enc 09	R	1.45pm	47-53
10.	ICS Finance Report / Update on the Development of the Medium-Term Finance Plan	PB	Enc 10	I/S	1.50pm	54-62
	ICS Performance Report	PB/PS	Enc 11	I/S	2.05pm	63-80
	Finance and Performance Committee Summary and Escalation Report - August	PB/PS	Enc 12	I/S	2.15pm	81-86
	Finance and Performance Committee Summary and Escalation Report - September	PB/PS	Enc 13	I/S	2.20pm	87-91
11.	People Culture and Inclusion Assurance Report	MI	Enc 14	I/S	2.25pm	92-107
	People Culture and Inclusion Committee Summary and Escalation Report – PART A	MI/SL	Enc 15	I/S	2.35pm	108-111

	People Culture and Inclusion Committee Summary and Escalation Report – PART B	MI/SL	Enc 16	I/S	2.40pm	112
12.	Staffordshire and Stoke on Trent ICB Remuneration Committee Summary and Escalation Report	SL	Enc 17	I/S	2.45pm	113

**Any Other Business**

13.	<b>Items notified in advance to the Chair</b>	All	---	D		
14.	<b>Questions from the floor relating to the discussions at the meeting</b>	Chair	---			
15.	<b>Meeting Effectiveness</b>	Chair	---			
16.	<b>Close</b>	Chair	---		3.00pm	
17.	<b>Date and Time of Next Meeting</b> 17 <sup>th</sup> October 2024 at 1.00pm held in Public – via MS Teams					

# ICS Partnership leadership compact



## Trust

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



## Courage

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



## Openness and honesty

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



## Leading by example

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



## Respect

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



## Kindness and compassion

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



## System first

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



## Looking forward

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

**STAFFORDSHIRE AND STOKE-ON-TRENT INTEGRATED CARE BOARD  
CONFLICTS OF INTEREST REGISTER 2024-2025  
INTEGRATED CARE BOARD (ICB)  
AS AT 16 SEPTEMBER 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
3rd April 2023	Dr	Buki	Adeyemo	Chief Executive	North Staffs Combined Healthcare Trust	Nothing to declare	1. Membership of WRES - Strategic Advisory Group (ongoing) 2. CQC Reviewer (ongoing)	1. Board of Governors University of Wolverhampton (ongoing)	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on 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.
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
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.

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
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 Remuneration Committee (September 2022 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register
8th April 2024	Mr	David	Pearson	Chair	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Non-Executive Chair Land based College linked with Chester University (2018- 31st March 2024 retired) Entry to be removed from register September 2024	Nothing to declare	1. Spouse and daughter work for North Staffs Combined Health Care NHS Trust (2018 - ongoing)	(h) recorded on conflicts register.
4th October 2022	Mr	Jon	Rouse	Local Authority Partner Member and CEO of Stoke City Council	Stoke-on-Trent City Council	1. Employee of Stoke-on-Trent City Council, local authority may be commissioned by the ICS (June 2021 - ongoing) 2. Director, Stoke-on-Trent Regeneration Ltd, could be a future estates interest (June 2021 - ongoing) 3. Member Strategic Programme Management Group, Staffordshire & Stoke-on-Trent LEP, may have future financial relationship with the ICS (June 2021 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
11th April 2024	Mrs	Tracey	Shewan	Director of Corporate Governance	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. I sometimes do shifts for MPFT that I am not paid for (ongoing)	Nothing to declare	1. Husband in NHS Liaison for Shropshire, Staffordshire and Cheshire Blood Bikes (August 2019 - March 2024) (Declaration to be removed from register September 2024) 2. Sibling is a registered nurse with MPFT (August 2019 - ongoing) 3. Daughter works for West Midlands Ambulance 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 Meeting  
HELD IN PUBLIC  
Minutes of the Meeting held on  
Thursday 18<sup>th</sup> July 2024  
12.30pm - 2.30pm  
Royal Stoke University Hospital, Trust Boardroom**

Members:	Quoracy	18/04/24	16/05/24	20/06/24	18/07/24	26/09/24	17/10/24	21/11/24	19/12/24	16/01/25	20/02/25	20/03/25	
David Pearson (DP) Chair, Staffordshire & Stoke-on-Trent ICB	Over 50% of the quorum (nine out of seventeen members) with there being an equitable balance to represent that of a Unitary Board, split between proportions of Executive, Non-Executive and Partner Members, including the Chief Executive plus one other Executive Director (from CEO, CTO, CDO) - with the Medical Director (CMO) or the Director of Nursing & Therapies (CNT) - the Independent Member 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								
Julie Houlder (JHo) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	A								
Megan Nurse (MN) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓								
Shokat Lal (SL) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓								
Josephine Spencer (JS) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	A								
Jon Rouse (JR) City Director, City of Stoke-on-Trent Council		✓	*	*	A								
Patrick Flaherty, (PF) Chief Executive, Staffordshire County Council		✓	*	✓	A								
Dr Jack Aw (JA) Primary Care Partner Member, Staffordshire & Stoke-on-Trent Integrated Care Board		✓	✓	✓	x								
Helen Ashley (HA) Interim Chief Executive, University Hospitals of North Midlands NHS Trust					✓								
Neil Carr (NC) Chief Executive, Midlands Partnership NHS University Foundation Trust		✓	*	✓	✓								
Dr Buki Adeyemo (BA) Chief Executive, North Staffordshire Combined Healthcare NHS Trust		✓	✓	✓	✓								
Steve Grange (SG), Midlands Partnership NHS University Foundation Trust		*	✓	*	x								
Nicky Harkness (NH), Interim Chief Transformation Officer, Staffordshire & Stoke-on-Trent Integrated Care Board		*	✓	✓	✓								
<b>Participant Members:</b>													
Simon Fogell (SF), Stoke-on-Trent Healthwatch			✓	✓	✓	✓							
Baz Tameez (BT), Healthwatch Support Staffordshire		✓	*	✓	✓								
Tracey Shewan (TS) Director of Communications, Staffordshire & Stoke-on-Trent ICB		*	✓	*	✓								

## NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Chris Ibell (CI) Chief Digital Officer, Staffordshire & Stoke-on-Trent ICB		*	✓	✓	✓								
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)		✓	✓	✓	✓								
Pauline Grant (PG), Associate Director of Organisational Development, People Directorate		*	*	✓	✓								
Kay Johnson (KJ), Executive Assistant, 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					✓								

		Action
1.	<b>Welcome and Introductions</b>	
	<p>DP welcomed attendees to the ICB Public Board meeting. DP advised that it was a meeting being held in public to allow the business of the Board to be observed and members of the public could ask questions on the matters discussed at the end of the meeting.</p> <p>DP reminded members of the importance of the Leadership Compact document which was used in all of the meetings transacted by the ICB and it guided the way they conducted business and he would return to that at the end of the meeting.</p> <p>It was noted that the meeting was quorate.</p> <p>DP took the opportunity to thank Royal Stoke University Hospital for their hospitality and the use of their Boardroom to host the meeting.</p>	
2.	<b>Apologies</b>	
	Apologies were received from Jon Rouse, Dr Paul Edmonson – Jones, (Dr Lorna Clarson representing) Julie Houlder, Josephine Spencer and Patrick Flaherty.	
3.	<b>Conflicts of Interest</b>	
	Members confirmed there were no conflicts of interest in relation to items on the agenda other than those listed on the register.	
4.	<b>Minutes of the Meeting held on 20<sup>th</sup> June 2024</b>	
	The minutes of the meeting held on 20 <sup>TH</sup> June 2024 were <b>AGREED</b> as an accurate record of the meeting and were therefore <b>APPROVED</b> .	
5.	<b>Action Log</b>	
	There were no actions to review.	
6.	<b>Questions submitted by members of the public in advance of the meeting</b>	
	<p><i>Submitted by Baz Tameez on behalf of Healthwatch Staffordshire:</i></p> <p><b>Question One:</b></p> <p><i>During our recent engagement activities out in localities, Healthwatch Staffordshire have been speaking to people about the experience of and understanding of the</i></p>	

*model of Virtual Wards. Our feedback suggests that knowledge and understanding of this initiative is low within local communities, and people were questioning how this might work. Can the ICB describe what steps are being taken to raise awareness of this initiative amongst the local population so that the public will gain confidence that virtual wards will offer them as good a quality service to that of an inpatient on a real ward?*

**Response provided by Phil Smith Chief Delivery Officer, Staffordshire & Stoke-on-Trent ICB**

Thank you for your question. Improving the utilisation and capacity of virtual wards is central to our Urgent and Emergency Care Strategy and specifically in our demand management system collaborative. It's a model we are committed to and there are many facets to making it a success. One is around having the right workforce and having the right culture within our system so that clinicians trust and use the service. In response to public awareness, we have a System Virtual Ward Group and workstreams have been established to feed into this education and communication. We are currently contacting our partners, Healthwatch and Voluntary Community and Social Enterprise (VCSE) to include them to support this workstream and guide how we inform and improve understanding of virtual wards to our population.

**Question Two:**

*Healthwatch Staffordshire, through its networking with other organisations and services, have made contact with a number of services providing Home from Hospital support to patients to enable discharge from hospital or prevent admission. The type of support offered is very similar with a few variations. Many of these services we were told are funded through monies from the ICB. None of the services we spoke to seem to know of the existence of other similar services so had now real opportunity to target resources to reduce duplication but also to maximise resources to best effect. Are there mechanisms in place to ensure that these very valuable services are coordinated to achieve maximum reach and impact and ensure that the services are focused but avoid duplication.*

**Response provided by Phil Smith Chief Delivery Officer, Staffordshire & Stoke-on-Trent ICB**

**Question Three:**

*We are hearing from many people who are being excluded from GPs surgeries as they come across as unreasonable. From our interaction with people, we feel that they have deep rooted medical needs. What is being done to ensure that such people have access to the primary care services they need?*

**Response provided by Dr Lorna Clarson, Deputy Chief Medical Officer and Clinical Director for Improving Population Health, Staffordshire & Stoke-on-Trent ICB**

Thank you for your question, which is an important one. The removal of patients from general practice lists, following relationship breakdowns can take place under two timescales. The first is an eight-day time scale and that usually follows what's called an 'irretrievable breakdown' of the relationship between the patient and the practice. It's usually initiated by the practice but would normally warn the patient that this is going to take place. For patients who are removed on the eight-day removal, can register at an alternative practice with no prejudice whatsoever and all their medical records are transferred to the new practice to enable appropriate care to continue.

Removals that follow more serious incidents, those that are reported to the police or those where there is violence or staff or other patients are in fear of their safety, patients can be removed immediately from the practice. That is something that practices take very seriously and do not do lightly. But it is incumbent upon us as an ICB to ensure

	<p>that there is ongoing care for those patients. We commission a special allocation scheme, which essentially is a practice where patients who have been removed, for instance due to violence or extreme or unreasonable behaviour can be registered and can continue to receive ongoing general practice care in a safe environment. We commission four providers across Staffordshire and Stoke-on-Trent to allow for geographical cover. The patient then remains on that scheme for a period of twelve months. They are then reviewed to see if they can go back into a mainstream practice.</p> <p><b><i>TS shared with members some positive comments that were submitted by Baz Tameez on behalf of Healthwatch Staffordshire</i></b></p> <p>The ICB System Quality Meetings are appreciated for their good attendance and data sharing. We are assured that the ICB are doing their best to involve all partners to get the best out of these meetings. The patient experiences being shared by Healthwatch are being taken seriously by ICB/NHS providers and we can see actions being made to make these positive steps to improve the patient experience. Healthwatch is invited to all appropriate meetings and kept informed on trends and themes by ICB colleagues.</p> <p>Data is shared two ways in a timely manner improving trust and collaboration. Healthwatch reports are being used to inform how services are being shaped to improve patient experiences.</p> <p>DP thanked Healthwatch Staffordshire for the questions submitted and the feedback provided.</p> <p>HJ took the opportunity to acknowledge the contributions of Healthwatch which is welcomed and is very valuable.</p>	
<p>7.</p>	<p><b>Community Story – Vaccinations in Staffordshire and Stoke-on-Trent</b></p>	
	<p>Mathew Missen, Consultant in Public Health, Staffordshire and Stoke-on-Trent ICB was in attendance to present the community story and highlighted to members that as the number of whooping cough (also known as pertussis) cases across the country increases, pregnant women in Staffordshire and Stoke-on-Trent are being urged to make sure they protect their babies, and themselves through vaccination.</p> <p>Members were informed that together with partners across the NHS and local authorities, the ICB will be launching a campaign to increase uptake of the vaccine over the coming months with the aim of protecting women and babies by urging pregnant women as possible to accept their offer of a whooping cough vaccination.</p> <p>It was highlighted to members that there remains as significant inequalities challenge in that there are certain population groups within our geography with active characteristics that are less likely to participate and receive the vaccination during pregnancy. There are a multitude of reasons for this, e.g., vaccine hesitancy, concern around safety and not necessarily being clear on how to access and receive the vaccine.</p> <p>Members were informed that work is ongoing with communications and engagement colleagues to develop a suite of resources and to look at media, communications and information resources that can be conveyed to pregnant women to try and promote vaccines that are available. What has become clear is that pregnant women are most responsive to the midwifery workforce.</p> <p>A campaign video, filmed with Consultant Midwife at UHNM, Angela Hancock was shared with attendees.</p>	

	<p>Following the presentation DP enquired if resources available on the website, will be in different languages and be available to all our communities.</p> <p>It was confirmed that this is the starting point, the resources have been produced in English, but will be translated and made multilingual with an accessible format. There are some feedback groups in place to check how effective people from different communities found the information available. Members were informed that a well-developed Local Maternity Voices Forum is in place that provides a good engagement platform.</p> <p>SL enquired where mothers first language is not English and maybe new to the Country and culturally unaware with stigma around vaccinations, what the channels are that can be implemented to get messages across with more direct conversations.</p> <p>It was advised that this is a key approach to health inequalities. There is an awareness that the levels of literacy and the appropriate communication channels will vary depending on which group of population you are, and some may not be that receptive to traditional media platforms. To address this, the ICB are working closely with Councils, public health colleagues along with engagement with colleagues in communities who engage with groups.</p> <p>TS added that a lot of learning took place through the COVID Vaccination Programme, how we delivered vaccinations to different areas and advised to apply the same methodology and understand who the trusted voice is and implement engagement and involvement work.</p> <p>MI advised that a lot of work is carried out in schools in the People Function and that engaging with the hard-to-reach communities can often be done through older children who are a good route into the wider family and wider community, especially with some of the digital tools. MI advised that any resources can be passed to the team to disseminate into schools and colleagues.</p> <p>HJ took the opportunity to reassure members that the Local Maternity and Natal Service (LMNS) has an Equity and Equality Strategy which is implemented.</p> <p>BT added that there are a lot of elements where VSCE are already working with communities and have built up a rapport and trust and this could be a route to explore making use of existing channels to reach and target groups. BT highlighted that the comments made by TS is very important.</p> <p>DP thanked colleagues for showcasing the work being undertaken and sharing the video and requested that the issues raised are accelerated as we move forward.</p> <p>HJ confirmed that the take up of the vaccine will be monitored through the Quality and Safety Committee via the links with the LMNS.</p> <p>DP recommended that the VSCE are universally engaged.</p> <p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p><b>NOTED</b> the video and welcomed questions raised about the Whooping Cough Vaccination Programme or the wider Vaccination Programme.</p>	
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8.	<b>ICB Chair and Chief Executive Update</b>	
	<p>DP took the opportunity to acknowledge that Mish Irvine, Chief People Officer and Gemma Treanor, Head of ICS People Function were STARS at the NHS Confederation Expo in June. DP highlighted that it was great to see Staffordshire and Stoke-on-Trent Integrated Care System (ICS) represented.</p> <p>DP congratulated VAST, a charity supporting communities in Stoke-on-Trent and North Staffordshire who have been awarded the Local Infrastructure Quality Accreditation.</p> <p>HA was welcomed to the meeting as Interim Chief Executive for UHNM NHS Trust.</p> <p>DP introduced Dr N Tony Ahmed who will be joining the Board as a Participant Member (non-voting). Tony brings a wealth of Dental knowledge and experience. Tonys role will be for an initial period of six to nine months. His appointment has been widely welcomed by colleagues.</p> <p>Professor David Croisdale-Appleby National Chair of Healthwatch England visiting Staffordshire and Stoke-on-Trent was welcomed to the meeting.</p> <p>Professor David Croisdale-Appleby took the opportunity to outline some key things that people want to see, accessible, affordable social care, effective recovery plans, health inequalities and a more patient centred culture with an easier navigation of the system.</p> <p>PA responded to advise that the issue that we've got, which is being addressed is that we are not moving as quick as we need to on the Health Inequalities agenda though 'Place'. PA highlighted that a localised approach is fundamental to success.</p> <p>Members were informed that the ICB has a significant financial challenge that is being addressed directly as we face a £200million savings programme, which is unprecedented in terms of Staffordshire. PA informed members that equal if not greater challenges are being posed to every single system across the country or 42 ICS.</p> <p>PA highlighted that the work being undertaken presently is the right work and the financial challenges should not overshadow all the great work that's taking place in Staffordshire.</p> <p>Members were provided with an outline of the elective recovery work that's been undertaken over the last six months, to break down the elective backlog. The vaccination programme and management in Staffordshire and the LDA work where inpatient numbers for LDA are in the best place they have ever been with the best performance in the whole of the Midlands.</p> <p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p><b>RECEIVED</b> the report and were <b>ASSURED</b> that the leadership are working on each topic as raised.</p>	
9.	<b>Transforming Mental Health Inpatient Services in Staffordshire and Stoke-on-Trent</b>	
	<p>NH introduced the Transforming Mental Health Inpatient Service in Staffordshire and Stoke-on-Trent Strategy to members. Members were advised that this piece of work has been developed in collaboration with all system partners and key stakeholders through the Mental Health and Learning Disabilities Autism Portfolio.</p> <p>Laura Smith, Deputy Chief Strategy Officer (NSCHT) and Upkar Jheeta, Head of Mental Health Transformation (MPFT) were present to outline key headlines to members.</p> <p>Members were informed that the strategy has been developed in response to NHSE requirement for all ICBs to publish a three-year plan for transforming adult mental health inpatient care. As part of that programme the mandated areas of service</p>	

	<p>provision were, Acute inpatient services for adults and older adults' mental health rehabilitation in patient services and adult mental health inpatient services, specifically for autistic adults and adults with a learning disability. As a system the decision at the outset was made to include dementia services within the scope of the programme.</p> <p>Members were informed that it's been acknowledged that more analysis and partner engagement during the first year to shape the subsequent years of the programme is required, which will include work across the system with local authorities, VCSE partners, particularly with housing providers, as accommodation is a key theme. There will be a series of public engagement sessions to inform and shape the strategy scheduled to take place in the autumn.</p> <p>DP enquired in relation to page 29 of the paper around the relationship with the police and housing which was not included and Section 136 and the impact on inpatient admissions. DP noted that Keele University was included, but not Staffordshire University.</p> <p>Upkar Jheeta responded to clarify the query around working with the police. Members were informed that there is a programme of work around 'Right Care, Right Person', which is linked into this piece of work. There is a strong emphasis on utilisation of crisis alternatives, which is maximised so there's the least restrictive setting for service users. There is a lot of work taking place with the police already which is linked in with the Inpatient Transformation Programme.</p> <p>DP suggested that the response provided be included and made clear on the diagram on page 29 to help strengthen the document.</p> <p>MN raised concerns around the mortality rates in people with serious mental health illness and highlighted that physical health checks take place. MN enquired around the reasons for this along with the high rates of cancer mortality and enquired how we monitor the quality of health checks and high rates in the system.</p> <p>Upkar Jheeta clarified that carrying out physical health check is one component of the process, and what we do as a consequence of those checks. This is what need to be focussed on. Service users are being followed up where an issue has been identified ensuring follow up actions are taking place. There is a section within the strategy which focusses on population health needs of our local population. Members were informed that there is a lot of work to be done and that several areas have been identified to focus on and that the strategy will provide a mechanism to make some headway.</p> <p>BA added that this is one aspect of a wider issue with regards to mental health and there is a wider community work with partnerships, GP colleagues and primary care.</p> <p>Members were informed that as part of the public engagement sessions there will be a focus around whole spectrum of mental health services, taking the opportunities to ensure we engage and improve the spectrum of services.</p> <p>SL shared that he welcomed how the strategy was set out, particularly around the lived experiences and valuing lived experiences. SL highlighted the element around the workforce and the engagement of the workforce and shared that the workforce is critical to this. SL commented around accessibility and the range of challenges that exist across different agencies and that this is important from a monitoring point of view. SL enquired if a temperature check is in place on what our targets are around accessibility. SL raised concerns around the number of detentions per 100,00 in relation to black people.</p>	
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	<p>DP recommend linking in with the wider strategies and noting the points raised by colleagues.</p> <p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p><b>NOTED</b> the Transforming Mental Health Inpatient Services in Staffordshire &amp; Stoke-on-Trent Strategy and <b>APPROVED</b> the content and <b>SUPPORTED</b> the system delivery.</p>	
10.	<p><b>Building a System Medium Term Plan</b></p>	
	<p>PB presented the Building a System Medium Term Plan. Members were advised that in order to deal with the underlying deficit, we need a longer-term clear System Strategy, as trying to tackle the deficit year to year is not proving to be effective.</p> <p>The paper presented describes a work programme and timeline, leading to the agreement to this multi-year plan.</p> <p>PB shared that the ICB is determined to ensure that finance doesn't define us and that there is a need to get the finances addressed so that we can deliver the care that we want to.</p> <p>Members were informed that this is an important piece of work that is being undertaken. The work has been presented to the Finance and Performance Committee. PB highlighted to members the timeline and outlined that the aim is to establish clarity, with evidence built up from colleagues across the system and then to be able to have conversations with regulators around the time that is needed to turn the system financial balance. PB shared that having the timeline agreed early is key and will be important regarding planning and to obtain clarity on the three-, four- and five-year horizon. PB clarified that we can then go into a timing period after Christmas to enable an understanding on what we need to deliver.</p> <p>PB shared that the strategy, which is being adopted, is not about finance. What is being done is building with our clinicians a clinical model which will determine the activities that are needed to be provided to our population. PB outlined that workforce is the area where we spend the most our money, that's where our talents are, bringing that together using digital to drive better productivity and finance will follow out of the back of this.</p> <p>PB shared that system colleagues are fully signed up and work is underway. The Board will be kept the updated.</p> <p>DP shared with members that all system partners have taken the 2024/2025 System Plan through their governance routes.</p> <p>NC added that he agreed with the key points that PB shared. NC highlighted the need to recognise the amount of research, development, innovation that's taking place in these areas and recommended that we move into the transformation piece and start discussions about invest to save the. NC highlighted that the workforce is committed to being financially effective and efficient.</p> <p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p><b>NOTED and RATIFIED</b> the Medium-Term Plan which has been approved by the Finance and Performance Committee which was presented to the Board for information and assurance.</p>	

11.	<p><b>2024/2025 System Operational Plan</b></p>	
	<p>PB presented the 2024/25 System Operational plan. The purpose of the paper is to present the one-year system operational plan for approval.</p> <p>This system operational plan has been co-ordinated by the Integrated Care Board (ICB) and co-produced with our NHS and Local Authority partners across the ICS. The draft plan has been received for comment/feedback at System Performance Group on 29th May 2024 and System Finance and Performance Committee on 4th June 2024. It has also been received and endorsed by system NHS provider Chief Executives and through their individual provider governance routes; University Hospital of North Midlands NHS Trust on 5th June 2024, North Staffordshire Combined Healthcare Trust on 13th June 2024 and Midlands Partnership University Foundation NHS Trust on 21st June 2024.</p> <p>Members were advised that feedback from the forums above has been addressed to inform the final plan.</p> <p>PB informed members that this one-year plan was from the ICB Strategy (Five Ps) through the Joint Forward Plan that created the priorities for the current year. Members were informed that there are two overriding aims, safe, timely and sustainable care and meeting the capacity challenges that we currently have. These aims run through everything that has been done. There has been an agreement of the five areas of priority that have emerged through system conversations held.</p> <p>PB outlined that the plan shows how those objectives have been delivered through the portfolios, working with strategy colleagues to ensure that Trust plans connect and it's a joint effort with clarity in terms of who's doing what across the portfolios and with providers.</p> <p>Members were informed that within the plan, the Recovery Plan with the five areas of recovery have been integrated along with delivery of all the key objectives. All the required business as usual and the recovery items, which come together to deliver safe care, meet operational clinical challenges and also achieve the financial target, which is not a financial break even target this year, but a deficit target of £90 million.</p> <p>MN shared that there's a huge amount of work taking place to get the plan to where it is and it's a huge step forward from where we were last year and shared that our performance will be closely monitored going forward.</p> <p>DP acknowledged the 'one system one plan' and the effort and energy that is taking place, with a common purpose together to address the situation we are currently in.</p> <p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p><b>APPROVED</b> the 2024/25 System Operational Plan presented.</p>	
12.	<p><b>Staffordshire and Stoke-on-Trent Board Development Programme</b></p>	
	<p>PG was in attendance to present the Staffordshire and Stoke-on-Trent Board Development Programme. Members were advised that this is an evolving programme presently. Outlined in the paper are some of the items that have come out of some of the Board Development conversations held to date, some of the Board Governance Reviews and some of the issues that members would like to address. These were used</p>	

	<p>to start forming the content of the programme, which will evolve over the next eighteen months.</p> <p>Members were informed that there has been a focus on ‘psychological safety’ that’s important and this is coming out in discussions with some of our provider organisations with similar themes coming out of Board discussions and partner organisations.</p> <p>It was highlighted that the Board discussed having sessions taking place away from formal Board days, with face-to-face sessions where the Board could get together more informally to discuss issues and address some of the points raised. There is a proposal to have three half day sessions a year, six in total over the next eighteen months.</p> <p>DP advised members that this is an important piece of work to enable us to address the many issues that have been discussed today.</p> <p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p><b>SUPPORTED</b> the recommendations to further design and deliver a robust programme of Staffordshire and Stoke-on-Trent Board development by committing to take part in the further diagnostic phase to fully develop the Board Development programme and committing to take part in the Board Development activities by attending the three-half day face to face sessions each year, a total of six of the next eighteen months.</p>	
<p>13.</p>	<p><b>Quality and Safety Report</b></p>	
	<p>HJ took the report as read. HJ highlighted to members quality and safety of services in relation to Urgent &amp; Emergency Care (UEC). Working collaboratively with the Chief Delivery Officer and UEC team, the Nursing and Therapies directorate are actively engaging with all system partners to ensure that quality, patient safety, experience, and outcomes are central to the system-level approach to managing and responding to significant operational pressures.</p> <p>Members were informed that all Boards have been asked to assure themselves that they are working with system partners to ensure that quality and safety remains central to the work that is being conducted around UEC, working together to provide alternatives to the Emergency Departments, in attendance and admission to ensure that we are supporting the maximisation of flow. In addition to routine quality and safety oversight and assurance, teams are working together to accurately respond. A paper will be presented to a future ICB Board.</p> <p>HJ shared with members that a joint paper outlining some serious incidents from an UEC point of view was presented and well received by the Board in terms of assurance. A similar approach will be to bring a response back to the Board on behalf of the system. PS added that a whole system approach is important.</p> <p>Staffordshire &amp; Stoke-on-Trent Integrated Care Board:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED</b> the report and sought clarification and further action as appropriate</li> <li>• <b>WERE ASSURED</b> in relation to key quality assurance and patient safety activity undertaken in respect of matters relevant to all parts of the Integrated Care System.</li> <li>• <b>RATIFIED</b> the decisions of the Quality and Safety Committee with regards to:             <ul style="list-style-type: none"> <li>○ Stoke-on-Trent SEND Strategy</li> <li>○ Domestic Abuse and Serious Violence Policy for ICB Employees Policy (subject to confirmation of an equality impact assessment having taken place)</li> <li>○ Prevent Policy</li> <li>○ The ICB Patient Safety Incident Response Framework Policy.</li> </ul> </li> </ul>	

14.	<p><b>Staffordshire and Stoke-on-Trent Health and Care Senate Summary and Escalation Report</b></p>	
	<p>LC presented the report on behalf of Dr Rachel Gallyot the Chair of the Health and Care Senate. The report was taken as read.</p> <p>LC highlighted that the ICB Board are asked to ratify the approvals made by the Senate at the meeting held in June where five NICE technology appraisals for drugs were considered by the Integrated Medicines Optimisation Group (IMOG), all of which were secondary care drugs with four out of the five relating to the treatment of various cancers.</p> <p>Members were informed that they are classified as 'red drugs' so they would normally be prescribed in Secondary Care and added to the formulary. LC highlighted that Sections in chapters 4, 5 and 12 of the two Staffordshire and Stoke-on-Trent formularies were harmonised. These sections refer to drugs used for headache, migraine, HIV infection, Hepatitis C infection, RSV infection and conditions affecting ear, nose and throat conditions.</p> <p>Members were informed that there was ratification of a single effective Shared Care Agreement, which will be used to care for patients who are receiving treatment with lithium. This replaces two slightly different agreement that we had for patients who were being cared for by MPFT and NSCHT.</p> <p>The final approval was an introduction of a new formulary. Designation 'Blue'. This designation is to cover an interim situation when commissioning arrangements are not fully in place for provision of NICE approved drugs. 'Blue' designation would mean 'positive NICW TA and/or awaiting local clarification on place in therapy.</p> <p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p><b>NOTED</b> and welcomed the contents and <b>RATIFIED</b> the <b>APPROVALS</b> made at Staffordshire and Stoke-on-Trent Health and Care Senate meeting held on 13<sup>th</sup> June 2024.</p>	
15.	<p><b>Finance and Performance Report</b></p>	
	<p><b>Finance</b></p> <p>Members were advised that the format is structured in line with the Operating Plan that has been agreed around the five key priorities which cut across Portfolios. PB shared that a request from the Finance and Performance Committee was that exceptions were pulled out which were considered. The format is currently in draft form and feedback is being requested over the next few weeks.</p> <p>PB took the opportunity to provide members with an update of the financial position. Members were informed that it's too early to be sure about trends, however we do see signs for some financial tension in the system, but this was expected as the agreed budget was with a significant amount of 'stretch' which was agreed after the financial year had started. PB advised that we are seeing some overspends, presently at £4.5 million. There is a long way to go with some significant work to be undertaken.</p> <p>PB shared that the system is doing everything that can be done to achieve the numbers.</p>	

	<p><b>Performance</b></p> <p>PS highlighted the following exceptions:</p> <ul style="list-style-type: none"> <li>• <u>Urgent and Emergency Care</u> Challenges remain. There has been improvement in some of our key performance indicators, the four-hour standard across our portals. We are over 70% and ahead of plan for the year. Members were informed that on a population level there has been improvement in the category two response time for ambulances, which are under 31 minutes now against a 30-minute national standard. <p>Members were advised that rises in COVID and acuity has led to significant periods of difficulty with a critical incident triggered at UHNM last week. Actions are being undertaken to improve the hours of ambulances waiting outside the hospital. This involves undertaking a piece of work to review all the periods of severe escalation, critical incidents that have occurred over the last twelve months.</p> <p>PS highlighted that the focus is around pathway process and capacity. There is a new single point of access for care professionals going 'live' in September which MPFT have taken the lead on. This will help to navigate people to the most appropriate care setting.</p> <p>Members were informed that there is a focus to ensure that where ambulances are arriving at hospitals, patients are handed over swiftly and that a good process internally within the Emergency Departments and our wards is in place. From a capacity perspective from next month there will be new capacity at the Royal Stoke Hospital, with thirty new beds and a same day emergency care facility which will significantly help with 'front door' capacity. Planning for winter is in progress.</p> <ul style="list-style-type: none"> <li>• <u>Planned Care</u></li> </ul> <p>PS advised members that the key milestones that are being worked towards are meeting the 0-65 week wait challenge by the end of September. PS highlighted that this will be difficult with the level of patients on the waiting lists. However, this time last year there were over 37,000 people on the waiting list in excess of 65 weeks. There are presently around 1,000. There is significant extra capacity that has been either mobilised or in the process of being mobilised to support meeting the September ambition, however this ambition is not without risk and the Board will be updated in terms of progress.</p> <p>Members were informed that a new temporary endoscopy unit is going 'live' at County Hospital at the beginning of August which will support in terms of both surveillance of patients and active waiters to ensure we are seeing patients in a timely way and improving our timeliness.</p> <p>PS shared that there is a cancer backlog of 62 days which is now in a sustainable position and has halved over the last year. We are seeing significant improvements around our delivery against the 62-day performance standard on the faster diagnosis standard for cancer.</p> <p>DP acknowledged the 104/78-week position which is very small now, however wished to seek assurance that this will be zero as predicated in the report by the timescales indicated.</p> <p>PS responded to confirm that the 104-week waits are proving to be a challenge, however ones reported for June included some corneal transplant patients who came</p> </li></ul>	
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	<p>over from a different provider who we needed to support with treatment. Members were advised that in relation to 78 week waits, there is a forecast of 7 at the end of July and work is in progress to minimise those.</p> <p>PS advised that there is a challenge around data quality, which has been highlighted. Work in underway to validate and by the end of the month all patients waiting over 52 weeks will be revalidated, to minimise the risk of any surprises in terms of the data. Members were informed that there are enhanced programmes around training and education for staff in terms of application of national Referral to Treatment (RTT) rules.</p> <p>TS thanked PS for the helpful report and the dashboard presented and recognised the challenge of covering the whole of Staffordshire and Stoke-on-Trent. PS responded to advise that the data presented today reflects the whole population.</p> <p>HA advised that from a UEC point and surge planning, as a system we are well versed in planning for winter. However, if you look at the last couple of weeks, the last three years, (June, July) we have a surge over that period at each point. HA highlighted that there is a better understanding where we experience surges outside the winter period and advised that we need to be able to respond to them and that they are predictable, even though we don't realise through our planning.</p> <p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p><b>NOTED</b> the high-level performance against the five priorities.  <b>NOTED</b> the progress to date high-level key programme deliverables.  <b>NOTED</b> the financial position as at M2.  <b>NOTED</b> and were <b>ASSURED</b> on the next steps in developing the performance and programmes sections for M2.</p>	
15	<p><b>Finance and Performance Committee Assurance Report</b></p>	
	<p>MN presented the Finance and Performance Committee Assurance Report to members. Members were advised of two points that have moved on since the report was submitted.</p> <p>Under the monthly finance report which talks about the significant concern around the system financial position, a meeting took place on the 15<sup>th</sup> July 2024 to discuss further, which was very positive, and actions were agreed.</p> <p>In relation to the System Efficiency Plan and Recovery Programme updates, the report mentions that we are behind in delivering detailed delivery plans and a final deadline of the 9<sup>th</sup> July 2024 was set. MN advised that they have now been received and submitted to NHSE for approval.</p> <p>MN highlighted to members the potential impact of collective action in GPs could have across a range of priorities and performance measures which we have across the Operational Plan and Recovery Programme which was relayed at the last committee meeting.</p> <p>Members were advised that in terms of performance, Learning Disability and Autism Portfolio measures around the deteriorating position of children and young people inpatient care within Staffordshire and Stoke-on-Trent. MN highlighted that we are in a current position of 9 against a trajectory of 3. This is the second worst position in the Midlands and requires a system-wide response. Members were advised that there is a lot of work taking place to address this. It is a challenge and it's important to remain aware of our position and moving forward.</p>	

	<p>MN highlighted the situation in terms of Capital. A further report was received at the July committee meeting. It remains a significant risk in this year and going forward. Members were advised further work is taking place to try to mitigate risks. Presently risks are not mitigated. A further report will be presented in September.</p> <p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p>Took <b>ASSURANCE</b> regarding the reports provided and the discussions that took place at the Committee and <b>NOTED</b> the two items highlighted to members above.</p>	
16.	<p><b>People Culture and Inclusion (PCI) Assurance Report</b></p>	
	<p>MI presented the PCI Assurance Report. Members were informed of the key metrics that the system should be proud of in terms of performance.</p> <p>MI highlighted that vacancies are at 9.3% which is a reduction from 13%. Turnover has reduced by 2% to 8.8%. Agency usage is down to 2.7% which is against a target of 3.2% regionally. Members were informed that was noted at the recent QSRM meeting.</p> <p>Members were informed that we are at broad performance at month 2 in terms of our workforce plan trajectories and will be on target to achieve that.</p> <p>MI advised that a review of the PCI Committee governance structure is taking place. A report will be provided to the Board in September along with the people plan priorities, which will be linked to train, retain and reform.</p> <p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p><b>NOTED</b> the workforce position, operating plan submission, risks and mitigation in place to address.</p> <p><b><u>People, Culture and Inclusion 2023/2024 Annual Report</u></b></p> <p>MI presented the report to members. MI highlighted that the annual report captures the milestone and achievements we have collectively delivered across the system. It describes the local context and challenges faced in 2023/24, the change in landscape and financial pressure alongside the ongoing operational and clinical pressures. Members were informed that the report considers how we align national strategy to local plans (NHS Long Term Workforce Plan: LTWP), our approach and progress towards delivering those plans. The report presented summarises the achievements and impact in delivering programmes to address workforce challenges across the ICS, within each People Plan and LTWP domain. Whilst the report describes 2024/25 plans, it is acknowledged that these are currently being refreshed in line with the PCI Development session recommendations, system context and priorities.</p> <p>SL informed members that there has been some excellent work undertaken over the last 12 months and highlighted the reduction in agency spend, the level of turnover and the retention which is critical in terms of the transformation.</p> <p>MN asked in terms of the People Programme to what extent do we work with providers that sit outside of Stoke-on-Trent who are key in terms of delivering health and care for some of our residents.</p> <p>MI responded to confirm the work is taking place with our internal providers, that work externally, however will enquire further to see if this can be proactively supported.</p>	

	<p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p><b>RECEIVED</b> the report for information and assurance on the delivery of PCI programmes in 2023/24 in line with the local People Plan, NHS Long Term Workforce Plan, Joint Forward Plan and system priorities and in addressing the system workforce challenges and risk. Ongoing support and engagement of partners in the delivery of PCI Programmes.</p> <p><b><u>People Culture Inclusion Committee Summary Report</u></b></p> <p>SL presented the PCI Committee Summary Report. Members were advised that a review of the committee around the governance framework has taken place, across the system, Chief People Offices are much more integral to the work that's being undertaken. As a result, a report will be presented at a future ICB Board meeting highlighting some proposals.</p> <p>SL informed members that both within the medium-term financial plan and the operational plan, there is a clear line of sight around the workforce and those expectations, what it is we want to deliver against the workforce. This is being developed so that outcomes around workforce is clear. The governance piece around this will ensure that workforce will align to everything going forward.</p> <p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p><b>RECEIVED</b> the People, Culture and Inclusion Committee Summary Report.</p>	
17.	<p><b>Q1 2024-2025 System Board Assurance Framework (SBAF) Update</b></p>	
	<p>CC was in attendance and presented the Q1 2024-2025 System Board Assurance Framework (SBAF) update report to members.</p> <p>Members were advised that the report sets out the refreshed report for Q1 and is presented for oversight and assurance. The SBAF has been presented to all the sub-committees of the Board throughout July 2024.</p> <p>CC advised that following on from the Board Development session held in March where the Strategic Risks were reviewed, some refreshing and refining of the content took place. The report is the first version of this current year's cycle, based on those risks.</p> <p>CC highlighted that health inequalities, workforce and finance are the top three risks which is reflected in the scores within the report.</p> <p>Members were informed that most of the risks have a partial assurance rating. Members were advised that this is important to note in terms planning their Business Cycles for the coming year, to assist in focusing attention in terms of strengthening those assurances. In terms of our strategic priorities, addressing inequalities and achieving sustainability are the most threatened of our Strategic Ambitions.</p> <p>CC shared that the report was considered by the ICB Audit Committee and a specific point was raised around the alignment of BAF 6 and 7 around Finance and Productivity.</p> <p>Members were advised that in terms of further developments, a paper called 'taking it to the next level' which will set our ambitions for continuing to improve the SBAF. Work is underway to now look at a summary SBAF that aligns with the quality of papers and will seek to lift the discussions at Board level to work to an overarching view.</p>	

	<p>CC shared with members that sessions will take place around ‘appetite’ and how this is played through the SBAF. Members were informed that following on from some of the success that we saw last year with the national profile of the work that has been done, we have been invited to the peer learning network to share what we have done as a system.</p> <p>DP highlighted to members on behalf of JH, the recommendation of tight alignment of SBAF 5 and SBAF 6.</p> <p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p><b>DISCUSSED</b> and <b>CONFIRMED</b> the Q1 risk scores and assurance assessments as an accurate reflection of the position and <b>DISCUSSED</b> the adequacy of controls and assurances and <b>NOTED</b> that the Q1 2024-25 SBAF had been presented at the ICB Committees in July.</p>	
18.	<b>Menopause Policy</b>	
	<p>TS presented the Menopause Policy to members, who were informed that as the menopause is now a recognised condition, the ICB have implemented at Menopause Policy to provide staff and managers with guidance when the menopause impacts individuals and impacts on their work.</p> <p>Members were informed that the policy presented has been circulated to Menopause Ambassadors and the ICB Staff Engagement Group for comments. Comments received have been incorporated into this policy.</p> <p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p><b>RATIFIED</b> the Menopause policy which has been approved by the PCI Committee.</p>	
19.	<b>ICB Emergency Preparedness Resilience and Response (EPRR) Policy</b>	
	<p>PS presented the ICB EPRR Policy for its annual review. Members were informed that the policy was approved by the ICB Audit Committee on the 1<sup>st</sup> July 2024 and as part of our annual core standards assessment, it is required to be ratified by the Board.</p> <p>PS advised that the policy underpins all the emergency preparedness activities within the ICB and set out the way in which we are committed to and how we deliver the duties set out under law and associated legislation. Members were informed that last year the policy was considered by NHSE to be fully compliant. There have only been a few minor changes to the policy this year which essentially is around terminology from older terms such as ‘gold’ and ‘silver’ command levels, to ‘strategic’ and ‘tactical’ respectively, in line with national guidance, the inclusions of the Portfolio Director for Delivery and Improvement as a deputy to the Accountable Emergency Officer as listed. Amendment of reference to the EPRR Support Manger to UEC Operations Team recognising structural changes within the Directorate, providing greater resilience opportunities. Amendment to reflect a more appropriate cadence balances against the level of EPRR business put forward to this group.</p> <p>DP highlighted that two years ago that the ICB were not complainant with the core standards assessment and there was a real ambition to get fully compliant. Following the assurance received from NHSE its in the right direction and advised of the important initiative and thanked everyone involved getting to this point.</p>	

	<p>TS raised that the change in terminology may need embedding into our culture. PS responded to advise that monthly learning and refresher sessions with on call teams are taking place and the use of the new terminology will take some time to get embedded.</p> <p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p><b>CONSIDERED</b> the accompanying EPPR Policy in the context of the executive summary and <b>APPROVED</b> and <b>RATIFIED</b> the policy for inclusion within the ICB suite of policies.</p>	
20.	<p><b>New Style Triple A (AAA) Committee Highlight &amp; Escalation Report – Audit Committee July 2024 Trial Version</b></p>	
	<p>DP presented the report on behalf of JH and highlighted to members that this is a new way of presenting these reports and found it helpful in terms of the presentation and that all committees may wish to adopt this. Members were informed that the report will become consistent across the organisation.</p> <p>Members were highlighted to the request made in reference to SBAF 5 and SBAF 6.</p> <p>DP informed members that the external auditors report regarding Continuing Healthcare area of work which had provided recommendations and the request to ensure they are all linked across to the work plan to provide the ICB Audit Committee assurance.</p> <p>Staffordshire and Stoke-on-Trent Integrated Care Board:</p> <p><b>RECEIVED</b> and <b>CONSIDERED</b> the trial run of the new Board reporting approach as requested via the ICB Audit Committee on behalf of the ICB Board and were <b>ASSURED</b> on the key outputs of the committees latest meeting as part of its business cycle.</p>	
21.	<p><b>Items notified in advance to the Chair</b></p>	
	<p>No items were notified to the Chair and no other items of business were raised.</p>	
22.	<p><b>Questions from the floor relating to the discussions at the meeting</b></p>	
	<p><b>Ian Syme</b></p> <p><i>How do you show the impact of very specifically a new Mental Health Act and zero hours of legislation? How they impact upon strategies and programme and how do you publicly show those? The legislation looks as though it would be within the three years of the Mental Health Strategy which will be coming very quickly.</i></p> <p><b>Response provided from NH</b></p> <p>Any new legislation that comes along on of the first things we have to do is have a look at any impact it will have on our strategy and on our delivery plans against the Operating Plan. We would try to understand the impact its going to have and make that adjustment within our delivery plans. As you know within our system we have got a portfolio structure, that would come through to the mental health learning and disability and autism portfolio. Underneath that Portfolio Board we have various groups that work on different things, and we would ask them to look at it and what that means for us.</p>	

**Response provided from DP**

Really important point raised. The point of the strategy is that it sets the direction and sufficient flexibility to recognise the landscape, the policy frameworks etc could change over that period. I would expect colleagues to say that if the Mental Health Act legislation is revisited and there is a high likelihood that we are going to see a new Mental Health Act or amendments to it that would be addressed in terms of the benchmark exercise to identify how our current services match up, where will the gaps be and the new act may bring new streams of funding to actually strengthen some of the services for people. This goes across all strategies that have to be able to 'flex' on national policy or drivers.

**Ian Syme**

*We know that the next year and the next few months are going to be very difficult financially. In the July meeting UHNM mentioned that there is £20 million of unmitigated risk identified. Is that correct and a clearer picture will be provided once quarter one is analysed.*

*The virtual wards and a few care homes are all part and parcel of your capacity planning for the surges for winter. It mentioned that Good Hope has had to relocate staff onto the wards because of pressures. Good Hope is an out of area unit, as is Royal Wolverhampton and Queens Hospital, all in different ICS and ICBs. In summer Good Hope are under such pressure that they have had to withdraw people from providing a virtual ward scheme. This is a warning sign. How are you going to build in the flexibility of certain providers may by necessity remove staff, given that ring fence of funding for virtual wards ceased in March of this year?*

**Response from PS**

In terms of the funding to clarify that it was pump-primed by NHSE. In year one, fully funded by NHSE, in year two there was a 50/50 arrangement of NHSE and the ICB. In year three our current year its fully funded by the ICB and is also now embed within our baseline budgets. It is central in our strategy going forward and we have a target overall this year to get to 420 virtual wards beds, for our whole population with 80% utilisation. Presently we are at around 200 to 2010 with an occupancy of around 74%. We are onboarding staff to support that. This issues that I am aware of at Good Hope specifically is around the Consultant lead from the Acute Care setting and Consultant cover for the daily ward rounds for virtual wards and you have what's called 'Consultant of the week'. Good Hope have not been able to offer a consistent Consultant of the week coverage which has led to some of the challenges there. What we are just working through with them now is to try and address the situation. Moving forward virtual wards are central to our UEC Strategy.

**Ian Syme**

*As I understand Pharmacy First has been implemented in Scotland since 2020 and fully implemented in Wales. Pharmacy First talks about seven conditions. To be able to provide advice and maybe medication for those seven conditions, there's a necessity for prescribing pharmacists. Its only in 2006 the first graduates who have gone through a course which makes them prescribing pharmacists become available on the workforce market. Now pharmacists who are qualified they now have to do an extra year whilst they are working to become a prescribing pharmacist. How is this being navigated until you have got the workforces that are coming out of university to provide fully for the prescribing pharmacist?*

*Pharmacy First is set up to take pressure off GPs and is one of the 'four pillars' so it's the timeliness of this. For a user, if you must wait four to five days to be able to access Pharmacy First, it becomes useless.*

**Response provided by LC**

In terms of pharmacies across Staffordshire and Stoke-on-Trent that currently signed up to provide the scheme, 98% of our pharmacies are signed up and are providing and have access to those prescribing pharmacists. What we need to do is to go away and explore what that looks like. We have in the last four months had 23,000 patients who have received completed treatments, which includes the prescription of medicines. Its up and running and working. But as for the workforce, there is turnover and there can be difficulties, so we will ensure we have plans to navigate this. We have got good relationships with PCNs and GP practices so that we can manage the flow. We have talked about ones where there aren't any time referrals, we talked to the ones where there are very high referrals. There is lots of communication networks set up and lots of data monitoring that is taking place in terms of outcomes to ensure that things like workforce shortages are not resulting in patients being referred and bouncing back to practices or portals.

Access is something that is very important to patients, bit it also very important to also keeping a close eye on the time it takes for people to access the service. One thing that we monitor regularly, and we have all that collated into a dashboard. It would be helpful to take this outside of this meeting and provide you with some assurance about just how we are keeping track of all the things raised.

**Margeret Harding**

*This is a comment. I am picking up on the points raised about external providers. Good Hope has been mentioned a lot, but you have got Derby, Burton, and Wolverhampton. I am picking up the point that's fine while you're dealing with Staffordshire and Stoke-on-Trent and the Hospitals that are within this remit. I am here in Lichfield, thinking we are right down the bottom and pushed from pillar to post. There's an amazing amount of work but I am wondering where we sit. We have a local hospital which could provide many more services, needs upgrading in many ways. When I live in Sutton Coalfield, we were the weak partner of Birmingham and it feels like Lichfield, along with Tamworth are the weak partners of Staffordshire and Stoke-on-Trent.*

**Response form DP**

Thank you for your comment. We will note those comments and feedback in terms of the specific issues around Lichfield.

**Professor David Croisdale-Appleby**

Commented in relation to workforce. A number of ICSs have recognised that we have nationally around five million unpaid carers. They have taken steps to find ways of supporting those unpaid carers.

The release of the COVID review was highlighted to members and the fundamentals of the work at neighbourhood level, waiting lists for diagnosis of Autism, ADHD and dementia and addressing inequalities.

## NHS Staffordshire and Stoke-on-Trent Integrated Care Board

	<b>Any Other Business</b>	
	No other items of business raised.	
23.	<b>Meeting Effectiveness</b>	
	The Chair confirmed that the meeting followed the compact.	
24.	<b>Close</b>	
	There being no further business, the Chair closed the meeting.	
25.	<b>Date and time of Next Meeting</b>	
	17 <sup>th</sup> October 2024 @ 13:00 – 15:00 via Microsoft Teams	

<b>ACTION STATUS KEY</b>
<b>ACTION DUE</b>
<b>ACTION PENDING</b>
<b>ACTION COMPLETE</b>

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

<b>Open Actions</b>							
<b>Reference Number</b>	<b>Meeting Date</b>	<b>Agenda Item</b>	<b>Agenda No</b>	<b>Action</b>	<b>Due Date</b>	<b>Responsible Officer</b>	<b>Outcome/update</b> (Completed Actions remain on the Live Action Log for the following committee and are then removed to the 'Closed Actions' Worksheet)
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.	<b>26/09/2024</b>	<b>HJ</b>	verbal update to be provided at the September Board meeting

<b>ACTION STATUS KEY</b>
<b>ACTION DUE</b>
<b>ACTION PENDING</b>
<b>ACTION COMPLETE</b>

**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. <b>COMPLETE</b>
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	<b>UPDATE:</b> 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. <b>COMPLETE</b>
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	<b>UPDATE:</b> Needs assessment to be conducted by the end of September and End of Life Framework deep dive to be shared. <b>COMPLETE: Response shared on 26/09/2023</b>

<b>Report to:</b>	Integrated Care Board					
<b>Date:</b>	26 September 2024					
<b>Title:</b>	Chair and Chief Executive Officer Report					
<b>Presenting Officer:</b>	David Pearson, Chair, and Peter Axon, CEO					
<b>Author(s):</b>	David Pearson, Chair, and Peter Axon, CEO					
<b>Document Type:</b>	Report	If Other: Click or tap here to enter text.				
<b>Action Required (select):</b>	<b>Information (I)</b>	<input checked="" type="checkbox"/>	<b>Discussion (D)</b>	<input type="checkbox"/>	<b>Assurance (S)</b>	<input type="checkbox"/>
	<b>Approval (A)</b>	<input type="checkbox"/>	<b>Ratification (R)</b>	<input type="checkbox"/>	<i>(check as necessary)</i>	
<b>Is the decision within SOFD powers &amp; limits</b>	<b>Yes / No</b>	Choose an item.				
<b>Any potential / actual Conflict of Interest?</b>	<b>Yes / No</b>	NO <i>If Y, the mitigation recommendations –</i> Click or tap here to enter text.				
<b>Any financial impacts: ICB or ICS?</b>	<b>Yes / No</b>	NO <i>If Y, are those signed off by and date:</i> Click or tap here to enter text.				
<b>Appendices:</b>	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):**

	<b>Date</b>
N/A	Click or tap to enter a date.

**(3) Implications:**

<b>Legal or Regulatory</b>	The areas discussed reflect ICB Statutory Duties and Functions
<b>CQC or Patient Safety</b>	This report type may assist the 2024 ICS CQC inspection
<b>Financial (CFO-assured)</b>	N/A for the report, although the topics covered each have financial implications

<b>Sustainability</b>	N/A for the report
<b>Workforce or Training</b>	N/A – no specific training implications; workforce matters are inherent to each topic
<b>Equality &amp; Diversity</b>	N/A in terms of Equality Act 2010 or Public Sector Equality Duty
<b>Due Regard: Inequalities</b>	Access to services and reducing inequalities is implicit throughout
<b>Due Regard: wider effect</b>	N/A – no decisions are required for the paper itself: it is to raise awareness

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

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

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

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

## 1.0 System and general update

### 1.1 Lord Ara Darzi's report

Lord Ara Darzi concludes in a [163-page report](#) that the NHS is in “critical condition” with higher waiting times, a deterioration in people’s health and problems for people accessing services. Key findings from the report include the seemingly contradictory observation that recent years have seen reductions in NHS productivity whilst clinical staffing levels have increased. The report also refers to the current financial crisis that is spread right across the English NHS. The report describes a small number of causal factors for these issues including:

- NHS annual funding growth – average annual funding growth over recent years has been limited to 1% (compared to average growth over the life of the NHS at 3.4%)
- Transformation enablers - cuts to capital funding and managerial capacity (the latter issue is in part also linked to the 2012 NHS and Social Care 2012 reforms) meaning that the NHS has not made best use of its growth in clinical staffing.
- Confused governance – both the 2012 and more recent structural reforms provided flawed accountability structures. The report calls for the respective roles of Providers, ICBs and NHSE to be urgently clarified.
- A political and operational drive to grow reactive services often (unintentionally) at the cost of proactive and preventative services.

Prime Minister Keir Starmer has pledged to deliver major changes to the NHS following the publication of the report. Much of this improvement will be described within the emerging 10-year NHS plan due to be published in early 2025.

### 1.2 Primary care

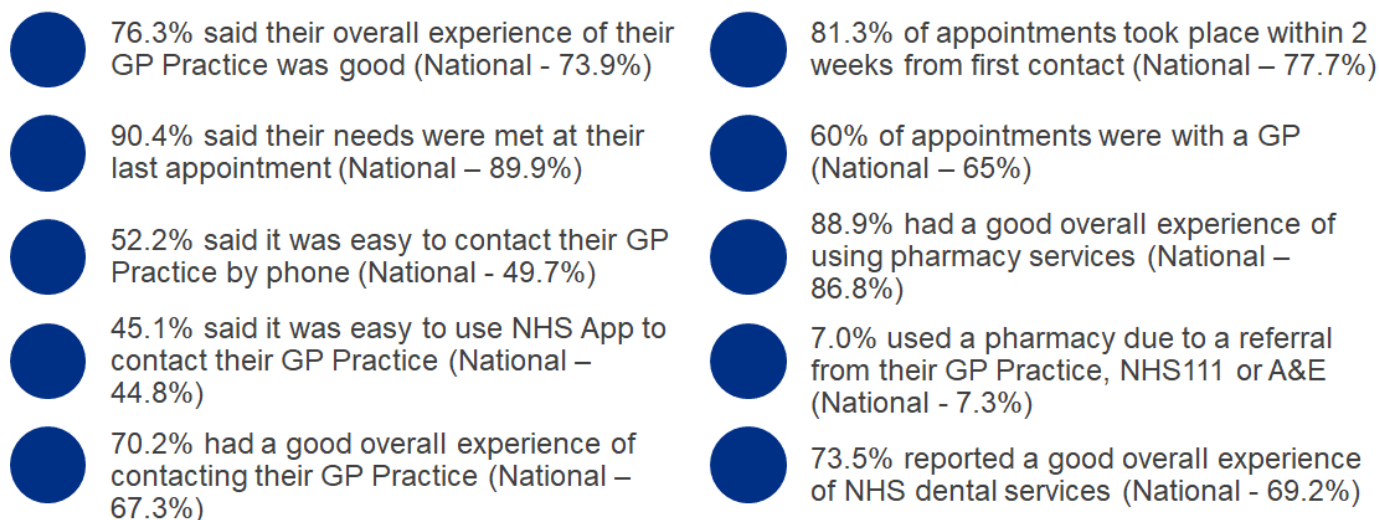
#### 1.2.1 2024 GP Patient Survey results

The GP Patient survey is a national survey conducted annually and provides a snapshot of patient experience at a given time. GP practices can use the results to improve patient experience. 48,880 questionnaires were sent out in Staffordshire and Stoke-on-Trent. 15,177 were returned completed, representing a response rate of 31%.

Significant changes were made to the questionnaire to ensure it continued to reflect how primary care services are delivered and how patients experience them. The methodology of the survey was changed to an ‘online first’ approach. Due to these changes, the 2024 results are therefore not comparable with previous years.

Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) scored higher for a number of questions in the survey compared to national response.

Overview of summary results for Staffordshire and Stoke on Trent ICB, published 11 July 2024:



### 1.2.2 Veteran Friendly Accreditation

The percentage of practices accredited in Staffordshire and Stoke-on-Trent have increased from 81%, recorded at the end of June 2024, to 86.6%, recorded on 11 August 2024. Staffordshire and Stoke-on-Trent currently have the highest percentage of Veteran Friendly Accredited practices in the Midlands and the 4th highest in England. The remaining practices are being encouraged to gain accreditation.

A veterans launch event, hosted by Horsefair Practice and Sandy Lane practices, was held in Rugeley for their veterans, with Town Crier talking about available services in local community. Representatives attended from the leisure and wellbeing centre, alongside the lead GP and practice manager, social prescribers, mental health practitioners, urgent care practitioner and lead veteran, Rugeley Lions, town councillors and MP Josh Newbury. All involved have signed a pledge to support the families with registrations and health needs.

### 1.2.3 COVID-19 vaccination programme and the DonateIT Scheme

In February 2022, the Primary Care Digital Team presented a proposal to the Primary Care Commissioning Committee, seeking approval to donate 220 Lenovo laptops under the DonateIT Scheme, aiming to reduce digital poverty and inequality in Staffordshire and Stoke-on-Trent.

Now, in 2024, as part of the COVID-19 vaccination programme, several GP sites in Staffordshire and Stoke-on-Trent had left over IT equipment provided by NHS England. This included 17 PCs and 36 laptops. Responsibility for their disposal or reuse has transferred from NHS England to the ICB. As this kit is of a lower specification than what is normally procured, this made long-term support unfeasible.

Additionally, the devices lack essential hardware which significantly limited their usability in ICB estate. Rather than allow the NHS England's kit to be disposed of, the ICB is donating this kit through the same scheme to ensure they are given a new purpose and support individuals and communities who lack access to essential technology. This provides opportunities for education, employment, and connectivity to those who need it most.

## 1.3 Awards

### 1.3.1 HSJ Patient Safety Awards 2024 winners announced

With 206 finalists competing across 25 categories, the HSJ Patient Safety awards celebrate the dedication and innovation of healthcare professionals from across the UK. We would like to congratulate University Hospitals of North Midlands NHS Trust for winning awards in the following two categories:

- ‘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.

### 1.3.2 Nurse of the Year

Staffordshire and Stoke-on-Trent ICB Nurse Facilitator Gill Boast has been nominated as Nurse of the Year with Nursing Times. The Nursing Time Awards will be held in October; we wish Gill the best of luck.

## 1.4 Senior leadership changes

There have been some recent changes to the ICB’s Senior leadership team. We would like to welcome the new members of our team and wish those that are leaving the best of luck in their new roles.

- Steve Grange is leaving the system to take up the post of Chief Executive Officer at Cambridge, and 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 31 August to take up the post of Chief Medical Officer at Shropshire, Telford and Wrekin ICB. Lorna started with us back in 2020.
- Mark Seaton retired from the post of ICB Chief Pharmaceutical Officer on 31 August 2024. Mark commenced in the CCG as Managing Director for the North back in December 2017.
- Welcome to Simon Constable who has joined the system as Chief Executive Officer at University Hospitals of North Midlands NHS Trust (UHNM).
- Elizabeth Disney joined as our new Chief Transformation Officer on 01 September. A warm welcome to Elizabeth, and thanks to Nicola Harkness, Nicola Bromage and Helen Slater for taking on various additional responsibilities over the summer to deliver our interim Chief Transformation Officer (CTO) arrangement.

## 1.5 Event launch for Digital Prevention Projects

On 16 September, David Pearson, ICB Chair, attended and chaired the launch of two ground-breaking Digital Prevention Projects: ‘My Health, My Way’ and ‘Digital Making Every Contact Count (MECC)’.

This is a system-wide project jointly resourced by MPFT and Staffordshire and Stoke-on-Trent ICB, with input from system partners across the patch. It forms part of the Integrated Care System’s Frailty and Healthy Ageing strategy, which is aimed at the 80,000 cohort of older adults with mild frailty with the intention of enabling them to self-manage a reduction in risk of frailty progression.

These two local pilots have attracted national attention, and we were delighted to see the NHS England Director for Public Health and Director for Prevention in attendance at the event for the launch.

## 1.6 David Pearson visits Midlands Partnership University NHS Foundation Trust

In early August, David Pearson, Staffordshire and Stoke-on-Trent ICB Chair, visited staff in the Forensic Service, and Mother and Baby Unit, at Midlands Partnership University NHS Foundation Trust (MPFT). Staff walked David through the service environment, providing an overview and context of the services and the operating environments. David described the visit as “inspiring”. He commented that the staff’s commitment was “infectious” and that MPFT must be “so proud” of them. David would like to publicly

thank the staff who took time out of their day to host him and looks forward to another visit to meet more MPFT staff soon.

Staff from the Hatherton Centre David would like to thank include Simon Lloyd, Elizabeth McKeever, Laura Hawkins, Kelly Dono, Elliott Ashton, Indu Rai and Vishal Boyjoo, and staff from the Brockington Parent and Baby Unit include Madhu Banerjee, Cherelle Small, Jackie and Lisa.

### 1.7 People team

#### 1.7.1 System Operational Development Plan

The system operational development plan is currently being finalised following a robust engagement and design phase involving partners from across the system and wider. The plan will be considered and approved by the PCI Committee in October, and subsequently the ICB Board prior to implementation and delivery.

#### 1.7.2 Sexual Safety

Staffordshire and Stoke-on-Trent Integrated Care System (ICS) partners are continuing to work together to implement the commitments of the NHS Sexual Safety Charter including sharing of policies and practices and working with wider partners in Primary Care and Social Care. An online conference is taking place on 2 October with executive sponsorship and expert speakers: 'Developing & Ensuring our ICS Sexual Safety Culture, Breaking the Silence – Together we say NO to harmful sexual behaviour'. The conference aims to staff and managers together from across all disciplines, to learn more and join the discussion to influence how we shape our ICS culture of sexual safety. Representatives from the ICB, NHS, Police, Capsticks Solicitors and the Welsh Ambulance Services will be sharing experiences and learning during the conference.

#### 1.7.3 A Level and T Level Results

On 15 August 2024, students across Staffordshire and Stoke-on-Trent received their A Level and T Level results. As part of the ongoing National pilot T Level project to expand placements across our Integrated Care System, there was a particular focus on the outcomes of students from the Newcastle and Stafford College Group, who had been on placements in our system.

All students successfully completed the course with 95.7% of students achieving a merit. Over half of the students will be going on to university, and 35% will be continuing into an apprenticeship or a Healthcare Support Worker (HCSW) role.

### 2.0 Finance

At month 5, 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 this 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 misalignment between NHSE plan and UHNM which equates to £4.1m at Month 5.

With the position, the system was asked by NHS England to see the actions that we are taking to reduce the rate of spend across the system to make sure the plan is delivered. Led by the Turnaround Director, a recovery plan has been developed. This was submitted to NHS England on 13 September.

Work is underway to refresh the medium-term financial model were 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)

The Integrated Care Board and system partners continue to address the backlog of patients on the elective waiting list, with the ambition of treating all those waiting more than 78 weeks by the end of Quarter 1, 2024, and 65 weeks by the end of Quarter 2, 2024, in accordance with the national planning guidance. These ambitions apply to all providers across the system, and the Independent Sector continues to support the recovery.

NHS England confirmed in their recent review, that the system will remain in Tier 1 for Elective Care and Cancer, with the addition of Diagnostics added within the weekly oversight. University Hospitals of Derby and Burton (UHDB) are within Tier 2 elective oversight. Current position is as follows:

##### 104-week waits:

There was three breaches for August, and one forecasted breach for September at University Hospitals of North Midlands NHS Trust (UHNM) - to note the September breach is a carryover from August. There are no further forecasted breaches going forward. This is for UHNM as a provider, and not solely for Staffordshire and Stoke-on-Trent patients. There are no forecasted Staffordshire and Stoke-on-Trent patients who will breach for August, September or October for providers outside of the system.

##### 78-week waits:

For patients waiting beyond 78 weeks for treatment, the number of breaches across the system at the end of August was 15 in total, all of these being at UHNM. The forecast position for the end of September is 7 in total all at UHNM, with a forecasted position of 0 breaches for October. 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 long-waiters that receive their elective care outside of the Staffordshire and Stoke-on-Trent System. In the latest unvalidated data, as of 8 September, there are currently 14 patients waiting over 78 weeks outside of the system.

There is a total of 11 patients on the admitted part of the pathway, with 5 of these at UHDB.

There is a total of 3 patients are on the non-admitted part of the pathway, with 2 at UHDB.

The current, unvalidated forecast for the end of September, for Staffordshire and Stoke-on-Trent patients waiting 78+ weeks outside of the system, is 25 breaches, with 14 of these being at UHDB. UHDB have reported in their tier 2 pack (as of 5 September) that there is likely to be 6 breaches at the end of September. This is a Trust wide position, and includes non Staffordshire and Stoke-on-Trent patients. Trauma and Orthopedic has the biggest cohort with 5 likely to breach.

##### 65-week waits:

Good progress is being made overall on the 65-week-wait cohort. 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 August totaled at 643, with 628 at UHNM, 1 at Nuffield, 1 at Ramsay, 13 at Medefer. The forecast position for the end of September is 112 breaches, all at UHNM, with a forecasted position of 24 at UHNM for October. 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 8 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 September is 435 patients. 262 of these patients are on the admitted part of the pathway and

173 patients are on the non-admitted pathway. It is noted that 126 of these patients have been dated before the end of the month.

UHDB have reported in their tier 2 pack that as of 5 September, there is likely to be 350 breaches at the end of September. 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 08 September 2024, there are 5,183 patients waiting 52+ weeks, with 2,924 of these being at UHNM. For providers outside of the system, there are currently 2,173 patients waiting longer than 52 weeks, with the remainder 86 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 also a provider position, and not solely Staffordshire and Stoke-on-Trent patients.

UHNM have started to discuss 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 26,212, of which 6,453 (24.6%) 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 08 September 2024, the 62-day backlog at UHNM is 296, this is compared to 270 reported on 25 August 2024. The 104-day backlog is currently at 49, this is compared to 47 reported on 25 August 2024.

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 77.51% against a trajectory of 75.67%.

The final July position for 62-day combined standard was 62.62% against a trajectory of 64.43%.

The August position is incomplete with validation ongoing. Outstanding pathology has been escalated through the Elective Oversight Management Group. To assist with the deteriorating performance, UHNM are continuing with their improvement actions and we are supporting with looking at potential pathway improvements for referrals.

Further and ongoing actions include:

A route to zero by the end of September for the 65 week cohort has been provided by UHNM in the weekly Tier 1 pack.

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

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

### 4.0 Urgent and Emergency Care (UEC)

Unvalidated four-hour performance for University Hospitals of North Midlands (UHNM) in August achieved 72.9%, an improvement of over 2 percentage points against plan and an increase of 1.7 percentage points over July. When compared to August 2023, the improvement reaches 4.5 percentage points off a 1.9% increase in attendances. Royal Stoke University Hospital reports a sensible increase of 2

percentage points in its Type 1 performance being at 46.5%, aiding a continually improving position at County Hospital to help UHNM record a Type 1 Performance of 56.3%, the highest performance since June 2021.

Attendances at UHNM fell by 6.7% with reductions being seen across both Type 1 and Type 3 locations, with Royal Stoke University Hospital seeing drops in attendances in the Emergency Department and those streamed to Enhanced Primary Care (EhPC). Overall, there was an increase in patients being assessed within 15 minutes from 68.8% to 73.9%, almost 3 in 4 patients, whilst the number of Type 1 attendances seen within the first hour rose by 23% resulting in 2 out of every 5 patients being seen within the timeframe.

Unvalidated twelve-hour performance at UHNM reported in August benefitted from reduced demand, partnered with the new flow dynamics of the additional Same Day Emergency Care (SDEC) capacity. This resulted in an improvement from 8.6% down to 5.6%. Whilst no trajectory exists for 12-hour performance, it is 3 percentage points better than July and 1.1 percentage points better than August 2023, which equates to approximately 170 fewer patients waiting for 12 hours or more during the month. Corridor usage at Royal Stoke Hospital has significantly reduced over August, with the corridor being used for less than half of the days in the month. The corridor has not had more than five patients on since the beginning of August.

Long Length of Stay (LoS) occupancy for each of the cohorts (7+, 14+ and 21+) increased through August, but has begun to decrease by the end of the month. The increase in the 7+ cohort equated to an increase of two patients per day, whilst the 14+ and 21+ cohorts saw increases of 17 and 21 patients. When compared to last year, the increase equated to 17, 31 and 37 patients for the cohorts respectively. Bed occupancy in August for both adult general and acute beds and adult and paediatric general and acute beds has reduced. This remains above plan with over 10% of total general and acute beds reducing to 90.7%, and adult general and acute beds falling to 91%.

Category 2 Response Times through August have remained below both the 30-minute threshold and the Ambulance trajectory. The latest week position recorded 25 August fell by a further 2 minutes on the previous week, dropping to 18½ minutes. This maintains below the year-to-date 30-minute mark, recording 28minutes and 44seconds, placing us fourth nationally and third regionally. The latest four-week average of 21 minutes, 31 seconds, places the system fifth nationally and third regionally.

Medically Fit for Discharge (MFFD) at UHNM in August was variable with both Royal Stoke University Hospital and County Hospital, accounting for increased numbers during different periods. Overall, whilst the numbers ranged from 91 to 141, the difference over the previous month was kept to a minimum reporting as two more patients per day on average through August.

COVID-19 bed numbers recorded in August at UHNM were significantly reduced from July and dropped to single figures during the final week of the month before rising slightly to 25 by the end of the month. This is below each of the previous three years. Burton Hospital has reported constantly low numbered through the month and as of the end of the month was reporting the lowest numbers since the pandemic began. Staff absences through the month at UHNM varied between 5.5% and 6.3% of total staff, with COVID-19 accounting for around 0.4% of that. This is down from July and reflecting the overall COVID-19 infection situation within the community.

## 5.0 Key figures from our population

	Last 4 months in current financial year				Comparator month	Change on same month previous year		
	Apr-24	May-24	Jun-24	Jul-24		Jul-23		
* 111 calls received			28,329	28,415				
Percentage of 111 calls abandoned			3.6%	3.1%				
A&E and Walk in Centre attendances (UHNM)	21,483	23,575	22,068	21,792	21,156	636	3.0%	↑
A&E and Walk in Centre attendances (other providers)	18,702	19,963	19,523	19,612	18,651	961	5.2%	↑
Non elective admissions (UHNM)	7,632	8,308	7,499	8,478	7,584	894	11.8%	↑
Non elective admissions (other providers)	6,532	6,802	6,277	6,929	6,222	707	11.4%	↑
Elective and Day Case spells (UHNM)	7,303	7,721	7,189	8,430	6,666	1,764	26.5%	↑
Elective and Day Case spells (other providers)	8,422	8,700	8,182	8,898	8,033	865	10.8%	↑
Outpatient procedures (UHNM)	7,489	7,491	7,175	7,837	6,055	1,782	29.4%	↑
Outpatient procedures (other providers)	12,599	13,093	12,086	13,097	11,344	1,753	15.5%	↑
GP Appointments (all)	546,734	536,241	503,567	552,046	500,967	51,079	10.2%	↑
** Physical Health Community Contacts (attended)	150,600	154,635	148,165	155,645	132,625	23,020	17.4%	↑
** Mental Health Community Contacts (attended)	43,170	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. Now the 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.

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

All ICB and NHS Providers received a NHSE Executive communication in June 2024 asking that steps be taken to maintain focus and oversight on quality of care and experience in Urgent Emergency Care (UEC) services, particularly during periods of pressure.

The letter indicated that every Board across the NHS should assure themselves that they are working with system partners to do all the can to provide alternatives to the emergency department especially for frail and older people who are better served with a community response in their usual residence, to maximise in-hospital flow and timely discharge and that the care given within the services met the CQC Fundamental Standards of Quality.

Staffordshire and Stoke-on-Trent ICB and system partners are providing assurance regarding all key lines of enquiry set out within the letter through a collaborative review of information, data and analysis of the systems, process and services provided across the UEC pathway.

It is recognised that a proportion of Staffordshire and Stoke-on-Trent residents' access urgent and emergency care outside of the ICS footprint. We are therefore liaising with the lead commissioners within those areas regarding their response to the NHS England request.

The UEC Board and ICB Quality Safety Committee have reviewed the report and agreed that it represents an accurate summary of the services provided and gives assurance that the care given meets the required standards. They recommended that further development work is undertaken to strengthen the system response particularly during periods of surge and to support the outcome of the planned Better Care Fund (BCF) refresh. The UEC Board will oversee the delivery of the recommended actions and undertake a further assessment using the key lines of enquiry set out within the letter in Q4 of 24/25. It is expected that the full report will be presented at the October ICB Board.

### **7.0 Vaccinations**

The Targeted Vaccination team undertook a number of outreach clinics for child and adolescent vaccinations during the spring and summer months to support improving vaccination uptake in local communities where uptake has been low.

This year's winter vaccination campaign opened on 01 September with flu vaccines being offered to children and pregnant women. From 03 October, flu and COVID-19 vaccines will be offered to wider cohorts of people. 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. Care home and housebound patients will be the priority for the beginning of the programme and planning is underway to ensure that these patients are prioritised to allow for maximum protection over winter, with co-administration of flu and COVID-19 vaccinations encouraged where possible.

### **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 with the aim of getting 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 Primary Care Networks (PCNs) around RSV Vaccinations. The maternity Programme is being led by UHNM colleagues.

### **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, Midlands Partnership University NHS Foundation Trust (MPFT) and Voluntary Sector organisations to put on 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**

<b>Report to:</b>	Integrated Care Board				
<b>Date:</b>	26 September 2024				
<b>Title:</b>	Quality and Safety Report				
<b>Presenting Officer:</b>	Heather Johnstone, Chief Nursing and Therapies Officer (CNTO)				
<b>Author(s):</b>	Lee George, Associate Director – Quality Assurance and Improvement				
<b>Document Type:</b>	Report	If Other: Click or tap here to enter text.			
<b>Action Required (select):</b>	<b>Information (I)</b>	<input type="checkbox"/>	<b>Discussion (D)</b>	<input type="checkbox"/>	<b>Assurance (S)</b> <input checked="" type="checkbox"/>
	<b>Approval (A)</b>	<input type="checkbox"/>	<b>Ratification (R)</b>	<input type="checkbox"/>	(check as necessary)
<b>Is the decision within SOFD powers &amp; limits</b>	<b>Yes / No</b>	YES			
<b>Any potential / actual Conflict of Interest?</b>	<b>Yes / No</b>	NO If Y, the mitigation recommendations – Click or tap here to enter text.			
<b>Any financial impacts: ICB or ICS?</b>	<b>Yes / No</b>	NO If Y, are those signed off by and date: Click or tap here to enter text.			
<b>Appendices:</b>	Appendix A: Quality and Safety Report – Detail September 2024.				

**(1) Purpose of the Paper:**

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

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

**Date**

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

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:**

<b>Legal or Regulatory</b>	Risks identified and managed via the Board Assurance Framework and Corporate Risk Register.
<b>CQC or Patient Safety</b>	Updates provided against relevant organisations. Continuous Quality Improvement update aligns to known links between providers and systems.
<b>Financial (CFO-assured)</b>	N/A
<b>Sustainability</b>	N/A
<b>Workforce or Training</b>	Details contained within the report relating to providers by exception.
<b>Equality &amp; Diversity</b>	Details contained within the report.

## NHS Staffordshire and Stoke-on-Trent Integrated Care Board

<b>Due Regard: Inequalities</b>	Update contained within the report.
<b>Due Regard: wider effect</b>	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	
<b>Completion of Impact Assessments:</b>	<b>DPIA</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>If N, why</i> Click or tap here to enter text. <i>If Y, Reported to IG Group on</i> Click or tap to enter a date.
	<b>EIA</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.
	<b>QIA</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>If N, why</i> Click or tap here to enter text. <i>If Y, Approved by QIA Panel on</i> Click or tap to enter a date.
<b>Has there been Public / Patient Involvement?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Click or tap here to enter text.	

### (5) Integration with the BAF & Key Risks:

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

### (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 August and September 2024.

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

- Special Educational Needs and Disabilities
- National GP Patient Survey Results 2024
- Learning Disability Mortality Review Programme
- Paediatric Audiology
- Local Maternity & Neonatal System
- Wheelchair Services
- Care Quality Commission
- West Midlands Ambulance Service

### (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 September 2024

### 1. Special Educational Needs and Disabilities (SEND)

1.1 The ICS' System Quality Group received a presentation from the ICB's Designated Clinical Officer SEND. Recent national publications on 'education, health and care plans (EHCP)' and 'special educational needs (SEN) in England' have highlighted a 17% (Staffordshire) and 7% (Stoke-on-Trent) increase in EHCP from 2022 to 2023; against a regional and national increase of 12% and 11%, respectively. These children requiring increasing interventions will become our adults of the future, who may require significantly increased interventions in NHS services if need is not met early to prevent later difficulties. In Staffordshire autism is the most common type of primary need (27%) in EHCP's, followed by speech language and communication (20%). In Stoke-on-Trent, this trend is reversed with speech language and communication being the most common primary needs in EHCP's (29%) followed by autism (16%). Partnership executive leadership oversight and governance will include further quantitative and qualitative scrutiny including of outcomes, current contexts including risks and improvement plans in both local authorities. The ICBs workstreams all contribute to the meeting of needs of this population. An area of significant challenge remains the provision of statutory quality advice to inform a quality EHCP and the associated processes and capacity to teams. Workshops have been held on health advice writing, including the dissemination of good practice from speech and language therapy, and promoting via the ICS' SEND Champion Network. The ICB is also collaborating with the local authority on their advice collation system and processes to improve capture and gathering. Partnership working and strengthened relationships between all system partners was highlighted throughout the discussions.

1.2 Staffordshire Local Area Partnership expect an inspection under the new SEND framework imminently. The System Quality Group received an update from the ICB's Designated Clinical Officer SEND outlining the actions being taken by health partners to discharge our joint responsibility.

### 2 National GP Patient Survey Results 2024

2.1 The latest survey results, from a response rate of 31%, demonstrate that locally 20% of GP practices received a score of 90% or higher for overall experience of a patient's GP practice. In addition, 67% of local practices received a score that was higher than the national average of 74% for overall experience of a patient's GP practice. Two Staffordshire and Stoke-on-Trent practices, Betley Surgery and Abbots Bromley Surgery, ranked in the top ten in the West Midlands for overall experience of a patient's GP practice. The survey highlighted that the ICS is below the national average for patient use of online GP services. The Primary Care Team are exploring options to improve awareness of digital solutions by promoting access to NHS digital platforms across Staffordshire and Stoke-on-Trent.

### 3. Learning Disability Mortality Review (LeDeR) Programme

3.1 During Quarter One of 2024/25, the ICB has made considerable progress in setting up and establishing an internal LeDeR review team within the ICB. Thirteen bank reviewers have been recruited, inducted/trained, and are now completing reviews, with performance against the National Key Performance Indicators improving in Quarter One, when compared to the previous quarters in 2023/24. There also continues to be clinical support from members of the Chief Nursing and Therapies Officer Directorate in the completion of reviews. All historical reviews have now transferred back to the ICB. The ICB have collaborated closely with providers to obtain the necessary documentation to complete these reviews, but for some reviews this has proved difficult owing to the time lapse.

### 4. Paediatric Audiology

4.1 Following a national review of paediatric audiology services and the local requirements for change, a service review that involved NHS England was undertaken in November 2023. A recovery plan is in place and system partners meet fortnightly as part of Bronze Cell arrangements. All partners have made progress against the recovery plan. It is expected, based on capacity, and was not brought rates, that Midlands Partnership University NHS FT will clear the waiting list in September 2024. The Trust have also completed estates work and clinics are now running again at the Bridge in Stafford. NHS England's Assistant Director of Diagnostics visited the service in September to discuss the current performance. Within University Hospitals of North Midlands NHS Trust (UJNM), a business case is being prepared to support the upgrade of estate at County Hospital. The Trust have identified an issue that the improvement work, including look

back exercise, has meant that there has been growth of the waiting list. Overtime has been authorised for the existing Audiology Team.

### **5. Local Maternity & Neonatal System (LMNS)**

5.1 Discussions continue, and plans are being finalised for the inaugural joint LMNS Partnership meeting – Shropshire, Telford & Wrekin ICS, and Staffordshire & Stoke-on-Trent ICS – which is due to take place on 2<sup>nd</sup> October 2024. It has now been proposed that this should be a learning and development network, and work is underway to ensure local focus on maternity service improvements is maintained.

### **6. Wheelchair Services**

6.1 Plans are in place to recover wheelchair assessment and delivery performance to 95% within 18 weeks over the next 12 months. The total number of service users waiting over 18 weeks decreased in July-24 and the service, alongside the Duty Triage Guidelines for prioritisation, are reviewing the longest waiters to ensure actions to progress their episode of care are taken. The ICB have supported Stoke-on-Trent's Adult, Social Care, Health Integration and Wellbeing Overview and Scrutiny Committee's joint review of the service which will report in September 2024.

### **7. Care Quality Commission (CQC)**

7.1 The CQC undertook a focused follow-up inspection of the medicine core service at UHNM County Hospital in July 2024. The Trust advise that they have received positive feedback from the CQC both verbally and in writing. The Trust has been informed that the CQC are removing the section 29A warning notice and is currently awaiting the final report and outcome of their review of the County Hospital ratings.

7.2 The CQC have published their rapid review of the available evidence related to the care of Valdo Calocane, alongside a small number of other cases for benchmarking purposes, to determine whether the evidence indicates wider patient safety concerns or systemic issues with the provision of mental health services in Nottinghamshire. Recommendations have been made specifically to the Trust and NHS England. As a first step, NHSE England included a requirement in the 2024/25 NHS Priorities and Operational Planning Guidance that all ICBs “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”. The ICB is working alongside local stakeholders and partners to complete the review ahead of 30<sup>th</sup> September 2024. Discussions have taken place at the Mental Health, Learning Disability and Autism Portfolio Board and the review and associated action plan will be reported to Board thereafter.

### **8. West Midlands Ambulance Service (WMAS)**

8.1 Healthwatch Staffordshire have published their deep dive report into ‘Patient Experiences of the 999 Ambulance Service’. The report has been shared with WMAS and at the ICS’ System Quality Group. Healthwatch Staffordshire main findings were: 1) Ambulances are greatly valued by members of the public, 2) Concerns raised by older people living alone about response times, 3) WMAS are aware of these delays and reassured Healthwatch that there are initiatives in place both to advise patients who are waiting and to divert to alternative support if appropriate, 4) 53% reduction in patient being taken to hospital with the support of community-based services and interventions and improvement in ambulance response times. 5) An increase in investment for additional ambulances and front-line staff. The System Quality Group will continue to welcome and consider feedback from Healthwatch and other patient feedback sources.

8.2 The Urgent Care Portfolio is working closely with WMAS and NHS England in order to effectively implement 45-minute handover times at all SSOT Emergency Departments (ED) which is focussed on reducing the delays residents are experiencing when calling for an ambulance and this will include focus on pathways to provide alternatives to ED attendance.

## Board Committee Summary and Escalation Report

<b>Report of:</b>	System Quality & Safety Committee
<b>Chair:</b>	Josie Spencer
<b>Executive Lead:</b>	Heather Johnstone
<b>Date:</b>	Wednesday 14 <sup>th</sup> August 2024

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Risk Register	<p><b>System Risk Register:</b> The committee did not approve the proposed new risks 1381 Obstetric Workforce Gaps and 1382 Neonatal Medical Workforce. Further work was requested to bring the two risks together focussing on the impact on the outcomes to women and their babies.</p> <p><b>ICB Risk Register:</b> The committee approved the closure of risk 1278 Gordon Street Surgery and the increase of risk 1241 Patient Safety Incident Response Framework (PSIRF)</p>	
PSIRF Policies & Plans	The committee approved the PSIRF Policies and Plans for Medefer and Health Harmonie	
Gordon Street Surgery Quality Report	<p>The paper provided an overview of the quality issues that have been identified in relation to Gordon Street Surgery. The Committee was impressed with the progress of the caretaker provider in resolving the quality issues.</p> <p>The committee were assured the ICB, and the caretaker provider are working together to tackle these and improve services and patient experience. It was agreed that quarterly reports would be received by the committee.</p>	
GP Collective Action	The committee received a verbal update in relation to GP collective action. It was reported that a daily situation report was being sent to NHS England and a risk log was being developed. The committee requested a further update at the next meeting.	
Looked After Children Health Assessments	The committee were updated on the actions being taken and progress against the recovery plan for looked after children health assessments. The	

	<p>committee noted the challenges preventing rapid recovery, and the risks and mitigations that are in place.</p> <p>A further report is expected in October by which time it is anticipated that the new data set would be agreed, and monthly data will be available from each provider. In addition, it is expected that progress against the agreed trajectory for initial health assessment will be provided, and that a trajectory will be agreed for review health assessment, with progress against that trajectory being reported.</p>	
Local Maternity & Neonatal System (LMNS)	<p>The committee were assured in relation to key quality assurance, improvement and patient safety activities being undertaken across maternity and neonatal services in Staffordshire and Stoke-on-Trent.</p> <p>In order to fulfil the requirement of the Ockenden Immediate and Essential Action whereby no system should be operating as a single provider LMNS, SSOT and Shropshire, Telford, and Wrekin LMNS Board. The first joint meeting is proposed for September 2024 and the focus of this meeting will be around how we work together going forward and the governance arrangements.</p> <p>It was reported that seven GP practices across Staffordshire and Stoke on Trent have stopped prescribing antenatal prescriptions for pregnant women in the community setting as antenatal care is not part of the GP contract. This has been added to the LMNS risk register and trusts are moving at pace to introduce Patient Group Directions (PGDs) for Aspirin and Ferrous Sulphate.</p> <p>The committee was pleased that UHNM &amp; UHDB have reinstated bookings to their homebirth service from April 2024.</p>	
All Age Continuing Care	<p>The committee were assured on progress in relation to AACC activity and performance, Quality, patient safety and experience, End of life pathway change, CHC system collaborative development, and the Efficiencies programme.</p>	
System Quality Group	<p>The committee were assured in relation to the key areas of risk and concern from the System Quality Group meetings held in July and August where partners from across health, social care and the wider ICS were in attendance.</p> <p>The committee were informed that Sepsis remains a significant risk. It was agreed that a joint deep dive to determine any more mitigations led by a senior clinician would be arranged as a matter of urgency.</p>	
Infection Prevention and Control Quarter 4 Report	<p>The committee were assured in relation to the update provided on Health Care Associated Infections against NHSE thresholds and IPC activity. However,</p>	

	it was noted that all reportable infections remain high in relation to regional and national targets.	
Working with People and Communities	<p>The committee were assured the ICB has measures in place to fulfil their duties to engage with local populations across Staffordshire and Stoke-on-Trent.</p> <p>The committee was pleased to see that Membership of the ICB's People's panel is now close to 2000 members.</p>	
Quality Strategy Delivery Plan	<p>The committee were assured in relation to progress being made against the actions within the Quality Strategy Delivery Plan.</p> <p>It was agreed to hold a deep dive later in the year to reflect on the impact of the strategy and take forward any lessons learnt.</p>	
Response to PRN01417 Patient Safety and Quality of Care	<p>The committee received a verbal update on the actions being taken in response to Response to: PRN01417 Patient Safety and Quality of Care. The request from NHSE was that ICB's needs to be assured with their System Partners that: patient safety and quality of care is being maintained in pressurised services, particularly, but not exclusively, those related to urgent care and seven-day services. A full report will be brought to the committee in September and be sent onto Board later that month.</p>	

<b>Risk Review and Assurance Summary</b>	
The Board can take assurance regarding the reports provided and the discussion which took place at the committee.	

**Board Committee Summary and Escalation Report**

<b>Report of:</b>	System Quality & Safety Committee – deep dive session
<b>Chair:</b>	Josie Spencer
<b>Executive Lead:</b>	Heather Johnstone
<b>Date:</b>	Wednesday 11 <sup>th</sup> September 2024

**NB- although the Committee meeting on the 11<sup>th</sup> September was scheduled to be a deep dive session the following items of formal business were included and need to be drawn to the Boards attention.**

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
NHSE Patient safety & quality of care in pressurised services response	<p>In response to continued pressures within the Urgent and Emergency Care (UEC) pathways and in light of the recent Dispatches investigation, the national NHSE executive team wrote to all ICBs and provider executive teams outlining actions required to maintain focus and oversight on quality of care and experience in UEC services. This paper set out how as a system we have responded to this ask, providing data and analysis to provide assurance regarding the impact of the interventions, underpinned by a continued focus upon quality and safety of care provided.</p> <p>Members of the Quality and Safety Committee approved the recommendations made within the paper. However, in terms of those areas identified as partial compliance the Committee felt that there may be merit in declaring compliance against the NHSE standard but adding an additional narrative reflecting the further improvement work the system wished to pursue to continually improve patient pathways.</p> <p>The Chief Nursing Officer, Chief Medical Officer and Chief Delivery officer were tasked with undertaking this review prior to final submission to the Board meeting on the 26<sup>th</sup> September 2024.</p>	
Mental Capacity Act Policy	Following the completion and approval of the EIA the Quality and Safety Committee approved the policy for publication on the Staffordshire and Stoke-on-Trent ICS Website	

**Risk Review and Assurance Summary**

The Board can take assurance regarding the reports provided and the discussion which took place at the committee.

<b>Report to:</b>	Integrated Care Board					
<b>Date:</b>	26 September 2024					
<b>Title:</b>	Staffordshire and Stoke-on-Trent Health and Care Senate Summary and Escalation Report					
<b>Presenting Officer:</b>	Paul Edmondson-Jones, Chief Medical Officer					
<b>Author(s):</b>	Dr Rachel Gallyot, Chair of Staffordshire and Stoke-on-Trent Health and Care Senate (H&CS)					
<b>Document Type:</b>	Report	If Other: Click or tap here to enter text.				
<b>Action Required (select):</b>	<b>Information (I)</b>	<input checked="" type="checkbox"/>	<b>Discussion (D)</b>	<input type="checkbox"/>	<b>Assurance (S)</b>	<input type="checkbox"/>
	<b>Approval (A)</b>	<input type="checkbox"/>	<b>Ratification (R)</b>	<input checked="" type="checkbox"/>	<i>(check as necessary)</i>	
<b>Is the decision within SOFD powers &amp; limits</b>	<b>Yes / No</b>	YES				
<b>Any potential / actual Conflict of Interest?</b>	<b>Yes / No</b>	NO <i>If Y, the mitigation recommendations –</i> Click or tap here to enter text.				
<b>Any financial impacts: ICB or ICS?</b>	<b>Yes / No</b>	NO <i>If Y, are those signed off by and date:</i> Click or tap here to enter text.				
<b>Appendices:</b>	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 11th July 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):**

	<b>Date</b>
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:**

<b>Legal or Regulatory</b>	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.
<b>CQC or Patient Safety</b>	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.
<b>Financial (CFO-assured)</b>	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.

## NHS Staffordshire and Stoke-on-Trent Integrated Care Board

<b>Sustainability</b>	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.
<b>Workforce or Training</b>	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.
<b>Equality &amp; Diversity</b>	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.
<b>Due Regard: Inequalities</b>	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.
<b>Due Regard: wider effect</b>	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	
<b>Completion of Impact Assessments:</b>	<b>DPIA</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>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.</i>
	<b>EIA</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not required for this report as it is for information.
	<b>QIA</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>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.</i>
<b>Has there been Public / Patient Involvement?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not required for this report as it is for information.	

### (5) Integration with the BAF & Key Risks:

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

### (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 13th June 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 11th July 2024.
- Note and discuss the escalated Medicines Shortages item and the impact it is having on the system.

## Summary and Escalation Report

<b>Report of:</b>	<b>Staffordshire and Stoke-on-Trent Health and Care Senate</b>
<b>Chair:</b>	<b>Rachel Gallyot</b>
<b>Clinical &amp; Professional Lead:</b>	<b>N/A</b>
<b>Date:</b>	<b>Meeting held on 11<sup>th</sup> July 2024</b>

<b>Key Discussion Topics</b>	<b>Summary of Item</b>	<b>Action including referral to other committees and escalation to Board</b>
<b>Items for Escalation</b>		
<b>Medicines Shortages</b>	<ul style="list-style-type: none"> <li>The Senate received an update, from Mark Seaton, regarding medicines shortages.</li> <li>The types of medicines shortages vary each month, across a whole gambit of items which could impact services, such as imaging, and the shortages are a massive burden on the system.</li> <li>Limited responses are available to the problem, other than raising awareness of national guidance. Rather than having a single item on the risk register, as previously suggested, it is suggested that significant risks, relating to specific shortages are raised on an individual basis.</li> <li>The local implications to the national problem were highlighted, including the amount of clinical time taken up in sourcing alternatives, and the distress it causes to both the clinical workforce and patients, across a range of different health professionals and services.</li> <li>The Health and Care Senate <b>received</b> the update and agreed that medicines shortages were a significant ongoing problem, which needed highlighting to the ICB Board.</li> </ul>	Item escalated to ICB Board.
<b>Items Approved</b>		
<b>ONS Prescribing Evidence Based Review and Approach</b>	<ul style="list-style-type: none"> <li>The Senate received a presentation, from Ashleigh Shatford, titled system Collaborative Clinical Values and Medicine Plan and noted the amended two stage approach, which the CV&amp;M collaborative were now looking to implement.</li> <li>The Senate were supportive of the two-</li> </ul>	Approval to be noted. No escalations to other Committees or the Board.

	<p>stage approach but highlighted the need to safeguard patients, who were clinically indicated, to ensure that they are protected and can access the products.</p> <ul style="list-style-type: none"> <li>• The Senate members also highlighted the need for the policy to be precise, simple and underpinned by education.</li> <li>• The Senate <b>approved</b> the two-step approach, presented at the meeting, and the paper will be updated and sent to the Senate members. There was no representation from Adult Social Care 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.</li> <li>• The approval was <b>ratified</b> by a representative from Adult Social Care on 29<sup>th</sup> July 2024.</li> <li>• The amended paper was sent around to Senate members and no comments were received by the deadline of 2<sup>nd</sup> August 2024.</li> </ul>	
<p><b>Development of Diagnostic Pathways</b></p>	<ul style="list-style-type: none"> <li>• The Senate members received the report and presentation of the liver and lower GI pathways from Dr Gary Free, Vanessa Weaver and Graeme O'Malley.</li> <li>• The liver and lower GI pathways were <b>not approved</b> by the Senate, as people left the meeting during the item, which meant that the Senate was no longer quorate. It was agreed that the papers would be sent around to the Senate members, for any questions and virtual approval.</li> <li>• Due to queries from the LMCs and UHNM it was decided to bring the item back to the October Senate meeting and the item was <b>not virtually approved</b>.</li> </ul>	<p>To note that item was <b>not approved</b> and will be brought back to October Senate meeting. No escalations to other Committees or the Board.</p>
<p><b>Integrated Medicines Optimisation Group</b></p>	<ul style="list-style-type: none"> <li>• The Senate received the highlight report from the IMOG meeting held on 1<sup>st</sup> May 2024 and the Vitamin Position Statement, which was brought for approval from the June 2024 IMOG meeting.</li> <li>• Staffordshire and Stoke-on-Trent Health and Care Senate was requested to approve items (a) to (d). This was <b>not approved</b> by the Senate as people had previously left the meeting, which meant that the Senate was no longer quorate. It was agreed that the papers would be sent around to the Senate members for any questions and virtual approval.</li> <li>• The item was sent around for virtual approval and on 24<sup>th</sup> July 2024 the Senate <b>virtually approved</b> items (a) to (d) from 1<sup>st</sup> May 2024 IMOG and the item brought forward from June 2024 IMOG meeting.</li> </ul>	<p>Virtual approval to be noted. No escalations to other Committees or the Board.</p>

	<p>(a) Four NICE Technology Appraisals for drugs were considered by IMOG. All were relevant for secondary care and therefore classified as red drugs. See highlight report for list of drugs.</p> <p>(b) A number of formulary changes have been made: harmonisation of chapters 4 and 11 across two Staffordshire Formularies, addition of Campona Airmaster inhalers to the formulary as these are cost effective inhalers with low carbon impact and the addition of higher strength of apomorphine infusion to the formulary as it can be administered over 48 hours instead of over 24 hours with the existing preparation with no increase in cost of the drug. The new formulation of apomorphine has also been added to the relevant shared care agreement.</p> <p>(c) Treatment pathway for the use of biologics, oral CGRP receptor antagonists and botulinum toxin type A in the prevention of migraine has been updated to include NICE approved oral agent rimegepant.</p> <p>(d) A vitamins position statement has been produced to supplement the ICB policy on “Conditions for which over the counter items should not routinely be prescribed in Primary Care”. The position statement provides clear direction to General Practices to deprescribe certain vitamins if they are not being used to treat a medical condition and to advise patients to purchase appropriate over the counter dietary supplements instead. The position statement targets prescribing of ascorbic acid, pyridoxine, vitamin D, vitamin B12 and multivitamins. It is hoped that the strict implementation of this position statement will significantly reduce current expenditure on prescribed vitamins – circa £3 million per year. The statement was presented at the June meeting of IMOG and is being fast-tracked for presentation at the July meeting of the Senate as it is a key intervention in the plans for System Recovery. Senate members are also requested to disseminate this information within respective organisations.</p>	
<b>Strategic Items Discussed</b>		
<p><b>Update on the System Plan for 2024/2025 – Medium Term Strategy</b></p>	<ul style="list-style-type: none"> <li>The Senate received an update from Helen Dempsey regarding the early stages of modelling, which are being progressed, for the medium-term plan. As the modelling progresses the Senate were asked to engage with working on the models and to be involved in critical conversations, around demand</li> </ul>	<p>No escalations to other Committees or the Board.</p>

	<p>management opportunities in the system and opportunities to change pathways.</p> <ul style="list-style-type: none"> <li>• The Senate received an update about the progress of the Recovery Programme system collaboratives, some of which are delivering well, and were advised that there is a lot that will be delivered in 2025/2026. However, there is going to be risk around delivery in 2024/2025, because a lot of the opportunities are going to take time to deliver.</li> <li>• The Senate <b>received</b> the update on the System Plan for 2024/25 and the Medium-Term Plan and it was agreed that the monthly agenda slot would remain open.</li> </ul>	
<b>Senate Governance</b>	<ul style="list-style-type: none"> <li>• The Senate received an update including the production of highlight reports, the importance of QIAs being completed, or in progress, when items are presented to the Senate and the importance of the Senate remaining within its remit for approvals.</li> <li>• Quoracy was discussed and the importance of nominating deputies if unable to attend.</li> <li>• The need for Social Care representation at the meetings was discussed and assurance was given that the Local Authorities have been contacted.</li> <li>• The Senate <b>received</b> the Senate Governance update.</li> </ul>	No escalations to other Committees or the Board.
<b>SSOT ICP Health Inequalities Strategy</b>	<ul style="list-style-type: none"> <li>• The Senate received a presentation in respect of SSOT ICP Health Inequalities Strategy.</li> <li>• The Senate were supportive of the approach and format of the strategy.</li> <li>• Some concerns were raised around the complexity of delivering one set of outcomes over 12 localities (boroughs and districts), especially when some PCNs, secondary and primary care providers work across the Borough's and Districts.</li> <li>• Discussions were held regarding having the correct metrics, including process measures.</li> <li>• Some concerns were raised around ensuring there is capacity in heart failure services to serve the patients identified at the BEAT events.</li> <li>• The importance of alignment with the existing portfolios priorities and work programmes, was highlighted, to ensure limited resources are used effectively to address health inequalities</li> <li>• The Senate <b>received</b> the SSOT ICP Health Inequalities Strategy update, and it was agreed that the outcomes and improvement frameworks would be presented to a future Senate meeting.</li> </ul>	No escalations to other Committees or the Board.
<b>Clinical Values and</b>	<ul style="list-style-type: none"> <li>• The Senate received a presentation titled</li> </ul>	No escalations to other

<b>Medicines Collaborative</b>	<p>system Collaborative Clinical Values and Medicine Plan.</p> <ul style="list-style-type: none"> <li>• The CV&amp;M collaborative has received a lot of system support.</li> <li>• The Senate <b>received</b> the Clinical Values and Medicines Collaborative update.</li> </ul>	Committees or the Board.
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<b>Quality Issues</b>
Nothing further that hasn't been highlighted within the above.

<b>Issues for escalation</b>
The impact that Medicines Shortages is having on the system (as above).

<b>Report to:</b>	Integrated Care Board					
<b>Date:</b>	26 September 2024					
<b>Title:</b>	ICS Finance Report					
<b>Presenting Officer:</b>	Paul Brown, Chief Finance Officer					
<b>Author(s):</b>	Helen Dempsey, Director of Planning					
<b>Document Type:</b>	Report			If Other: Click or tap here to enter text.		
<b>Action Required (select):</b>	<b>Information (I)</b>	<input checked="" type="checkbox"/>	<b>Discussion (D)</b>	<input type="checkbox"/>	<b>Assurance (S)</b>	<input checked="" type="checkbox"/>
	<b>Approval (A)</b>	<input type="checkbox"/>	<b>Ratification (R)</b>	<input type="checkbox"/>	<i>(check as necessary)</i>	
<b>Is the decision within SOFD powers &amp; limits</b>	NO					
<b>Any potential / actual Conflict of Interest?</b>	NO					
<b>Any financial impacts: ICB or ICS?</b>	NO					
<b>Any impacts on ICB Undertakings?</b>	<p><b>Yes</b></p> <p>YES Financial Controls Keeping the Plan under continuous review and will update it as required. Any proposed updates will be subject to review &amp; approval by NHSE. Robust financial controls and processes and reporting must be in place &amp; overseen through appropriate financial governance procedures / a track record of identifying &amp; addressing financial issues when they arise.</p>					
<b>Appendices:</b>	Click or tap here to enter text.					

**(1) Purpose of the Paper:**

The purpose of this paper is to update the ICB Board on the current financial performance of the System as at month 4 (July 2024). A verbal update on the emerging month 5 position will be provided.

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

	<b>Date</b>
System Performance Group/Turnaround Board	28.08.24
System Finance and Performance Committee	03.09.24

**(3) Implications:**

<b>Legal / Regulatory</b>	Failure of the ICS to achieve its financial duty to remain within its resource limit
<b>CQC / Patient Safety</b>	None specifically identified pertaining to this report
<b>Financial (CFO-assured)</b>	Risks to delivery of the plan signed off by the ICB Board have been identified in the report
<b>Sustainability</b>	Delivery of the financial plan is key to supporting the longer-term plan for financial sustainability
<b>Workforce / Training</b>	None specifically identified pertaining to this report
<b>Equality &amp; Diversity</b>	None specifically identified pertaining to this report

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<b>Due Regard: Inequalities</b>	None specifically identified pertaining to this report
<b>Due Regard: wider effect</b>	None specifically identified pertaining to this report

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

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

<b>(6) Executive Summary, incl. expansion on any of the preceding sections:</b>
<p>This report summarises the aggregate financial position as at month 4, compared to the year-to-date plan and sets out the position with regards to unmitigated risk to the agreed deficit of £90m.</p> <p>The System year-to-date position is £19.4m adverse to plan, which is a £51.2m deficit against a £31.8m deficit plan at month 4.</p> <p>The System has assessed net risk and this has increased by a further £15m to £103m following the outcome of the binding conciliation case and other emerging issues.</p>

<b>(7) Recommendations to Board / Committee:</b>
<ul style="list-style-type: none"> <li>The Board is asked to note <ul style="list-style-type: none"> <li>- the year to date deficit at month 4</li> <li>- that the aggregated net risk has increased by £15m to £103m</li> <li>- the steps being taken to address the adverse position</li> </ul> </li> </ul>

# Staffordshire & Stoke on Trent ICS

## Financial Position – July 2024

*ICB Board – 26 September 2024*



# Executive Summary

This report summarises the aggregate financial position as at month 4, compared to the year-to-date plan and sets out the position with regards to unmitigated risk to the agreed deficit of £90m. A detailed report was presented to the System Finance and Performance Committee on 3 September which detailed the steps being taken to address the adverse variance.

At month 4, at a System level we are reporting a year-to-date deficit position of £51.2m, which is a £19.4m adverse variance against the £31.8m deficit plan (Month 3 – year to date £33.4m deficit; variance to plan £6.9m). The year-to-date variance to plan sits within ICB (£10.5m) and UHNM (£9.3m) with small surplus at MPFT (£0.2m) and NSCHT (£0.1m). The deterioration in month 4 has been driven by a number of factors and more detail is included on the following slides. Key for the Board however is the impact of month 4 and other emerging issues on the net risk position:

- The most material of these is the crystallisation of the out of area contract risk following a binding conciliation. The impact of the conciliation is significant and means that c£30m additional payments to out of System providers has now crystallised.
- In addition to the crystallisation of the conciliation risk, we face the costs of industrial action which are no longer covered by additional income and the cost impact of increasing junior doctor capacity at UHNM.
- Key to the financial plan for 2024/25 is the delivery of material savings on CHC. Whilst we have successfully created a System Collaborative to drive improvements, unfortunately we have seen delays in implementing aspects of our delivery plan. Whilst we remain convinced that overall the savings are attainable we may see some of the delivery slip in 2024/25.
- Delays in the implementation of potential prescribing savings where we require Primary Care approval of data sharing.
- Finally, in common with other Systems, over recent weeks there is also increased certainty regarding the impact of pay re-banding. Whilst there is an in-year impact, the material issue is the extent of significant backdating for which there is no coverage within our existing plans.

In conclusion, on the review of our month 4 position and taken alongside the other risks, as a System we have assessed that our unidentified mitigations have risen by a further £15m to £103m.

The System has appointed a Recovery Director to helping get the System back on track with regards to the original £90m plan and we have until 13 September to produce a recovery plan. A verbal update on the status of the recovery plan will be given to the meeting.

# Month 4 Position

The System is reporting a year-to-date **adverse position of £19.4m**, which is a £51.2m deficit against the £31.8m deficit plan. The main drivers for the aggregate YTD position are efficiency slippage (£13.4m) and binding conciliation (£7.0m) with adverse impacts in medical staffing including industrial action (£2.8m) and CHC (£2.4m). These are partially offset by Dental underspend (£2.7m) and other non-recurrent mitigations (£6.4m).

Within the £19.5m there is a phasing mis-alignment between NHSE plan and UHNM which equates to £2.9m at Month 4, this is being reviewed with NHSE regarding but there is no conclusion yet.

System	Month 4		
	Plan	YTD	Variance
Income	1,631.5	1,637.2	5.8
Pay	(423.1)	(425.1)	(1.9)
Non Pay	(228.3)	(242.9)	(14.5)
Non Operating Items (exc gains on disposal)	(11.7)	(9.9)	1.8
ICB Expenditure	(1,000.1)	(1,010.6)	(10.5)
Total	(31.8)	(51.2)	(19.4)
			-1.2%

	Month 3		
	Plan	YTD	Variance
Income	1,222.2	1,221.4	(0.8)
Pay	(317.7)	(318.7)	(1.0)
Non Pay	(172.2)	(178.1)	(5.9)
Non Operating Items (exc gains on disposal)	(8.7)	(7.4)	1.3
ICB Expenditure	(750.1)	(750.6)	(0.4)
Total	(26.5)	(33.4)	(6.9)
			-0.6%

UHNM	Month 4		
	Plan	YTD	Variance
Income	383.1	391.2	8.1
Pay	(230.3)	(234.4)	(4.2)
Non-Pay	(139.0)	(153.2)	(14.2)
Non Operating Items (exc gains on disposal)	(12.4)	(11.5)	0.9
TOTAL Provider Surplus/(Deficit)	1.4	(7.9)	(9.3)
			-2.4%

	Month 3		
	Plan	YTD	Variance
Income	287.3	288.9	1.6
Pay	(172.5)	(175.8)	(3.3)
Non-Pay	(104.6)	(110.3)	(5.7)
Non Operating Items (exc gains on disposal)	(9.3)	(8.6)	0.7
TOTAL Provider Surplus/(Deficit)	0.8	(5.8)	(6.7)
			-2.3%

ICB	Month 4		
	Plan	YTD	Variance
Allocation	965.7	965.7	0.0
Expenditure	(1,000.1)	(1,010.6)	(10.5)
TOTAL ICB Surplus/(Deficit)	(34.4)	(44.8)	(10.5)
			-1.1%

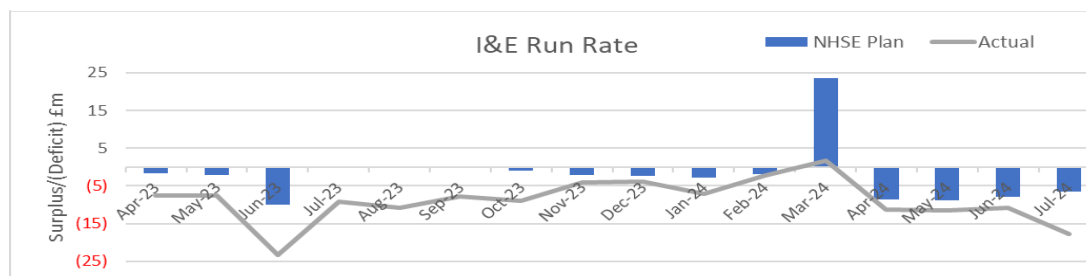
	Month 3		
	Plan	YTD	Variance
Allocation	722.4	722.4	0.0
Expenditure	(750.1)	(750.6)	(0.4)
TOTAL ICB Surplus/(Deficit)	(27.8)	(28.2)	(0.4)
			-0.1%

MPFT	Month 4		
	Plan	YTD	Variance
Income	226.9	225.4	(1.4)
Pay	(159.6)	(158.8)	0.8
Non-Pay	(67.0)	(66.8)	0.2
Non Operating Items (exc gains on disposal)	1.3	2.0	0.7
TOTAL Provider Surplus/(Deficit)	1.5	1.8	0.2
			0.1%

	Month 3		
	Plan	YTD	Variance
Income	170.7	168.8	(1.9)
Pay	(120.2)	(118.9)	1.2
Non-Pay	(50.8)	(50.4)	0.4
Non Operating Items (exc gains on disposal)	1.0	1.5	0.5
TOTAL Provider Surplus/(Deficit)	0.7	0.9	0.2
			0.1%

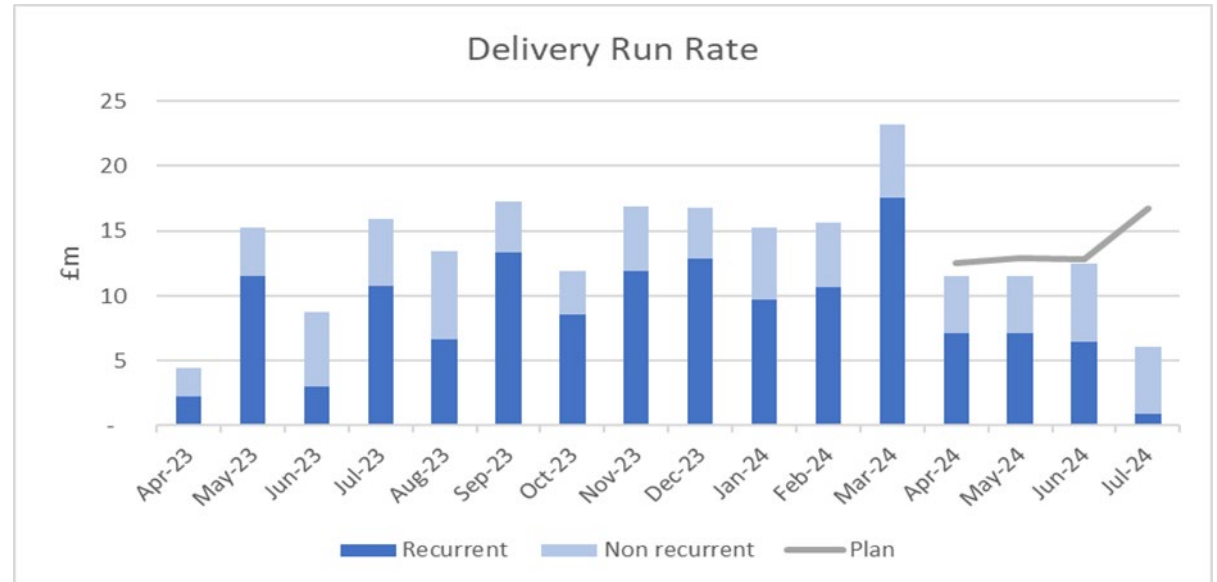
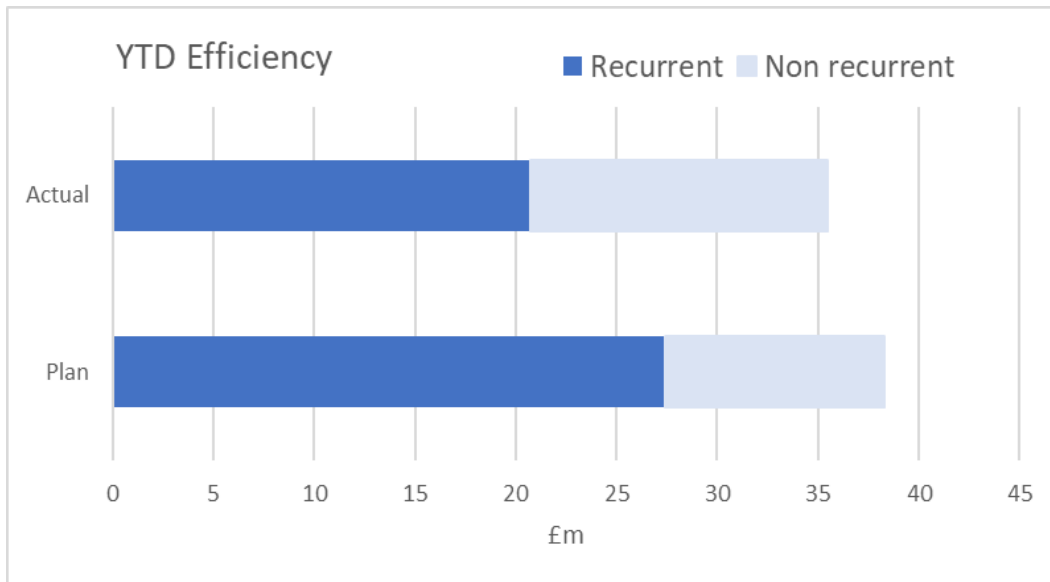
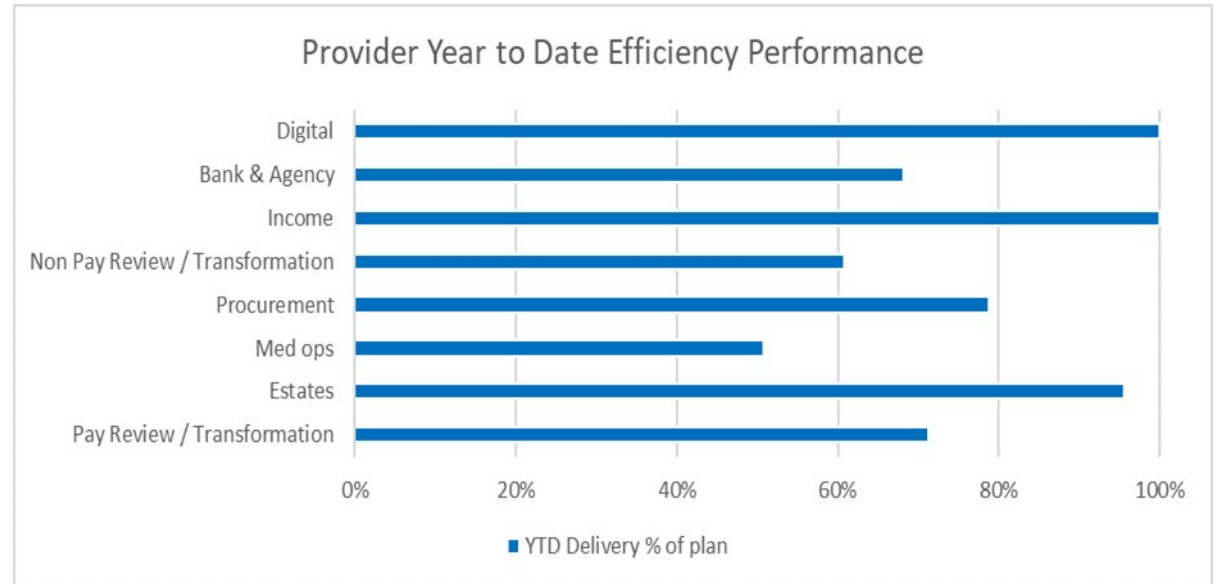
NSCHT	Month 4		
	Plan	YTD	Variance
Income	55.8	54.9	(0.9)
Pay	(33.2)	(31.8)	1.4
Non-Pay	(22.3)	(22.9)	(0.6)
Non Operating Items (exc gains on disposal)	(0.6)	(0.4)	0.2
TOTAL Provider Surplus/(Deficit)	(0.4)	(0.2)	0.1
			-0.2%

	Month 3		
	Plan	YTD	Variance
Income	41.8	41.4	(0.5)
Pay	(25.0)	(24.0)	1.0
Non-Pay	(16.7)	(17.3)	(0.6)
Non Operating Items (exc gains on disposal)	(0.4)	(0.3)	0.1
TOTAL Provider Surplus/(Deficit)	(0.3)	(0.2)	0.0
			-0.1%



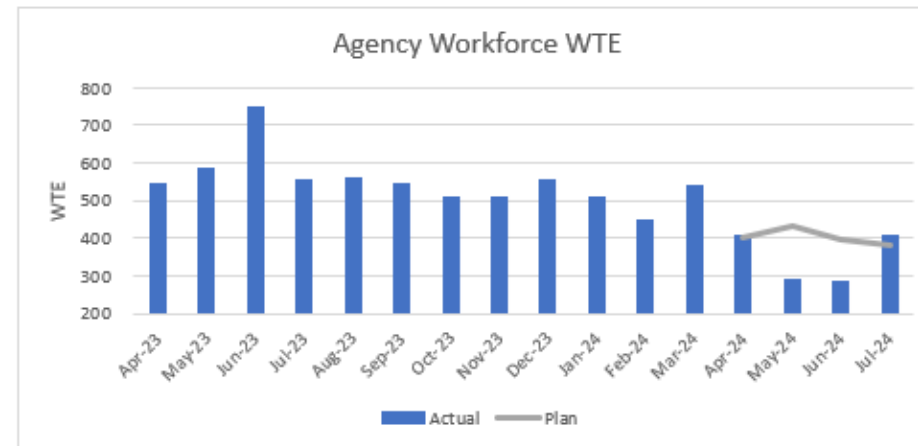
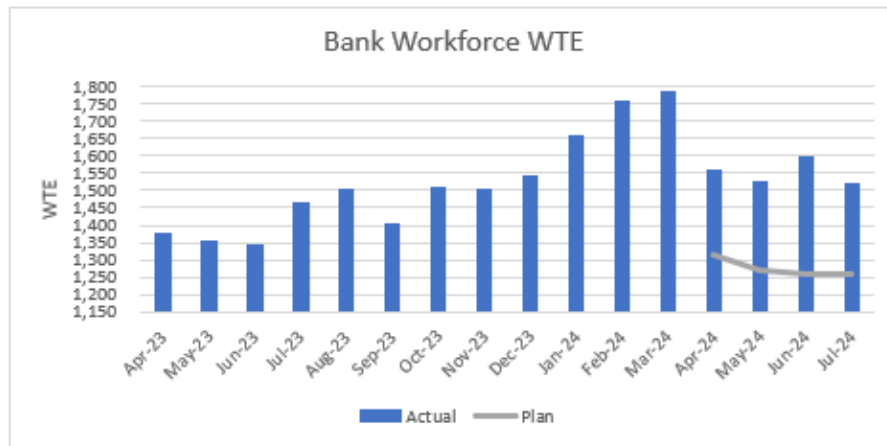
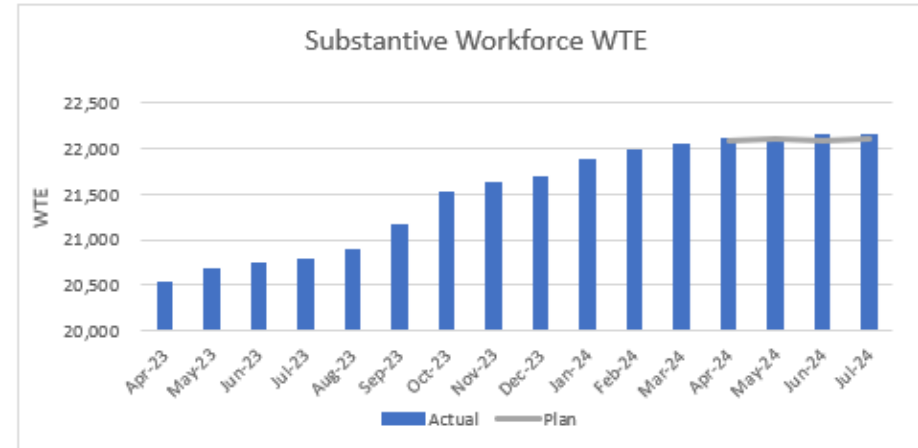
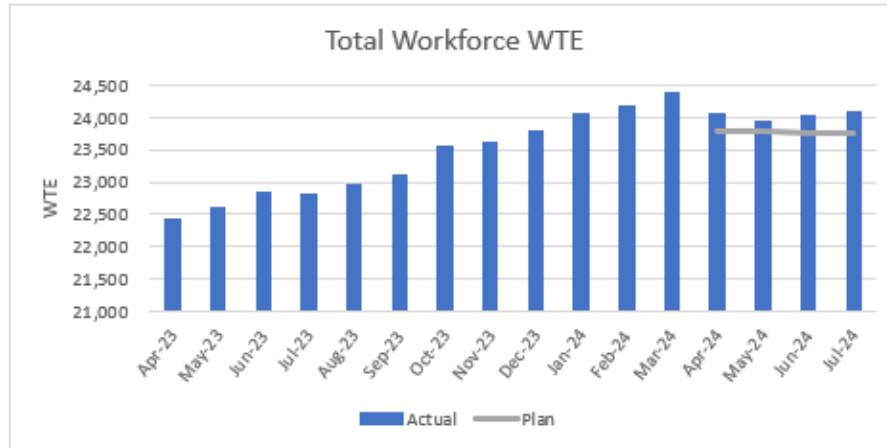
# Efficiency delivery

- **The System has delivered £41.5m of efficiency as of July 2024, this is £13.4m adverse against plan, which is largely at ICB (£9.5m) and UHNM (£4.0m)**
- The run rate deteriorated in month 4 following greater data sharing after the removal of the ethical wall in CHC and a deep dive into S117.
- The System efficiency programme totals £203m with £17.8m unidentified as of month 4, with work on going to identify further schemes, in month the level of high-risk schemes has increased from the ICB to reflect the level of agreed PIDs
- 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.



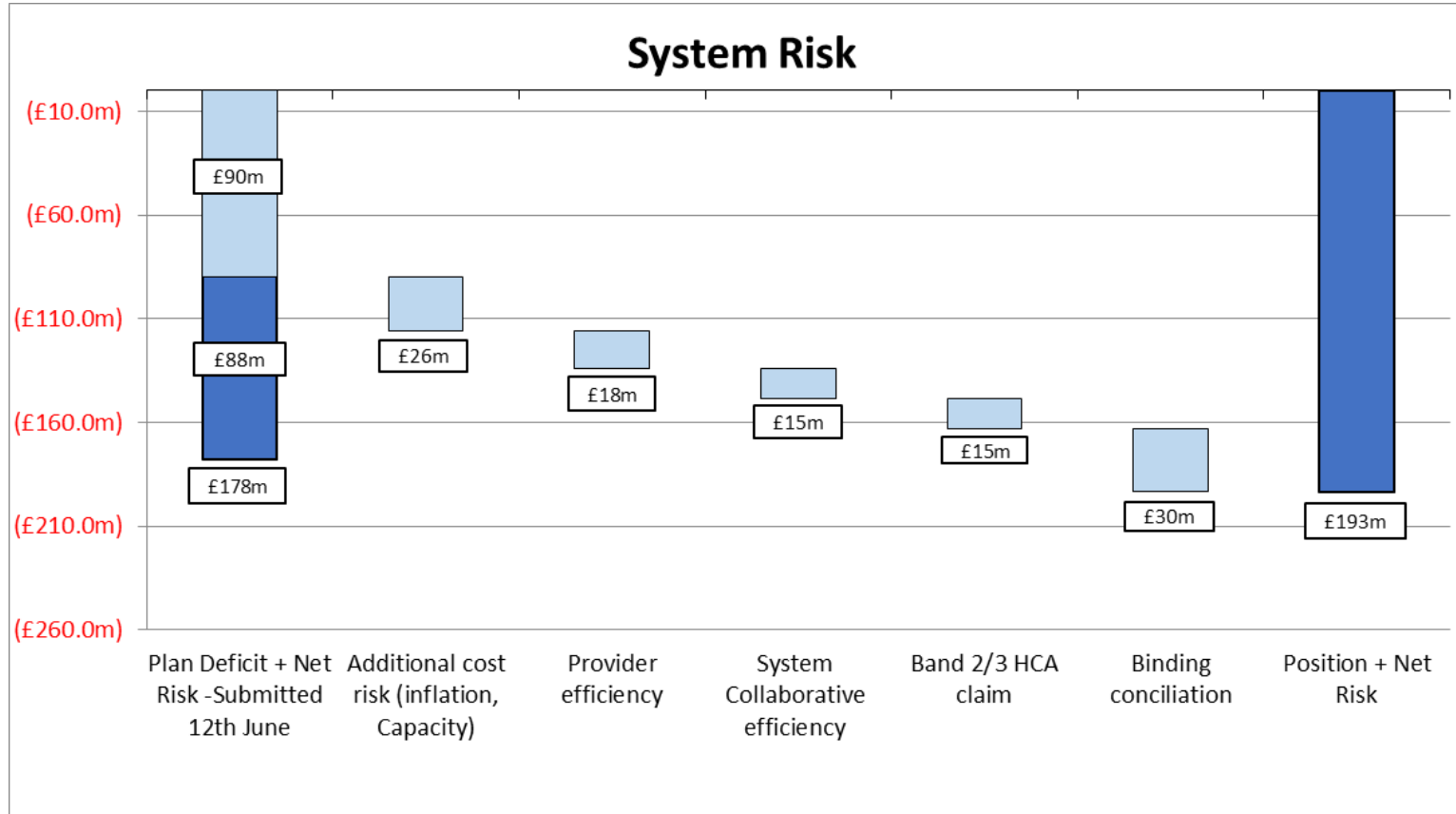
# Workforce

- Workforce costs amount to c70% of the System's spend. The System workforce numbers (substantive + bank + agency) were 24,378 in March 2024 and they have now reduced marginally (end of July) to 24,080. Within that we have achieved a reduction in agency equivalent to 136 WTEs, however we continue to experience higher levels of bank use than planned. It needs to be recognised that some of this relates to the additional activity being undertaken to address long waiters which will be covered by additional income into the System.



# Risk adjusted forecast outturn

Unmitigated risks as at the June 12 plan submission were £87.8m. In month 4 this has deteriorated as we have seen some further emerging risks leading to an increase in the unmitigated risk by £15m to £103m. The position and net risk drivers:



# Capital

- The System is now forecasting a compliant operational capital plan but faces some very significant risks and a major concern about the current year, and then in future as we have had to use CDC as brokerage, meaning that we already have a 2025/26 gap. We are into the territory where clinical risks will be significant if this is not addressed
- Mitigations are focussed around:
  - Securing PDC for national programmes within providers' operational capital plan
  - System brokerage with Derbyshire, pushes pressure into 2025/26 on repayment
  - Seeking opportunities through any potential disposals
- The forecast variance on IFRS16 is timing of reporting and will be updated in month 5 to a compliant position following actions during the month

Capital System Position 2024/25 (£'000)		YTD Plan	YTD Actual	YTD Variance	Annual Plan	Annual Forecast	FOT Variance
	Planned funding method						
Operational Capital	Internally Funded	11,780	7,509	4,271	43,721	43,721	0
	Disposals	-450	0	-450	-600	-600	0
	Charitable funds / Grants	0	-52	52	-2,533	-2,533	0
<b>Operational Capital Total</b>		<b>11,330</b>	<b>7,457</b>	<b>3,873</b>	<b>40,588</b>	<b>40,588</b>	<b>0</b>
CDEL	PDC	4,936	4,028	908	46,299	46,299	0
	Plus PFI Capital Charges	1,368	1,368	0	4,104	4,104	0
<b>CDEL Adjustments Total</b>		<b>6,304</b>	<b>5,396</b>	<b>908</b>	<b>50,403</b>	<b>50,403</b>	<b>0</b>
<b>IFRS16</b>	<b>IAS17 / IFRS16</b>	<b>3,619</b>	<b>774</b>	<b>2,845</b>	<b>13,010</b>	<b>16,778</b>	<b>-3,768</b>
<b>Total System Capital</b>		<b>21,253</b>	<b>13,628</b>	<b>7,625</b>	<b>104,001</b>	<b>107,769</b>	<b>-3,768</b>

**Enclosure No: 11**

<b>Report to:</b>	Integrated Care Board				
<b>Date:</b>	26 <sup>th</sup> September 2024				
<b>Title:</b>	<b>Report to the ICB Board on Performance</b>				
<b>Presenting Officer:</b>	Paul Brown – Chief Finance Officer				
<b>Author(s):</b>	Colin Fynn - Head of Intelligence and Analytics Alex Robinson - Head of Transformation Delivery Unit (TDU)				
<b>Document Type:</b>	Report				
<b>Action Required (select):</b>	<b>Information (I)</b>	<input checked="" type="checkbox"/>	<b>Discussion (D)</b>	<input type="checkbox"/>	<b>Assurance (S)</b> <input checked="" type="checkbox"/>
	<b>Approval (A)</b>	<input type="checkbox"/>	<b>Ratification (R)</b>	<input type="checkbox"/>	<i>(check as necessary)</i>
<b>Is the decision within SOFD powers &amp; limits</b>	<b>Yes / No</b>	YES			
<b>Any potential / actual Conflict of Interest?</b>	<b>Yes / No</b>	NO <i>If Y, the mitigation recommendations –</i> Click or tap here to enter text.			
<b>Any financial impacts: ICB or ICS?</b>	<b>Yes / No</b>	NO <i>If Y, are those signed off by and date:</i> The financial impacts are as outlined in the body of the report.			
<b>Any impacts on ICB Undertakings?</b>	<b>Yes / No</b>	NO <i>If Y, are those signed off by and date:</i> The financial impacts are as outlined in the body of the report.			
<b>Appendices:</b>	Performance Report				

**(1) Purpose of the Paper:**

The purpose of this paper is to provide the board with a summary of performance and programme delivery 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.

There is a separate finance pack being created, to inform of the current position, therefore for this month a finance section is not included in this pack.

<b>(2) History of the paper, incl. date &amp; whether for A / D / S / I (as above):</b>	<b>Date</b>
System Performance Group (I)	28/08/2024
System Finance and Performance Committee (S,D)	03/09/2024

**(3) Implications:**

<b>Legal or Regulatory</b>	Monitoring performance is a statutory duty of the ICB.
<b>CQC or Patient Safety</b>	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).

## NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Financial (CFO-assured)	N/A
Sustainability	N/A
Workforce or Training	N/A
Equality & Diversity	N/A
Due Regard: Inequalities	N/A
Due Regard: wider effect	N/A

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

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

<b>(6) Executive Summary, incl. expansion on any of the preceding sections:</b>
<p>The report is discussed at the System Finance and Performance Committee (SFPC). A number of modifications have been made to the report including the addition of the direction of travel from the previous month on the performance placemat. Metrics have been agreed for Improving Population Health (IPH) and Supporting Care Home Residents, however the data for these is quarterly and will not be available until September data is available.</p> <p>The key points of discussion around performance at SFPC on 3<sup>rd</sup> September 2024 noted in particular were:</p> <ul style="list-style-type: none"> <li>A deterioration was noted against improving access to Children and Young People Mental Health Services however this has been attributed to data quality issues and is not a cause for concern at this time.</li> <li>Urgent and Emergency care (UEC) measures are performing well following the opening of the Same Day Emergency Department (SDEC) at the Royal Stoke university Hospital Site. August has shown improved hospital flow, reduced Discharge to Assessment (D2As), improved assessment times and reduced dependence on corridor care improving both patient experience and safety. The 4 hour standard is 2% higher than plan and category 2 response times are now within the 30 minute tolerance for the year. However, the introduction of the new national ask to reduce handover delays to a maximum of 45 minutes is going to be challenging and has been identified as a risk. It was noted that virtual wards were below target however they did achieve maximum capacity on some days. Performance in the South continues to impact overall performance. The ICB are working with Royal Wolverhampton Trust (RWT) to increase the number of virtual ward placements to address this.</li> </ul>

- Overall, Planned Care measures are performing well however it was noted the number of 65 week waiters is behind trajectory due to a small number of complex patients. The Cost Weighted Average metric has not been populated in M3 while we await the publication of the official data by NHS England. Ear, Nose and Throat (ENT) remains challenged across the system due to capacity and workforce pressures. Mutual aid has been widely explored but is not currently available.
- Discharge pathways are showing as below plan for Pathway0, Pathway1 and Pathway2 however Pathway3 is performing above than plan.
- Learning Disability and/or Autism Mortality Reviews deteriorated to 75% in the month of July, however this equates to just 8 patients with 6 of them not having had their reviews.
- It was noted that Priority 4 and 5 were lacking in both performance metrics and key deliverables providing limited assurance against 2 of the 5 priorities set out in the operational plan. This will need to be an area of focus for next month.
- It was noted that Secondary User Service (SUS) data was incomplete for some providers. A task and finish group will be established to work through data flow issues, particularly around establishing Elective Recovery Fund (ERF) data.

### **(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 progress to date high-level key programme deliverables

# Performance Report

26<sup>th</sup> September 2024

Prepared for the ICB Board by the ICB Intelligence team



## This report contains for discussion:

1. A [placemat that demonstrates at a high-level, key performance metrics](#) based on the System 2024/2025 operational plan and 5 system priorities.
2. A [placemat that demonstrates at a high-level an overview of Programme delivery](#) and delivery against the 5 system priorities.
3. An [overview of key performance and programme delivery](#), which are under Plan or Target / Delivery Off track; Drivers of underperformance and programme delivery; Top 3 Planned actions provided by portfolio.

## To note:

1. This report is focussed on the 2024/25 ICS operational plan, on an exception-based approach highlighting areas off track and areas which portfolios have put forward for escalation. Such areas have been defined through detailed local Portfolio dashboards where a wider range of measures are monitored.
2. A specific finance report is being submitted given the current financial position. Therefore, the finance section is not included within this summary.

Ctrl and click on any underlined text for further detail.

# Overview of Key Performance June 2024 Priorities 1 and 2

①

Eliminate delays in access to treatment and long waits for care					
Urgent and Emergency Care		Planned Care			
Category 2 Response < 30m	00:10:04	▼	Cost Weighted Activity (ICB). National published data not available from NHS England		
Accident & Emergency 4-hour wait 78% target by March 25 (UHNM)	0.9%	▲	Elective Activity - Daycases (ICB)		
Adult General & Acute (G&A) bed occupancy ≤92% (UHNM)	7.9%	▲	Elective Activity - Ordinary Elective (ICB)		
Utilisation of Virtual Wards target 80% (ICB)	-6.3%	▲	Elective Activity - Outpatient Procedures (ICB)		
Ambulance Hours lost due to Handover delays > 15m (UHNM)	1029	▲	Elective Activity- Outpatient First Appointment (ICB)		
12 hours in Emergency Department Performance (UHNM)	8.6%	▲	% OP attends for first appointments or follow-up appointments with a procedure (ICB)		
<b>Mental Health, Learning Disabilities &amp; Autism</b>			Reduction in Outpatient Follow-up against 2019/20 baseline (ICB)		
Learning disability registers and annual health check (Jul)	-0.7%	▲	Eliminate 65 week waits by September 2024 (ICB)		
Improve access to perinatal mental health services	-142	▲	Increase theatre utilisation (85% UHNM)		
Improve access to Children and Young People Mental Health services	-387	▼	Cancer 28-day Faster Diagnosis 77% by March 2025 (ICB)		
Improve access to Adult Mental Health services (no data)			Number of patients waiting over 62 days (ICB)		
Access to a course of Talking Therapy	79	▼	Cancer non-specific pathway		
Median wait to start autism assessment (CYP & adult North - May, CYP South - Jun)	Unable to add medians	▲	% of lower GI suspected cancer referrals with Faecal Immunochemical Test result (ICB)		
Median wait to complete autism assessment (CYP South - Jun)	49	▲	Community Bed occupancy rate		
<b>Children &amp; Young People</b>		<b>Primary Care</b>			
Reduce Children and Young People in residential care outside Staffordshire	21	▼	Dental Activity delivered		
Reduce Children and Young People in residential care outside Stoke-on-Trent	7	▲	<b>Medicines Optimisation</b>		
			Pharmacy First Provision – number of interventions	3,462	▲

②

Improving access to high quality, sustainable primary care			
Primary Care			
General Practice Appointments	8.0%	▼	
General Practice Appointments in <2 weeks (85% target)	6.1%	▲	
Additional Role Reimbursement Scheme Full Time Equivalent	8.6%	▼	
Workforce: GP Full Time Equivalent	3.8%	▼	
<b>Planned Care</b>			
Deliver increased diagnostic activity levels (ICB)	-0.7%	▼	
Patients that receive a diagnostic test within 6 weeks (ICB)	-11.0%	▼	
<b>Mental Health, Learning Disabilities &amp; Autism</b>			
Recover the dementia diagnosis rate to 66.7%	1.2%	▲	

**TRAFFIC LIGHT KEY:**

**Against plan or target:**  
Var Under performing, with var  
Var Met or over perform plan / I with variance  
Q Quarterly Indicator

**Against previous period**

▼ Improvement  
 ▲ Deterioration  
 ▼ Deterioration  
 ▲ Deterioration  
 — No change

# Overview of Key Performance June 2024 Priorities 3, 4 and 5

3

4

5

Delivering joined up proactive & preventative support & care				Delivering compassionate care of the frail and elderly				Supporting Care Home Residents					
Mental Health & Learning Disabilities & Autism		Children & Young People		Urgent and Emergency Care				Urgent and Emergency Care					
Eliminating Out of Area Placements	0	▼	Reduce emergency admissions for epilepsy - rate per 100,000	-3.2	▲	80% discharges on Pathway 0 (ICB)	-2.0%	▼	Achieve the 70% two-hour urgent community response standard (ICB)	n/a			
Talking Therapy Reliable Improvement (67% target)	5.9%	▲	Reduce emergency admissions for asthma - rate per 100,000	-7.5	▼	Discharges on Pathway 1 (ICB)	2.0%	▲	Medicines Optimisation				
Talking Therapy Reliable Recovery (48% target)	4.9%	▲	Maternity and Neonates		Discharges on Pathway 2 (ICB)	0.7%	▲	Structured Medication Reviews in last 12 months (Q1)				7.7%	▲
Severe Mental Illness health checks (Q1) - original data source is reported here for reference only until GPES data available (not possible to compare them)	9.8%	n/a	Stillbirth rate (per 1000)	3.7	▲	Reduce number of discharges on Pathway 3 to below 1% (ICB)		0.7%	▼	Integration			
Learning disability & Autism reliance on inpatient care (Adult) (Q1)	-3	■	Neonate Mortality (rate per 1000) - UHNM only	-2.0	■	Improving Population Health				Admission to care homes		Q	
Learning disability & Autism reliance on inpatient care (<18) (Q1)	2	▼	Brain injury (rate per 1000) - UHNM only	-2.0	■	Increase uptake of Flu vaccination (Sept - March)				Primary Care			
Learning Disability and/or Autism Mortality Reviews (100% target) (Jul)	-75%	▼	The % of full - term babies admitted to a neonatal unit (UHNM only)	-0.7%	▼	Increase uptake of COVID vaccination (Sept - Jan.)				% of Care Home Patients with ReSPECT Documentation		Targets TBC	
End of Life, Long-term Conditions and Frailty		Improving Population Health		Integration				% of Care Home Patients with a Personalised Care Plan				Targets TBC	
Prevalence rate of Palliative care registers	0.002%	▼	Children and Young People vaccination uptake - MMR2	Q		Prevent emergency admission Ambulatory care (Staffordshire)		Q		Mean number of Multidisciplinary Team meetings per care home resident aged >18		Targets TBC	
Patients receiving all 8 care processes for Diabetes -Type 1 (cumulative July)	2.1%	▲	Children and Young People vaccination uptake - Pertussis maternal vaccination	Q		Prevent emergency admission Ambulatory care (Stoke-on-Trent)		Q		<b>TRAFFIC LIGHT KEY:</b> Against plan or 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			
Patients receiving all 8 care processes for Diabetes -Type 2 (cumulative July)	1.2%	▲	Hypertension: Percentage of patients treatment to recommended age specific thresholds	Q		Improve access to fall service from A&E (Stoke-on-Trent)		Q					
National Diabetic Prevention Programme - referrals	2.7%	▼	Cholesterol: Percentage of patients with QRISK 20% or more treated with lipid lowering therapy	Q		Improve access to fall service from A&E (Staffordshire)		Q					
National Diabetic Prevention Programme - commence	12.7%	▲				Discharge to usual place of residence (Stoke-on-Trent)		Q					
						Discharge to usual place of residence (Staffordshire)		Q					

**Please note**

- SMI Health Checks (priority 3); It's a quarterly measure which has a new plan and a new metric (% not count), and in time a new data source, so we can't compare to any period.
- 70% UCR response; Activity categorisation issues within Community Services Data Set (CSDS) submission still present; Fix applied after last submission date therefore corrected position will only be available next month.
- Care Home targets for Respect, PCPs and MDTs are not available for Q1. Targets from Q2 onwards are being agreed with the Primary Care Team



**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
<b>Urgent and Emergency Care</b>	<b>Adult General &amp; Acute (G&amp;A) bed occupancy</b> – Latest performance (July 2024) was 92.2%, up from 92% the previous month and marginally above target. It was 7.9% above plan and 1.6% above the same period last year.	<ol style="list-style-type: none"> <li>1. Covid-19 applied pressures on the bed base throughout most of July 2024. The latest bed figures indicate a reducing burden into August as numbers go down.</li> <li>2. Type 1 conversion rate increased by 0.5% throughout July 2024 as Type 1 attendances minimally increased, whilst Type 3 decreased by 3.4%</li> </ol>	<ol style="list-style-type: none"> <li>1. Pilot of placing Integrated Discharge Hub staff within emergency portals to identify patients who have an existing package of care and facilitate an earlier discharge that would support reinstatement of care within the community competed. Currently under review with decision to be made on taking to board within 4 weeks.</li> <li>2. Ward Standard Work Programme continues within UHNM to adapt a standard approach to discharge processes across all wards</li> </ol>
	<b>Virtual Wards (VW)</b> – Latest performance for July 2024 was 74.9% (18/07/2024), below plan for both occupancy and capacity but above the Midlands occupancy rate of 63%. Regionally 35% of VW beds utilised 'tech enabled' services compared to 75% of ICB VW beds.	<ol style="list-style-type: none"> <li>1. Due to current low levels of patient eligibility, it is not viable to open additional capacity which would not get utilised.</li> </ol>	<ol style="list-style-type: none"> <li>1. Review configuration of current and future Virtual Wards to assess suitability of patient conditions eligible for Virtual Ward beds in respect of bed usage and appropriate volume.</li> <li>2. South-West Staffordshire Model Test of Change to be completed with a dedicated team based at County Hospital to support patients within this locality.</li> </ol>
	<b>Ambulance Hours Lost due to handover delays (&gt; 15 minutes) at University Hospitals North Midlands (UHNM)</b> – Latest performance is 4,049 hours lost, which is above plan for July 2024, and significantly above the 2,257 reported for July 2023.	<ol style="list-style-type: none"> <li>1. Majority of increase in time attributable to individual days where overnight pressures from the previous day resulted in sustained delays over the following 24 and 48-hour periods.</li> <li>2. Five Category 1 arrivals within a 14-minute window on one evening created pressure that was not cleared until 11 hours later.</li> <li>3. Hospitals Ambulance Liaison Officer (HALO) continuing with interim support through agency staffing whilst longer term model is finalised.</li> </ol>	<ol style="list-style-type: none"> <li>1. Mobilisation of new Same Day Emergency Care (SDEC) facility to support flow within the department.</li> <li>2. Implementation of an in-house alternative HALO model Test of Change proposed subject to sign off of Business Case.</li> </ol>
	<b>Proportion of patients spending more than 12 hours in Emergency Department at UHNM</b> – Latest performance is 8.6% for July 2024 which is above the national aim of 0 and 0.5% above the same period last year. In comparison the Midlands average for July 2024 was 9.2%.	<ol style="list-style-type: none"> <li>1. Continued high bed occupancy reduced flow out of A&amp;E with 34.3% of discharges in July 2024 taking place after 5pm, up from 32.8% during June 2024, with Discharges to Pathway 1 showing the greatest increase in delays on the day.</li> <li>2. Increasing Lengths of Stay due to patients staying in hospital after the decision to discharge was made across all 3 cohorts (7+, 14+ and 21+ days).</li> </ol>	<ol style="list-style-type: none"> <li>1. Mobilisation of new SDEC facility to support flow within the department.</li> </ol>
	<b>Average Ambulance Handover Time at UHNM</b> – Ambulances at UHNM handed over their patients in an average time of 1hr 3m during July, 1½ minutes over plan but 1½ minutes faster than the previous month.	<ol style="list-style-type: none"> <li>1. Reduced flow within A&amp;E due to bed pressures continued to impacted handover performance.</li> <li>2. Hospitals Ambulance Liaison Officer (HALO) continuing with interim support through agency staffing whilst longer term model is finalised.</li> </ol>	<ol style="list-style-type: none"> <li>1. Mobilisation of new SDEC facility to support flow within the department.</li> <li>2. Implementation of an in-house alternative HALO model Test of Change proposed subject to sign-off of Business Case.</li> </ol>



**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
<b>Mental Health (MH) and Learning disability (LD)</b>	<p><b>Improving Access to Perinatal (MH) Services</b> - 870 women had at least one contact with the service in the rolling 12 months to June 2024.</p> <p>This is 142 (14%) under the monthly trajectory (1,012).</p>	<ol style="list-style-type: none"> <li>NHS England made changes to the Mental Health Services Dataset (MHSDS) in 2024/25, including how activity is allocated to commissioners.</li> <li>Midlands Partnership Foundation Trust (MPFT) experienced issues with their April 2024 MHSDS submission. Waiting to find out if these persist as local data remains higher.</li> </ol>	<ol style="list-style-type: none"> <li>In contact with NHS England to explore how activity is allocated to commissioners.</li> <li>Liaising with MPFT to understand why there is a disparity between local and national datasets.</li> </ol>
	<p><b>Improving Access to Children and Young People (CYP) (MH) Services</b> – 13,985 CYP had at least one contact with the service in the rolling 12 months to June 2024.</p> <p>This is 387 (2.7%) under the monthly trajectory (14,372).</p>	<ol style="list-style-type: none"> <li>NHS England made changes to the MHSDS in 2024/25, including how activity is allocated to commissioners.</li> <li>Possible underreporting of activity.</li> <li>Possible workforce capacity issues.</li> </ol>	<ol style="list-style-type: none"> <li>Working with providers to understand why there is a disparity between local and national datasets.</li> <li>The Chief Information Officer at North Staffordshire Combined Healthcare Trust is leading on a data quality piece across the system.</li> <li>The MH Senior Portfolio Manager is leading on a demand and capacity piece across the system, which will include review of service specifications, referral quality and consistent reporting by providers.</li> </ol>
	<p><b>Autism - median wait to start assessment</b> – in May / June 2024, median waits exceeded the quarter one target of 19 weeks (by 23 to 34 weeks).</p> <p><b>Median wait to complete assessment</b> – a median wait of 89 weeks was reported in June by MPFT (South) for children (49 over the quarter one target of 40 weeks).</p> <p>Both measures have a quarterly target.</p>	<ol style="list-style-type: none"> <li>Increasing demand: since March 2024, the total number of children waiting for assessment has increased by 37% at MPFT (South) and by 6% at North Staffordshire Combined Healthcare NHS Trust (NSCHT).</li> </ol>	<ol style="list-style-type: none"> <li>Provider reporting is in development, including a dashboard and infographic.</li> <li>Work is going through the Mental Health portfolio to understand data quality and the patients on the waiting list.</li> <li>A report and improvement plan has been developed, this will be presented to the ICB Mental Health meeting and then shared with NHS England.</li> <li>ICB working with ICS to support a collective regional action plan with our Regional NHSE colleagues. Report to be completed in September with regional workshop planned for October.</li> <li>Working group sessions are due to commence in September.</li> </ol>
	<p><b>Learning disability (LD) Annual Health Checks (AHC)</b> – 18.7% of eligible people had their health check in July 2024. Below the monthly trajectory (19.3%), but an improvement on the same period last year (17.0%). This measure has a quarterly plan.</p>	<ol style="list-style-type: none"> <li>Performance increases as the year progresses due to when health checks are historically scheduled to take place.</li> <li>Performance in July 2024 is lower in Staffordshire (17.3%) compared to Stoke-on-Trent (21.7%).</li> <li>Performance in July 2024 is lower for children (12.8%) compared to adults (19.1%).</li> </ol>	<ol style="list-style-type: none"> <li>ICB and ICS based LD Colleagues connect all professionals involved in AHCs across the ICS and have found that every year our performance has improved as we share best practice. We will continue to use this approach and the recommendations that flow out of this process.</li> <li>Focused action plans to be developed including children and parents.</li> </ol>



**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
<p><b>Children and Young People (CYP)</b></p>	<p>Reduce CYP in residential care outside Stoke-on-Trent - 89 placements in July 2024, above the same month in 2023 by 7 (82 in July 2023).</p>	<ol style="list-style-type: none"> <li>1. Local Authority data for Stoke-on-Trent – increasing numbers above the same month last year (which is the local target).</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> <li>2. Children's Improvement Board in place and led by LA with attendance from ICB.</li> <li>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.</li> </ol>



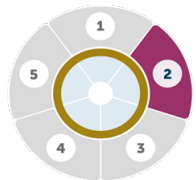
**Local Priority**

**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
<b>% outpatients attends for first appointments or follow-up appointments &amp; appointments with a procedure (ICB)</b>  <b>Reduce Outpatient Follow ups v2019/20 level</b>	In June 2024, the % of outpatient attends for first appointments or follow-up appointments with a procedure was <b>46.5% against a target of 47.5%</b> .  This metric is derived from the number of outpatient procedures which was <b>below plan, in June 2024, by 13.5%</b> , and the number of outpatient first appointments which was <b>below plan, in June 2024, by 8.8%</b>	1. In June 2024, Secondary User Service (SUS) data was not available for Omnes or Health Harmonie (accounting for over 2,000 procedures and 1,900 first appointments).	1. ICB liaising with the Midlands and Lancashire commissioning support unit (CSU) and providers to ensure final June 2024 includes missing data.  2. Meet with Transformation Leads at NHSE and UHNM at the Outpatient Transformation Monthly Call
	In June 2024 there was a <b>3.5% higher level of outpatient follow-ups compared to June 2019</b> .	1. All main providers currently have levels of activity for outpatient follow-ups above 2019/20 levels.	1. UHNM identifying which specialities are contributing to this to improve performance. 2. Further understand how the Outpatient Follow-ups relate to new Outpatient appointments.
<b>Increase theatre utilisation</b>	In June 2024 theatre utilisation was <b>77.5% at UHNM, against the target of 85%</b> .	1. Variety of causes, fully articulated through Tier 1 packs. These are available for the committee if required.	1. Significant scrutiny is in place at UHNM to look at ways to improve theatre utilisation, including 'Getting It Right First Time' (GIRFT) and regional NHSE input.
<b>Cancer – Faecal Immunochemical Test (FIT)</b>	The percentage of patients referred with suspected lower gastrointestinal (GI) cancer, with a FIT result was <b>51.8%</b> (year-to-date cumulative position to June 2024).  This is <b>under the plan of 80.6%</b> (year-to-date cumulative plan to June 2024).	1. Data extracted directly from primary care clinical systems. Lower reported percentage linked to issues with clinical coding and/or lower performance.  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 who report lower recorded rates, to improve coding and processes.

**Other Key Points Aligned to Priority and Plan Close down letter**

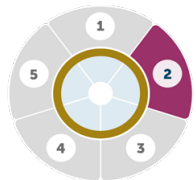
- **Cost Weighed Activity.** The target set for the ICB is to achieve 102.88% of the 2019/20 level of activity. The 2019/20 baseline is £334.8m and the target value for 2024/25 is £344.5m. **No actual values have been released by NHS England for 2024/25.**
- **Elective - 52+ week waits 6,683** at the end of June 2024 **Below the plan (of 7,153)** submitted to NHSE by 470 patients. For children, the number of patients on the WL has reduced to 525 but is still above plan by 254 patients. UHNM mobilising divisions in September 2024 to meet 52-week target, with the initial focus in clearing the 65 weeks backlog by the end of September 2024.



**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
<p><b>Primary Care - Workforce</b></p>	<p><b>Additional Roles Reimbursement Scheme (ARRS)</b> stands at 588.7 Full Time Equivalent (FTE) for June 2024, below the Q1 target of 644 FTE.</p>	<ol style="list-style-type: none"> <li>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.</li> <li>Reporting discrepancies between published data and the ARRS claims portal which for June 2024 shows ARRS FTE to be much higher at 686.6.</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> <li>PCN workforce plans and challenges are being discussed as part of PCN Support meetings.</li> <li>Ongoing work being undertaken by the national team to align the roles within the National Workforce Reporting Service (NWRS) dataset and the ARRS claim portal to improve consistency in reporting.</li> <li>The primary care team are working with individual PCNs to ensure they are regularly reviewing and updating the NWRS to improve accuracy of their submissions and are in line with claims made via the PCN claims portal.</li> </ol>
	<p><b>GP FTE</b> has seen further decrease, standing at 687.9 for June 2024, below the Q1 target of 715 FTE.</p>	<ol style="list-style-type: none"> <li>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.</li> <li>Practices are using a wider skill mix of staffing roles e.g. nursing and ARRS roles which are more financially viable.</li> <li>The issue is a nationwide one and NHS England have recently conducted a deep dive exercise into the issue.</li> </ol>	<ol style="list-style-type: none"> <li>The Workforce Implementation Group (WIG) is developing a workforce delivery plan for sign off in September 2024.</li> <li>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.</li> <li>The primary care team are working with individual practices to encourage accurate reporting of GP Trainees and Salaried GPs as it is felt these roles are being under reported.</li> </ol>



**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
Diagnostic waits and activity	<p>The % of patients waiting within 6 weeks for a diagnostic test at the end of June 2024 was 69.7%, against a plan of 80.7%.</p> <p>This is for the ICB patients at all providers.</p>	<ol style="list-style-type: none"> <li>The tests failing the 6-week plan in June 2024 were Magnetic Resonance Imaging, Computed Tomography, Non-Obstetric Ultrasound, Echocardiography and Audiology.</li> <li>For paediatric audiology diagnostic waiting times may further deteriorated due to planned Harm Reviews.</li> <li>July 2024 saw an above average increase in primary care driven referrals to imaging of 14% (annual rate 9.7%)</li> </ol>	<ol style="list-style-type: none"> <li>UHNM are in the process of sourcing extra Non-Obstetric Ultrasound capacity from external source.</li> <li>Paediatric audiology waiting times are routinely monitored at the weekly Tier 1 meetings</li> <li>To establish an understanding of what radiology imaging increases are present and whether this is related to changes in pathways or collective action. The significant increase has been observed at UHNM, further understanding to be gained of whether this is more widespread (system/ region/ nationally).</li> </ol>
	<p>Number of diagnostic tests carried out in June 2024, was 48,466 against a plan of 48,811 (0.7% below plan).. The ICB met the planned level of activity in April and May 2024, and is meeting the year-to-date target.</p> <p>This is for the ICB patients at all providers.</p>	<ol style="list-style-type: none"> <li>The only tests which have consistently failed to meet target in 2024/25 are Non-Obstetric Ultrasounds, Endoscopy tests and Echocardiography.</li> <li>There have been capacity issues with endoscopy at UHNM, which will be addressed by the opening of the new mobile unit (mid-August 2024)</li> <li>For Non-Obstetric Ultrasounds, there is a 44% gap in the workforce at UHNM. Although trainees recently recruited, the services has also received resignations.</li> </ol>	<ol style="list-style-type: none"> <li>Endoscopy capacity outsourcing has been procured, with the service due to start in August 2024. Endoscopy is discussed via the regional tiering arrangements and financial support has been awarded to address.</li> <li>See above for Non-Obstetric Ultrasound action.</li> </ol>



**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
<b>Learning Disability and/or Autism</b>	<p>Reliance on inpatient care for people with a <a href="#">learning disability and/or autism under 18 years of age</a> – there were 7 inpatients in July, a reduction of 1 patient on last month. This measure has a quarterly plan (Q1 = 6, Q2 = 5).</p>	<ol style="list-style-type: none"> <li>1. Case mix is becoming more complex.</li> <li>2. The trend of late autism diagnosis in children is reported by NHSE as a national trend.</li> </ol>	<ol style="list-style-type: none"> <li>1. Invested in improved diagnosis process.</li> <li>2. Fortnightly focused case analysis of child inpatients is helping to coordinate discharges in August and September. There a discharge planned to take place on 19<sup>th</sup> August, a transition to an adult in the next few days, a discharge is due on the 3rd September and another due mid September.</li> </ol>
	<p><a href="#">Learning Disability and/or Autism Mortality Review (LeDeR)</a>: Of 8 reviews due to be completed in July 2024, 2 (25%) were completed, 6 (75%) have been placed 'on hold' pending external investigations being completed (Police, Coroner, Safeguarding), 0 breached.</p>	<ol style="list-style-type: none"> <li>1. An inherited backlog following a contract change.</li> <li>2. A number of reviews are on hold due to external investigations.</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> <li>2. There are now only 9 reviews to be allocated for notifications from April 2024 - 9th August 2024.</li> </ol>
<b>Maternity and Neonates</b>	<p><a href="#">Stillbirth rate per 1000</a> - a rate of 5.7 in July 2024 is both a sharp increase on the previous month (of zero) and significantly above the 2023/24 value of 2 (per 1000).</p>	<ol style="list-style-type: none"> <li>1. An increase in still births to 3 (from zero last month) against an increase in births in July 2024 has driven the rate [per 1,000] up.</li> </ol>	<ol style="list-style-type: none"> <li>1. Data will be reviewed at the Maternity Quality and Safety Oversight forum to identify any learning or themes, at the 19<sup>th</sup> August 2024 meeting.</li> </ol>
<b>End of Life, Long Term Conditions &amp; Frailty</b>	<p>Scale up of an <a href="#">enhanced Falls</a> prevention program due to available resources.</p>	<ol style="list-style-type: none"> <li>1. The ICB has identified the model of care that needs to be rolled out, but this requires investment.</li> </ol>	<ol style="list-style-type: none"> <li>1. The ICB is reviewing what can be delivered in the short term within existing resources and across partners.</li> </ol>
	<p>Despite a successful evaluation, the ICB has been unable to continue with the <a href="#">accelerated beds</a> project.</p>	<ol style="list-style-type: none"> <li>1. The ICB has been unable to secure additional funding to keep these beds open, despite the evaluation demonstrating that the project avoids admissions and supports early discharge.</li> </ol>	<ol style="list-style-type: none"> <li>1. This will be picked up through the surge planning process and the commissioning plan for specialist palliative care provision moving forward.</li> </ol>



**Local Priority**

**Delivering compassionate care of the frail and elderly**

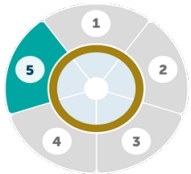
Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
UEC	80% discharges on Pathway 0 (ICB) – Performance in July 2024 slipped from 76.52% to 76.18%, which is 2% below plan and 5.1% above July 2023. <sup>1</sup> Current position as of 11 <sup>th</sup> August: 78.41%.	<ol style="list-style-type: none"> <li>1. Increased Lengths of Stay are impacting on the pathways discharges are happening under.</li> <li>2. From a complex discharge perspective, the average time taken to facilitate a discharge over the last 6 months has been 2.7 days and whilst it has improved to 2.1 days for June (July data not available) there continue to be individual instances of extended delays.</li> <li>3. Identified improvements within Integrated Discharge Hub (IDH) processes not currently in scope until IDH staff are relocated into each portal and 7-day working rolled out across all sites.</li> </ol>	<ol style="list-style-type: none"> <li>1. Ward Standard Work Programme continues within UHNM to adapt a standard approach to discharge processes across all wards.</li> <li>2. IDH in-reach within emergency portals to identify patients who have an existing package of care and facilitate an earlier discharge that would support reinstatement of care within the community.</li> <li>3. Implementation of High Risk of Delayed Discharge Tool for complex patients to support identification of patients and focused interventions.</li> </ol>
	Discharges on Pathway 1 (ICB) – Performance in July 2024 rose marginally from 19.62% to 19.68% which is 2% above plan but 0.1% below July 2023. Current position as of 11 <sup>th</sup> August 2024: 17.57%		
	Discharges on Pathway 2 (ICB) – Performance in July 2024 rose from 3.23% to 3.6% which was 0.7% above plan and 0.2% above July 2023. Current position as of 11 <sup>th</sup> August 2024: 3.45%.		
Frailty	Scale up of the <a href="#">frailty programme</a> within the portfolio has not been possible due to available resources.	<ol style="list-style-type: none"> <li>1. The E.L.F Frailty programme has identified and developed the model of care.</li> <li>2. A test of change has been delivered and an economic evaluation has been completed to identify the level of investment required to be rolled out, but the level of investment is significant.</li> </ol>	<ol style="list-style-type: none"> <li>1. The investment requirements will be shared with the system leads as the return on investment is also significant.</li> <li>2. The ICB is reviewing what can be delivered in the short term within existing resources.</li> <li>3. As part of the Medium-Term Plan development, we need to look at whether we can establish a non recurrent investment reserve to support transformational change.</li> </ol>

<sup>1</sup> 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.

**Other Key Points Aligned to Priority**

The following [Improving Population Health Metrics](#) data will be available in September 2024, as there is a national lag in reporting data in these areas.

- Children & Young People Vaccination uptake - MMR2
- Children & Young People Vaccination uptake Pertussis maternal vaccination
- Hypertension: Percentage of patients treatment to recommended age specific thresholds
- Cholesterol: Percentage of patients with QRISK 20% or more treated with lipid lowering therapy
- Respiratory: Flu Vaccinations(65+years)
- Respiratory: COVID Vaccinations (65+years)



**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
<b>Integration</b>	The <a href="#">Care Homes Programme</a> was originally intended to form part of the Demand Management system collaborative. However, following further exploration of scope, this has not materialised to date.	<ol style="list-style-type: none"> <li>1. The Care Homes Steering Group was stood down whilst it was awaiting steer / agreed next steps from the Demand Management System Collaborative. This means that none of the Integration actions within the Operational Plan are being progressed.</li> <li>2. 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.</li> </ol>	<ol style="list-style-type: none"> <li>1. We are currently determining what additional actions need to be in place to support this year's Surge Process.</li> <li>2. There needs to be a clear narrative of how the ICB are supporting Care Home residents outside of the system recovery programme which brings together all of the disparate pieces of work.</li> <li>3. The ICB Chief Transformation Officer commences September 2024 and the strategic approach to Care Homes as a priority and consolidation of specific actions will be explored at that point.</li> </ol>
<b>UEC</b>	<a href="#">2-hour Urgent Community Response (UCR) Referrals</a> – no position is reportable.	<ol style="list-style-type: none"> <li>1. Activity categorisation issues within Community Services Data Set (CSDS) submission still present</li> <li>2. Issue has been raised with MPFT and addressed within their processes.</li> <li>3. Fix applied after last submission date therefore corrected position will only be available next month.</li> </ol>	<ol style="list-style-type: none"> <li>1. Issue corrected by Provider and will be addressed in the next submission.</li> <li>2. Further meetings taken place to familiarise MPFT Business Intelligence (BI) staff with issues relating to the data and potential further issues due to low volumes of overall activity being reported.</li> </ol>

# Overview of Portfolio key deliverables 24/25 (1/2)

① Eliminate delays in access to treatment and long waits for care		② Improving access to high quality, sustainable primary care	
Planned Care	Mental Health, Learning Disabilities & Autism	Primary Care	Mental Health, Learning Disabilities & Autism
Elective Care: detailed delivery plans in place for referral optimisation and pathway harmonisation	Develop and implement improvement plan for autism diagnostics	Improving health outcomes via collaborative working across primary care and system partners	Implement improvement plan to increase number of people with LD on GP registers
Cancer: deliver schemes to improve early-stage diagnosis	Develop and implement system wide improvement plan for CYP access to Mental Health support	Provision of safe and high quality services within all Primary Care Services	Develop plan and activities to support preparation for dementia modifying treatment delivery
Cancer - Improve referral quality	Develop and implement improvement plan for ADHD	Improving access to primary care (including patient experience)	
Diagnostics - implement diagnostic pathways under development	<b>Children and Young People, Maternity &amp; Neonates</b>	Ensure fit for purpose estate provision, maximising shared space and digital alternatives	
Diagnostics - complete demand management analysis and implement actions	Implement delivery plan to improve survival of babies and young children to reduce Infant Mortality	Reduce variation and commissioning universal access to services	
Urgent and Emergency Care		Mental Health, Learning Disabilities & Autism	
Access: High Intensity Users	Post Hospital: End of Life Care Pathway		
Access: Designation of Urgent Treatment Centres	Post Hospital: Embed the Voluntary Sector in the Integrated Discharge HUB		
In Hospital: Non-Elective Improvement Plan	Post Hospital: Choice Policy		
Post Hospital: Emergency Portals	Post Hospital - Data and National Discharge SitRep		
Post Hospital: Ward Processes	Surge - Workforce		
Post Hospital: Ward Processes Frailty	Surge - Development and Delivery of Surge Plan		

### TRAFFIC LIGHT KEY

<span style="color: green;">■</span>	On Track
<span style="color: yellow;">■</span>	Behind schedule but mitigations should improve in year position
<span style="color: red;">■</span>	Mitigations identified but unlikely to improve position in year
<span style="color: blue;">■</span>	Complete
<span style="color: purple;">■</span>	Deliverable not yet commenced
<span style="border: 1px dashed black; display: inline-block; width: 10px; height: 10px;"></span>	Cancelled / Superseded

### Against previous period

<span style="color: green;">▼</span>	Improvement
<span style="color: green;">▲</span>	
<span style="color: red;">▼</span>	Deterioration
<span style="color: red;">▲</span>	
<span style="color: yellow;">■</span>	No change

# Overview of Portfolio key deliverables 24/25 (2/2)

3 Delivering joined up proactive & preventative support & care across all pathways		4 Delivering compassionate care of the frail and elderly		5 Supporting Care Home Residents	
End of Life, Long-term Conditions and Frailty	Children and Young People, Maternity & Neonates	End of Life, Long-term Conditions and Frailty		Integration	
Scale up an enhanced Falls prevention program taking learning from test for change in one geographical area - May-Nov 24	Implementation of the national delivery plan for maternity and neonatal care	Enhanced care of severely frail patients in a community and domiciliary settings. Using the learning from the 2023/2024 pilot.		Care Homes System Recovery Programme	
Delivery of the PEoLC strategy pan Staffordshire	<b>Improving Population Health</b>	Refresh of frailty strategy			
Development of overarching Long Term Conditions Strategy	Health Inequalities: Published HI Strategy; HI Outcomes Framework agreed by all Partners, and; HI Finance Framework running in shadow form 2025/26				
Evaluation and business case for 24/7 advice and guidance	Prevention Strategy published, and Reducing harm from Alcohol Strategy published				
Evaluate the accelerated beds to support with surge and other challenging time periods and scale up.	Locality Development: Locality outcomes, incentives and governance in place				
<b>Mental Health &amp; Learning Disabilities &amp; Autism</b>	PHM: Stage 1 Linked Data Set				
System wide roll out of Oliver McGowan Training	Core20PLUS5: Maternity, Cancer, Respiratory, Hypertension, SMI				
Develop/Implement improvement plan to reduce the reliance on inpatient care for CYP with LD and/or A	LTP Prevention: Obesity, Tobacco, Alcohol, HIV, CVD, TB, AMR, Diabetes, Cancer				
Develop/Implement improvement plan to reduce the reliance on inpatient care (adults MH)	Implement local vaccination improvement plans to increase uptake in unvaccinated cohorts				
<b>Children &amp; Young People</b>	Establish collaborative working arrangements for vaccination commissioning in preparation for delegation of functions in April 2025				
Design and implement Long Term Conditions Programme - ASTHMA	Maximise uptake of childhood vaccinations and flu & pneumonia vaccinations in adults				
Design and implement Long Term Conditions Programme - EPILEPSY					
Design and implement Long Term Conditions Programme - DIABETES					
Implement Children with Complex Needs project					

### TRAFFIC LIGHT KEY

	On Track
	Behind schedule but mitigations should improve in year position
	Mitigations identified but unlikely to improve position in year
	Complete
	Deliverable not yet commenced
	Cancelled / Superseded

### Against previous period

	Improvement
	Deterioration
	No change

## Board Committee Summary and Escalation Report

<b>Report of:</b>	Finance and Performance Committee
<b>Chair:</b>	Josie Spencer
<b>Executive Lead:</b>	Paul Brown
<b>Date:</b>	6 August 2024

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
<b>PART A</b>		
Integrated System Performance and Programmes Highlight Report	<p>The report provided an overview of performance against each of the 5 priorities in the 2024/25 Operating Plan and a placemat demonstrating performance against high-level key programme deliverables aligned to the 5 priorities. The report also provided the Q1 view of the NHS Oversight Framework (NHSOF) lowest quartile metrics.</p> <p>The Committee noted:</p> <ul style="list-style-type: none"> <li>• The escalation around the wider Care Homes Programme part of which was originally intended to form part of the Demand Management System Collaborative. There needs to be a clear narrative of how System partners are collectively supporting Care Home residents which brings together all of the disparate pieces of work that are currently underway.</li> <li>• The risks escalated by the End of Life, Long Term Conditions &amp; Frailty Portfolio regarding the model of care that needs to be rolled out to support patients with severe frailty and the scaling up of the enhanced Falls Prevention Programme.</li> <li>• For Autism assessments, all median waits increased by 1-2 weeks on the previous month. Provider reporting is in development and further</li> </ul>	

	<p>working group sessions have been organised.</p> <ul style="list-style-type: none"> <li>• Endoscopy capacity has been procured, with the service due to start in August 2024. Endoscopy is discussed via the regional tiering arrangements and financial support has been awarded by NHSE.</li> </ul>	
<p>ICS Month 3 Finance Report</p>	<p>Month 3 is reporting a year-to-date deficit position of £33.4m which is a £6.9m adverse variance against the £26.5m deficit plan. This is driven by slippage in the efficiency programme.</p> <p>Unidentified efficiencies remain unchanged from Month 2 at £17.8m; in-month the level of high-risk schemes has reduced by £8.8m.</p> <p>The System continues to report a net risk of £87.8m with the key risks being:</p> <ul style="list-style-type: none"> <li>• £50m Efficiency Programme</li> <li>• £27.5m additional cost risk (capacity, pressures, inflation)</li> <li>• £10.3m income and contracts</li> </ul> <p>The System also has risk within capital and IFRS16 which, whilst manageable in year, presents material risks for 2025/26.</p> <p>The trend of reducing agency continues in Month 3 demonstrating the pay controls of organisations, however the data shows a corresponding increase in bank to 340 wte above plan.</p>	<p>The Committee was very concerned that the System run rate is above that required to meet the plan and would also lead to a deterioration of the underlying position if not addressed.</p> <p>Regarding capital, the System has progressed the work on reducing the impact of IFRS16 through opportunities to reduce the commitment to planned lease expenditure by MPFT which has reduced the System gap to a £0.6m pressure.</p> <p>The result of the 'binding conciliation' process for the contract disputes has been received which crystallises the risk; the impact will be considered as part of the Month 4 reporting.</p>
<p>System Recovery Programme Update</p>	<p>The paper provided an update on the £203m efficiency plan for the System and the contribution of the System Collaboratives to the Month 3 position.</p> <p>The Committee noted the escalations from the Collaboratives which have been discussed at the Provider Collaborative Board and System Performance Group.</p> <p>Detailed delivery plans were submitted to NHSE on 9 July and we are awaiting their feedback.</p> <p>The Committee noted the emerging risks to delivering the System Recovery Programme requiring additional schemes to be identified</p>	<p>The financial position has improved from a £5.6m variance against the £203m efficiency plan to £2.8m. However, we are forecasting that at Month 4, the position will start to deteriorate significantly. In part this is due to emerging CHC cost pressures and the in-year challenges associated with delivering some of the Contracts Projects. We are looking at what further opportunities can be delivered by the Enabling Functions System Collaborative to help bridge this financial gap.</p> <p>The Committee was pleased to hear about the swift action</p>

	<p>and brought online as soon as possible to address in-year slippage. This will be picked up as part of the first Gateway Review for the programme.</p> <p>The report also contained an initial impact assessment against the potential GP Collective Action.</p>	<p>taken by the System to the financial challenges and the agreement to appoint a System Recovery Director and that following interviews on 19 July, an appointment has been made.</p>
<p>Elective Care/Elective Recovery Plan</p>	<p>The Committee discussed the current position for 104ww, 78ww and 65ww and the actions being taken to mitigate the position.</p> <p>For 104ww, there was 1 breach for July at UHNM, but no further forecasted breaches going forward. For 78ww, the number of breaches across the System at the end of June was 12 with 13 forecast for the end of July and 4 for August. Good progress has been made for the 65ww and the number of breaches across the System at the end of June was 1,294. The forecast position for the end of July is 1,123 breaches with a forecasted position of 722 for August.</p> <p>The Committee noted the position for long waiters that receive their elective care outside of the Staffordshire and Stoke-on-Trent System and the continued discussions with Derbyshire ICB and providers in relation to achievement of the operational planning ambitions.</p>	<p>Industrial Action in June has had an impact on waiting times.</p> <p>Once 65ww clearance is achieved, we anticipate a focus on patients waiting 52 weeks or longer for first definitive treatment by the end of March 2025. UHNM will commence meetings with Divisions in September to discuss the route to zero for 52ww.</p>
<p>All Age Continuing Care (AACC) Procurement Update</p>	<p>The paper provided an update on the AACC Most Suitable Provider (MSP) procurement and the outcome.</p>	
<p>System Transformation and Service Change Update</p>	<p>The Committee noted that:</p> <ul style="list-style-type: none"> <li>• Following receipt of the final report from West Midlands Clinical Senate following the panel review of the proposal for the Freestanding Midwifery-led Birthing Units, the formal response to the recommendations has been finalised and will be shared back with the Senate and included within the pre-consultation business case.</li> <li>• Formal communication and engagement around the UEC Strategy and Urgent Treatment Centres commenced on 29 July. Public events are taking place throughout August,</li> </ul>	

	<p>September and early October. Feedback from the engagement will feed into a technical event in the Autumn. NHSE have undertaken site visits for the 3 potential standalone UTCs and the two ED departments at UHNM. Capital investment and workforce remain a challenge in relation to the potential implementation of co-located UTCs.</p>	
System Risk Register	<p>There are 22 risks on the System Risk Register of which 15 are high scoring (12 and above).</p> <p>The Committee approved new Risk 1370: Delivering timely patient care, reducing elective backlogs and achievement of Elective Recovery Fund (ERF) and the reduction in risk score for 3 risks.</p> <p>The Committee has good sight of the top risks for finance, performance, and transformation.</p>	
ICB Undertakings	<p>The front sheets noted how the reports presented to the Committee demonstrated compliance with the Undertakings. The Chair noted that whilst the ICB was formally subject to the Undertakings, the System was working together to achieve resolution.</p>	<p>The ICB Board to recognise the agreement that the ICB Undertakings require full System participation in the recovery and the delivery of the 2024/25 Financial Plan.</p>
2024/25 Plan Close Down Letter	<p>For information, the Committee received the 2024/25 Plan Close Down letter from NHSE.</p> <p>The letter set out the five specific issues that need to be kept under review and/or that require specific action and the actions being taken were detailed in the paper.</p>	
Feedback letter from Quarterly System Review Meeting (QSRM)	<p>For information, the Committee received the letter from NHSE following the QSRM on 5 July.</p>	
<b>PART B</b>		
ICB Month 3 Finance Report	<p>The paper reported an ICB year-to-date deficit position of £28.2m against a planned deficit of £28.6m, creating an adverse variance to plan of £0.4m.</p> <p>The £90m deficit plan submitted on 12 June contained 3 key un-mitigated risks which remain following the Month 3 reporting cycle:</p> <ul style="list-style-type: none"> <li>• £23m – System Collaborative</li> </ul>	<p>The Committee approved the ICB's Month 3 forecast position of a £90m deficit and noted that there remains £48.3m unmitigated risk.</p> <p>The outcome from the 'binding conciliation' was received on 24 July which crystallises the risk against the ICB's plan.</p>

	<p>efficiency programme</p> <ul style="list-style-type: none"> <li>• £14.4m – Fixed/Variable ERF contracting methodology</li> <li>• £9.6m – 24/25 NHS contract agreements.</li> </ul> <p>Through the Efficiency Oversight Group, pressure has been applied to Portfolios and Collaboratives to close their 'gap' to target. An improved position has been reached, whereby the unidentified gap in plans totals £14.5m, a £9.4m improvement. However, the risk to delivery remains which has been created by the proposed GP Collective Action, S117 activity pressures and the CHC MSP award.</p>	FPC approved the Recovery Director becoming a member of the Committee.
ICB Efficiency 2024/25	<p>The paper provided an update of the progress to date against the ICB's £102.2m efficiency programme.</p> <p>To date, the Efficiency Oversight Group and System Collaborative Group have approved £87.7m of in-year PIDs with a full year effect of £93.8m.</p> <p>Following the request made by the Committee at the July meeting, System Collaborative saving has been profiled. Following this exercise, the conclusion is that the in-year delivery of the £23m target is unlikely to be delivered in full due to notice periods for contracts and the ethical wall within CHC. At this point, £14.5m remains as un-identified and presents a key risk to the ICB's financial position.</p>	<p>The Committee noted that the full year effect savings identified within plans and the current forecast suggest achievement of plan and therefore holding the organisation's underlying deficit of £106.3m static.</p> <p>FPC will continue to receive a monthly report on efficiency performance.</p>
Procurement Operations Group Report	<p>The paper reported the key activities involving procurements being co-ordinated by the Procurement Operations Group (POG).</p> <p>The Committee noted the open procurements and the procurement pipeline, contract modifications and contract awards.</p>	
Better Care Fund Plan	<p>The report set out arrangements for updating BCF plans for 2024 to 2025.</p> <p>The Committee noted:</p> <ul style="list-style-type: none"> <li>• The progress to timeframes planned for the full line by line review of the BCF to understand activity and associated spend against individual schemes.</li> <li>• The review will need to be</li> </ul>	

	<p>fully endorsed and completed through the Portfolios to ensure that schemes remain in line with key priorities.</p> <ul style="list-style-type: none"> <li>• The findings from any review in-year are considered in line with the refreshed BCF policy and guidance to mitigate the risk of any unintended impact/ consequence to either Local Authority or the ICB.</li> </ul>	
Individual Funding Request Annual Report	<p>The Individual Funding Request (IFR) annual report provided a summary of the activity within the Individual Funding Request Team for 1 April 2023 to 31 March 2024.</p> <p>The ICB received a total of 632 funding applications during the reporting period:</p> <ul style="list-style-type: none"> <li>• 402 applications processed as Prior Approvals</li> <li>• 112 applications processed as Individual Funding Requests</li> <li>• 118 applications processed as Commissioning Enquires</li> </ul> <p>2 drug IFRs were approved during 2023/24, the cost of which were contained within the IFPS arrangements with UHNM and MPFT.</p>	
Primary Care Forum Report	<p>In order to have governance oversight, the Committee received a summary report of the meeting that took place on 9 July.</p>	
ICB Risk Register Report	<p>There are 14 risks on the ICB Risk Register of which 5 are high scoring (12 and above).</p> <p>The Committee approved new Risk 1397: Gordon Street Surgery – Estates.</p>	

### **Risk Review and Assurance Summary**

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

## Board Committee Summary and Escalation Report

<b>Report of:</b>	Finance and Performance Committee
<b>Chair:</b>	Megan Nurse
<b>Executive Lead:</b>	Paul Brown
<b>Date:</b>	3 September 2024

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
<b>PART A</b>		
Latest Position Update	The Committee received the letter from NHSE sent on 22 July advising that the System is being placed into Level 3+. Discussions on the financial position with NHSE are on-going.	Board to be aware of the deteriorating System financial position and impact upon the ICB financial undertakings.
Integrated System Performance and Programmes Highlight Report	<p>The Committee noted:</p> <ul style="list-style-type: none"> <li>• There needs to be a clear narrative of how the ICB are supporting Care Home residents outside of the System Recovery Programme which brings together all of the disparate pieces of work</li> <li>• Since March 2024, the number of children waiting for an autism assessment has increased by 37% at MPFT and by 6% at North Staffordshire Combined Healthcare Trust.</li> <li>• The latest performance of ambulance hours lost due to handover delays at UHNM is above plan for July 2024, and higher than the same period in 2023. The Committee noted the additional capacity online from August 2024 and the positive impact this was having. There is improved performance around 4 and 12 hour emergency waiting times with the opening of the Same Day Emergency Care facility.</li> </ul>	FPC remains concerned about the lack of progress regarding Priority 5: 'Supporting Care Home Residents'. Difficult to determine progress of Priority 4: 'Care of the frail and elderly' due to data frequency and limited key deliverables.
ICS Month 4 Finance Report	Month 4 is reporting a year-to-date deficit position of £51.2m which is a £19.4m adverse variance against the £31.8m deficit plan. This is driven by	The Recovery Director is helping get the System back on track with regards to the original £90m deficit plan, however this

	<p>slippage in the efficiency programme.</p> <p>Net risk has increased by £15m to £103m reflecting the outcome of the binding conciliation case and further emerging risks.</p> <p>Unidentified efficiencies remain unchanged at £17.8m and work is ongoing to identify further schemes.</p> <p>Workforce is over plan and work is taking place with Providers on this.</p>	<p>presents a significant challenge.</p> <p>Board to note the above plan position on total workforce (wte).</p> <p>System is now forecasting a compliant operational capital plan, but significant risks remain from 2025/26 onwards.</p>
System Recovery Programme Update / Recovery Director Update	<p>At Month 4, the overall £203m efficiency plan is showing a variance against plan of £13.4m. This is a significant deterioration from the Month 3 position of £2.8m.</p> <p>System Collaboratives are currently delivering £3.325m against a plan of £6.579m. This adverse variance is due in part to under-delivery across some of the CHC projects and the in-year challenges associated with delivering the contracts £8.5m stretch target.</p> <p>Areas of work taking place to support recovery of the financial position include review of CIPs; reviews of workforce growth; assessing the level of controls and actions against the 'NHS Grip and Control Checklist'.</p>	<p>The Recovery Director led a Q1 Gateway Review process in August to check the progress of each System Collaborative. A detailed action plan has been produced to drive rapid recovery of the position.</p> <p>The initial view of the 2024/25 forecast outturn has been completed and work is underway across the System to identify further options to deliver the £90m deficit.</p>
10 Year Capital Deep Dive	<p>The paper provided a summary of the 10-year capital plan submission.</p> <p>As the submission was not constrained by national sources of funding or revenue consequence, the System submitted an ask of £2.1bn which far exceeds the current capital available to the System (the average spend has been £101m per year over the last 5 years).</p>	<p>Feedback from NHSE on the capital plan and infrastructure strategy is expected in the early autumn, along with further guidance as to the next steps.</p> <p>Work is to commence on a System-level capital prioritisation criteria.</p>
Medium Term Plan Update	<p>The update set out proposals to build our response to the demand and activity pressures in a way which will return the System to a sustainable operational and financial position and a proposed timetable:</p> <ul style="list-style-type: none"> <li>• Right-sizing our service delivery recognising the financial constraints</li> <li>• Delivering on proposed pathway transformation where necessary considering how this can be resourced</li> <li>• A System-wide approach to pathway productivity</li> </ul>	<p>Work on the MTFP is on track to inform the 2025/26 Operational Plan. A summary update paper is being presented to this Board meeting.</p>

	<p>improvement</p> <ul style="list-style-type: none"> <li>• Creation of our new financial framework which incentivises transformation and productivity improvement</li> <li>• Creating the Resource Model which brings together all of these activities to create a triangulated medium term activity, workforce and financial plan</li> </ul>	
Elective Care/Elective Recovery Plan	The Committee noted the position for 104ww, 78ww and 65ww across the System and for long waiters that receive their elective care outside of the Staffordshire and Stoke-on-Trent System. Discussions are taking place with Derbyshire ICB and providers in relation to achievement of the operational planning ambitions.	Once 65ww clearance is achieved, we anticipate a focus on reducing the number of patients waiting 52 weeks or longer for first definitive treatment by the end of March 2025. UHNM have now started to discuss the route to zero for 52+ week waits in some specialties.
System Transformation and Service Change Update	The Committee noted updates around maternity and Urgent Treatment Centres (UTCs), including communication and engagement around the UEC Strategy and UTCs.	
ICS Green Plan Quarterly Update	The paper provided an update on the work within the System to deliver our Green Plan and the agreed System ambitions for 2024/25. It provided an overview of progress to date, key tasks to be completed over the next quarter, and risks to internal programmes.	
<p>Digital Update:</p> <ul style="list-style-type: none"> <li>• Integrated EPR Programme Update</li> <li>• Digital Maturity Assessment</li> </ul>	<p>Following presentation of the Outline Business Case in January 2024, the EPR Programme Working Group have progressed the development phase. However, the programme presents the System with significant affordability challenges and the paper provided an update on the programme, the risks to providers and the System and options for the short term.</p> <p>The Committee received an update to the 2024 Digital Maturity Assessment and noted that as an ICS we have shown improvement from last year's score, taking our digital maturity from 2 to 2.63 out of a possible score of 5 (fourth highest in the Midlands).</p>	Affordability challenges regarding an Integrated EPR solution for SSoT necessitates a further options appraisal and the development of a 'do minimum' plan. There are significant future clinical risks regarding EPR which are not currently mitigated.
Business Case - UHDB A & E	Letter of support requested by UHDB for short form business case to extend the Queens Hospital Burton Minor Injury Unit through NHSE capital funding.	The scheme is consistent with SSoT System priorities and will deliver a range of benefits to our residents. The scheme is cost neutral to SSoT.
System Risk Register	The Committee approved the closure of Risk 1212: Reinforced Autoclaved	

	<p>Aerated Concrete (RAAC) and Risk 1294: System Surge Capacity De-Escalation.</p> <p>The Committee has good sight of the top risks for finance, performance, and transformation.</p>	
<b>PART B</b>		
ICB Month 4 Finance Report	<p>The paper reported an ICB year-to-date deficit position of £45.1m against a planned deficit of £34.7m, creating an adverse variance to plan of £10.5m.</p> <p>The recurrent pressures within the CHC and S117 Portfolios are continuing and along with the outcome of the Black Country binding conciliation and the scaling up of the ICB's efficiency target being undelivered, there has been a £10.0m deterioration from June.</p>	<p>The Committee approved the ICB's Month 4 forecast position of a £90m deficit and noted that there remains £67.8m unmitigated risk.</p> <p>The latest unmitigated risk assessment is an increase against the £47m reported at the planning stage to £67.8m due to the delivery status of the efficiency programme. The ICB has c£40m of efficiency risk to manage in-year and this is the focus for the Recovery Director with particular attention on re-invigorating the delivery of the CHC efficiency plans and identifying additional schemes to close the unidentified gap.</p>
ICB Efficiency 2024/25	<p>Following the completion of Month 4 reporting, further financial information has allowed the ICB to complete a full assessment of the delivery forecast against the total £102.2m programme; this has indicated a forecast shortfall of £40.9m with £9.5m materialising within the year-to-date position.</p> <p>Key drivers of the variance are:</p> <ul style="list-style-type: none"> <li>• £21.5m – Continuing Healthcare System Collaborative</li> <li>• £8.5m – Contracts System Collaborative</li> <li>• £8.0m – Deployment of the 1% cost pressure reserve to offset underlying pressures within the S117 and CHC 2023/24 exit position.</li> </ul>	<p>The Recovery Director is working alongside the Efficiency Oversight Group and System Collaboratives to inject pace into the existing efficiency plans and identify new plans to mitigate the delivery shortfall.</p> <p>Any shortfall in recurrent efficiency savings will have a significant and negative impact on 2025/26.</p>
Procurement Operations Group Report	<p>The paper reported the key activities involving procurements being co-ordinated by the Procurement Operations Group (POG).</p> <p>The Committee noted the open procurements and the procurement pipeline, contract modifications and contract awards and the expansion of Patient Choice.</p>	
Primary Care Forum	In order to have governance	

Report	<p>oversight, the Committee received a summary report of the meeting that took place on 13 August.</p> <p>The updated Primary Care Commissioning Assurance Framework submission for 2023/24 covering all Primary Care contractors was included for information.</p>	
NHS111 Midlands Lead Commissioner and Governance Arrangements	<p>The paper set out the proposed new governance framework for the NHS111 and Emergency Ambulance Contracts, delegating operational leadership to Derby and Derbyshire ICB as lead co-ordinating Commissioner for both NHS111 and 999 commissioning (East Midlands only).</p> <p>Further assurance was requested prior to approval.</p>	
ICB Risk Register Report	<p>In respect of Risk 1346: Failure of ICB Financial Management Processes, the Committee was advised that the Chief Finance Officer now has to sign off all Purchase Orders over £20,000. A grip and control checklist has also been completed.</p> <p>The Committee approved the closure of Risk 1285: Ambulance Dispatches from the incoming NHS 111 Provider and Risk 1387: Agreement of 2024/2025 NHS Provider Contracts and the addition of new Risk 1409: Insufficient system capacity to support ASD / ADHD adult assessment and diagnosis.</p>	

### **Risk Review and Assurance Summary**

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.

**Enclosure No: 14**

<b>Report to:</b>	Integrated Care Board					
<b>Date:</b>	26 September 2024					
<b>Title:</b>	People Culture and Inclusion Assurance Report					
<b>Presenting Officer:</b>	Mish Irvine, Chief People Officer ICB					
<b>Author(s):</b>	Helen Conway, ICS Strategic Workforce Planning Lead Gemma Treanor, Head of ICS People Function					
<b>Document Type:</b>	Report	If Other: Click or tap here to enter text.				
<b>Action Required (select):</b>	<b>Information (I)</b>	<input checked="" type="checkbox"/>	<b>Discussion (D)</b>	<input type="checkbox"/>	<b>Assurance (S)</b>	<input checked="" type="checkbox"/>
	<b>Approval (A)</b>	<input type="checkbox"/>	<b>Ratification (R)</b>	<input type="checkbox"/>	<i>(check as necessary)</i>	
<b>Is the decision within SOFD powers &amp; limits</b>	<b>Yes / No</b>	NO				
<b>Any potential / actual Conflict of Interest?</b>	<b>Yes / No</b>	NO <i>If Y, the mitigation recommendations –</i> Click or tap here to enter text.				
<b>Any financial impacts: ICB or ICS?</b>	<b>Yes / No</b>	NO <i>If Y, are those signed off by and date:</i> Click or tap here to enter text.				
<b>Appendices:</b>	People Culture and Inclusion Assurance Report					

**(1) Purpose of the Paper:**

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

<b>(2) History of the paper, incl. date &amp; whether for A / D / S / I (as above):</b>	<b>Date</b>
People Culture and Inclusion Committee	11/09/2024
Click or tap here to enter text.	Click or tap to enter a date.

**(3) Implications:**

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

## NHS Staffordshire and Stoke-on-Trent Integrated Care Board

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

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

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

<b>(6) Executive Summary, incl. expansion on any of the preceding sections:</b>
<p>The report outlines the current workforce position within SSOT. System level oversight and monitoring of people metrics, controls and performance against operational plan continues in partnership with NHS Providers. The current operating environment and financial position remains pressured, with additional scrutiny continuing in workforce reconciliation and oversight framework. The PCI Committee acknowledge the efforts and challenges facing organisational partners in contributing to the system recovery. The People elements will be key to the operating plan delivery and recovery programme – at organisational and system level. The revised PCI Committee structure has been approved and the changes which strengthen governance and assurance will be implemented over the coming months.</p> <p>The following areas are detailed in the report:</p> <ul style="list-style-type: none"> <li>- Workforce Metrics &amp; Controls</li> <li>- Workforce Assurance, Oversight &amp; Escalation</li> <li>- People, Culture &amp; Inclusion Committee Development &amp; Review</li> <li>- Workforce Challenges, Risks &amp; Mitigations</li> <li>- People, Culture &amp; Inclusion Programme Delivery</li> </ul>

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

# ICS People Culture & Inclusion Performance and Assurance Report

SSOT ICB Board in Public

September 2024



# Executive summary

This report will outline:

- An executive summary outlining key headlines and escalations in relation to People, Culture and Inclusion
- Workforce Metrics & Controls
- Workforce Assurance, Oversight & Escalation
- People, Culture & Inclusion Committee Development & Review
- Workforce Challenges, Risks & Mitigations
- People, Culture & Inclusion Programme Delivery

## Executive Summary:

This report outlines the current position regarding workforce within SSOT. System level oversight and monitoring of people metrics, controls and performance against operational plan continues in partnership with NHS Providers. The current operating environment and financial position remains pressured, with continued scrutiny on workforce additionality following implementation of PWC grip and control measures. The PCI Committee acknowledge the efforts and challenges facing organisational partners in contributing to the system recovery. The People elements will be key to the operating plan delivery and recovery programme – at organisational and system level. The revised PCI Committee structure has been approved and the changes which strengthen governance and assurance will be implemented over the coming months.

- The following areas are highlighted:
- **People Metrics & Operational Workforce Planning** - Total workforce levels, as at Jul-24 equated to 24,080 wte which is currently +332 wte (+1.4%) above the operational workforce plan and is under budgeted establishment by -313 wte. The over plan position is mainly driven from an increased bank use to that set out in the operational plan (+257 wte, +20.4%) and substantive staff levels also above plan (+51 wte, +0.2%). Additional bank utilisation has supported a reduced reliance FYTD of agency, in Jul-24 as a system we were marginally above plan by +24 wte (+6.3%). We do continue to have a positive position of reduced reliance of temporary workforce which overall equates to 8.0% of total workforce which is -1.6% below the highest point of use in the last 12 months. Our agency spend continues to be below the NHSE target of 3.2% of total pay spend, equating at 3.0% for Jul-24 which is also -£1.5m less than the highest position in the last year, this continues to be a significant achievement.
- **Workforce Assurance, Oversight and Escalation** - Oversight of the workforce position continues to be reviewed on a monthly basis, this is completed by utilising NHSE endorsed 'Making Data Count' principles to review the workforce position, utilising data science approaches to measure data and performance. This approach is particularly important in the workforce field where trend is not always compliant with a linear trend or cumulative in nature. Key workforce indicators are reviewed on a monthly basis in conjunction with providers to understand opportunities for improvement and escalation via the revised PCI Committee. This approach will provide a foundation in which workforce metrics can inform MDT oversight approach.
- The ICS **People risks** reflect the current risks across the partner organisations and have been robustly reviewed via the Sub-Committees and Steering Groups. The top risks to the system are: Agency usage and spend; Employee Wellbeing/Retention; and slowing of recruitment due to financial pressures, resultant increased vacancy control/workforce controls e.g. temporary staffing usage. Risks were robustly reviewed at the PCI on 11<sup>th</sup> September 2024
- People, Culture and Inclusion **Programme delivery** is overall on track, with actions in place to address those areas challenged (e.g. WRES/WDES standards and Staff Psychological and Wellbeing Hub funding). Following the review of PCI Committee and 2024/25 programme delivery priorities, a revised governance, meeting and programme focus has been approved by the PCI Committee for ratification by the ICB Board.

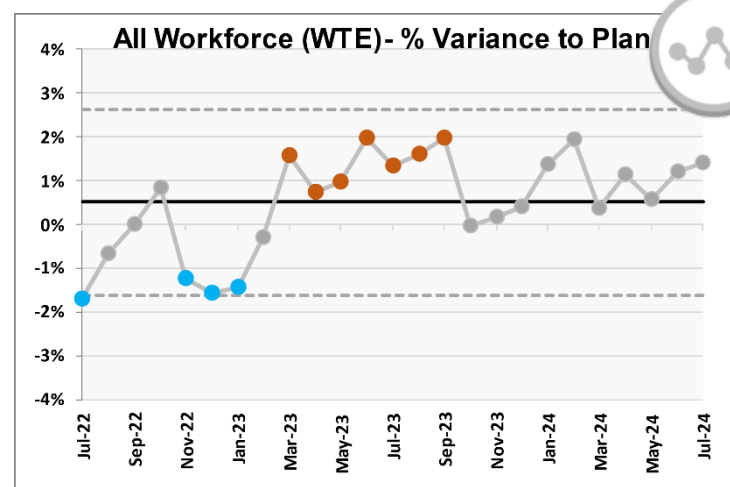
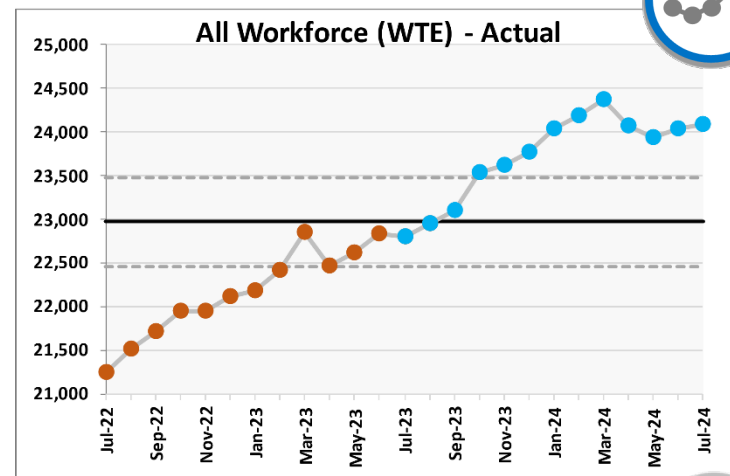
# Workforce Metrics & Controls



# Current Workforce Position: July 24

## Staff in Post (Total Workforce wte)

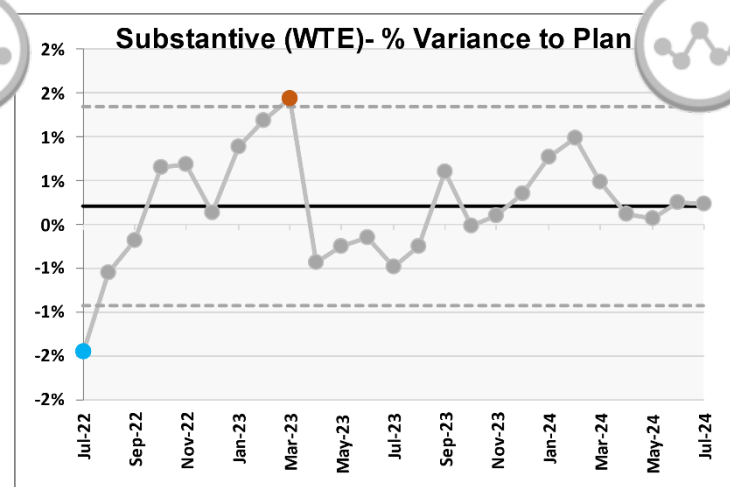
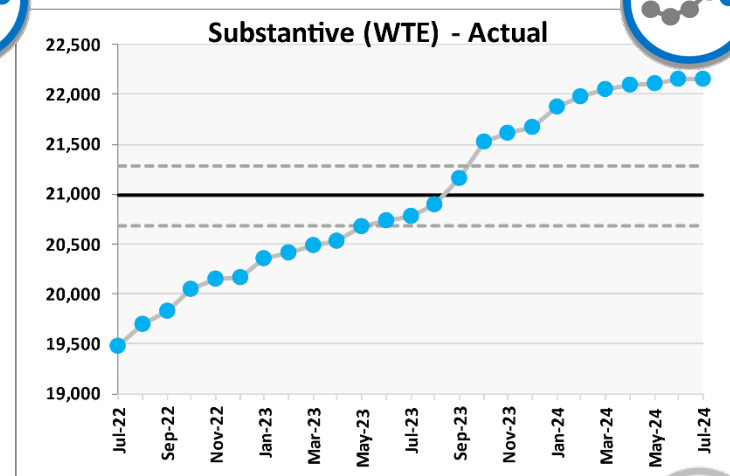
Jul 24: **24,080**  
 Position to Plan: **+332**  
 12M Change: **+1,282**  
 FYTD Change: **-298**



**Actual vs Plan**  
**Overall: +332 wte above plan**  
**Registered Nursing: +142 wte above**  
**Registered S,T&T: -31 wte below**  
**Support to Clinical: +19 wte above**  
**NHS Infrastructure: +185 wte above**  
**Medical and Dental: +23 wte above**

## Staff in Post (Substantive wte)

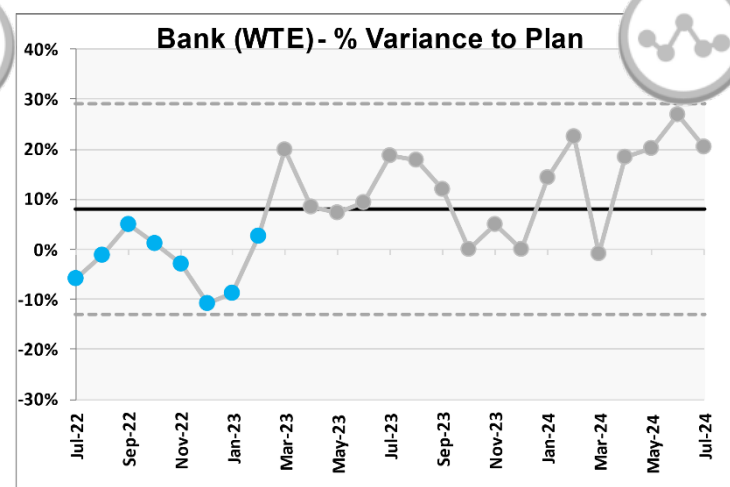
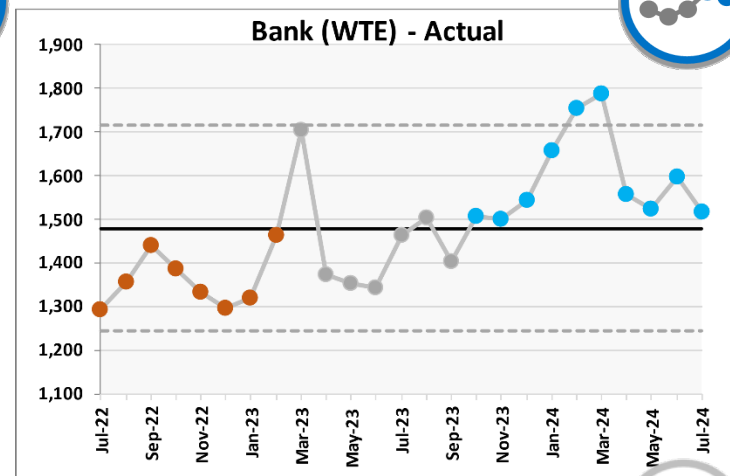
Jul 24: **22,155**  
 Position to Plan: **+51**  
 12M Change: **+1,377**  
 FYTD Change: **+104**



**Actual vs Plan**  
**Overall: +51 wte above plan**  
**Registered Nursing: +7 wte above**  
**Registered S,T&T: -23 wte below**  
**Support to Clinical: -77 wte below**  
**NHS Infrastructure: +169 wte above**  
**Medical and Dental: -24 wte below**

## Bank Workforce

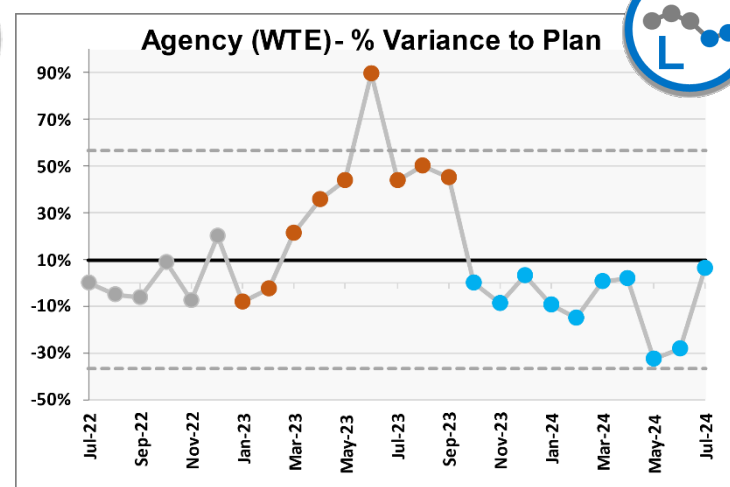
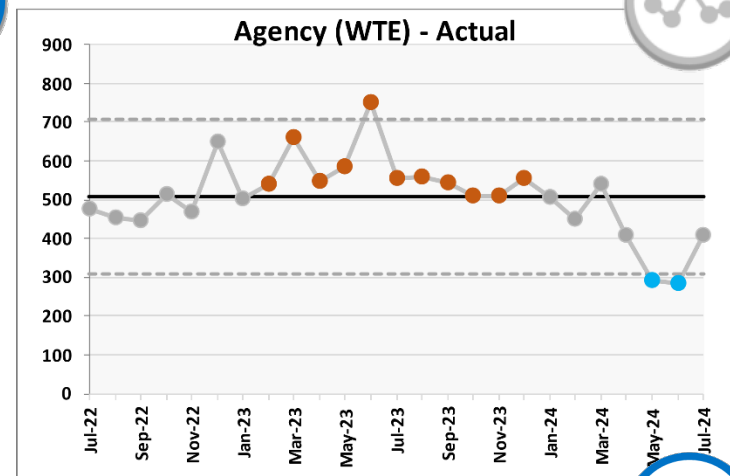
Jul 24: **6.3%**  
 Position to Plan: **+257**  
 12M Change: **-0.1%**  
 FYTD Change: **-0.1%**



**Actual vs Plan**  
**Overall: +257 wte above plan**  
**Registered Nursing: +69 wte above**  
**Registered S,T&T: +8 wte above**  
**Support to Clinical: +107 wte above**  
**NHS Infrastructure: +22 wte above**  
**Medical and Dental: +50 wte above**

## Agency Spend (% of total pay spend)

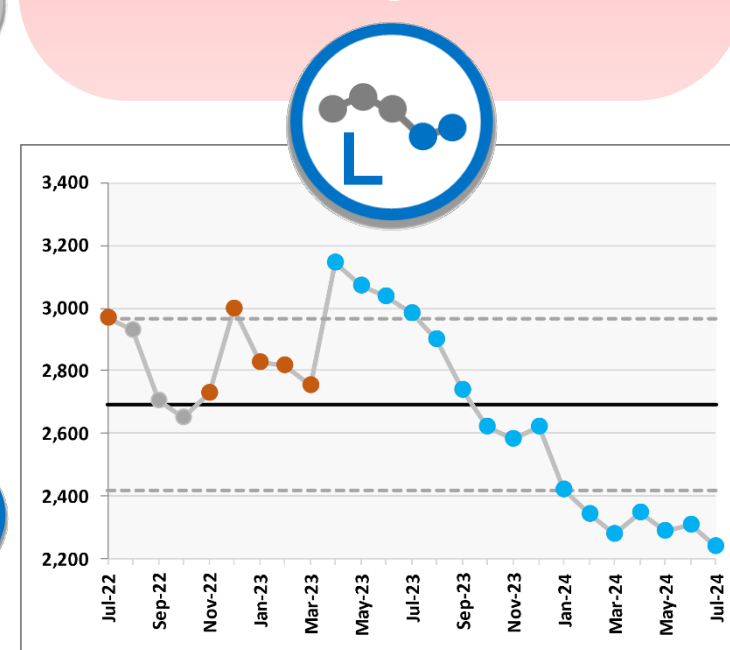
Jul 24: **3.0%**  
 Plan Position (FYTD): **-21.9%**  
 12M Change: **-0.7%**  
 FYTD Change: **-0.2%**



**Actual vs Plan**  
**Overall: +24 wte below plan**  
**Registered Nursing: +66 wte below**  
**Registered S,T&T: -16 wte below**  
**Support to Clinical: -11 wte below**  
**NHS Infrastructure: -7 wte below**  
**Medical and Dental: -3 wte below**

## Vacancies (%)

Jul 24: **9.2%**  
 12M Change: **-3.4%**  
 FYTD Change: **-0.4%**



**Vacancies**  
**Vacancies total 2,238 wte (9.2%), this is the lowest level of vacancies the system has had in the last 12 months, and is -663 wte below the highest position in the same period.**

# Staffordshire & Stoke-on-Trent NHS: July 2024

## NHS Workforce

Total Workforce

**24,080** WTE

Currently +1,129 wte (Aug23)

Substantive

**22,155** WTE

Currently +1,266 wte (Aug23)

Bank

**1,518** WTE

Currently +116 wte (Sep23)

Agency

**407** WTE

Currently -151 wte (Aug23)



Temporary Workforce

**8.0%**

Currently -1.6% (Mar24)



Agency Spend

**£3.2M (3.0%)**

Currently -£1.5M (Aug23)



Vacancies

**2,238 wte (9.2%)**

Currently -663 wte (Aug23)

Joiners

**165 wte**

Currently +20 wte (Jun24)



Leavers

**154 wte**

Currently -107 wte (Mar24)

12 Month Rolling KPI's (%)

**8.9%**

Turnover  
Rate

Currently -1.1% (Jan24)

**5.4%**

Sickness  
Absence Rate

Currently 12-Month High

**93.8%**

Mandatory  
Training

Currently +0.9% (Nov23)

**86.6%**

AFC  
Appraisal  
Rate

Currently +9.4% (Dec23)

**80.1%**

Medical  
Appraisal Rate

Currently -4.7% (Mar24)

## Other Health and Care Workforce

SSOT ICB Workforce

**279** WTE

Primary Care Workforce

**2,872** WTE

Social Care Workforce

**20,000** WTE

Dentistry Workforce

**610** Headcount

# Workforce Assurance, Oversight & Escalation



As a system we need a consistent approach to workforce oversight, which will enable the system, providers and partners to be more proactive in addressing workforce issues and enabling an opportunity to review the position and collaborate on supportive interventions and improvements. To ensure we have the right people, with the right skills in the right place, at the right time and ensure we deliver safe care and adapt to the changing needs of our population within our financial envelope.

The monthly workforce assurance report gives a summary of progress including an update on key performance/outcome metrics, as well as understanding our impact on workforce measures and risks.

Workforce insight is broad and varied, often realised in instances where workforce metrics don't always travel in one single direction, which can be appreciated/moderated by:

- **Consistent set of measures** which enables for identification of improvement opportunities, measurement of improvement and also gain an **understanding of best practice**.
- **Utilising data and insight approaches endorsed by NHSE** by continued adoption of 'making data count' approaches, which appreciates an understanding of normal variation (movement within expected range) and also highlight where there is an adverse outcome (i.e. position is deteriorating). This also ensures there is a proportionate response to a data change.
- A regular and consistent review of the position will **enable for consideration of supportive and improvement led interventions** that can be developed and implemented with our system partners.
- It will **enable check and challenge** to ensure that where data is measurable, actions and interventions are aligned to maximise improvement opportunities.
- This approach will require a **multi-disciplinary people profession approach** which brings together the array of expertise and skills that are held in our people workforce.
- The **data included is not an exhaustive picture of workforce**. Not all workforce intelligence is available on a monthly basis; there is an opportunity to triangulate information against the monthly measures when it is made available, e.g. staff survey, temperature checks and equality, diversity and inclusion measures (i.e. global majority, differently abled, neuro-diversity). Where data is not available or runs at a different frequency we should consider this soft intelligence alongside the application of this insight.

# People, Culture & Inclusion Committee Development & Review



# Executive Summary

- Initial proposal considered by July 2024 PCI Committee and members requested consideration of feedback and a revised proposal be presented at September 2024 meeting.
- Further work undertaken by programme leads during the Summer and a revised proposal was considered by CPOs in August.
- Proposed changes requiring consideration and approval :
  - **PCI Committee to take place monthly**, with new format and membership: split into 2 sections
    - 1) NHS membership only – focussing on performance, oversight and assurance. Executive level, NEDs. Consider provider NED representation
    - 2) NHS plus wider partners membership inc Local Authority, Social Care, Primary Care, Voluntary Sector, HEIs.
  - **Governance and meeting structure**
    - Proposal to retain the People Collaborative, with meetings taking place quarterly.
    - CPOs/Deputies Forum will have a more formal agenda and role in the PCI governance structure
    - Review of membership and engagement on sub-committees to enable decision making, strategy development and robust leadership of workstreams
    - Redesign and consolidate workstreams, creating new sub-committees and a review of delivery groups required
  - **Programme delivery**
    - Workstream strategies underpinned by robust Delivery plans and standardised templates. To be developed for all
    - Review of risks and mitigation, reporting and governance via sub-committees
- Changes will require a transition period, implementation and communication plan to design and enact the changes. Proposal to review new structure and progress in 6 months from approval.
- The Committee reviewed the revised proposals and structures, and approved for implementation.

# ICS People, Culture & Inclusion Governance Structure V2

## PCI Remit: Assurance & Oversight

- Localising National & Regional direction
- ICS People Strategy oversight
- Plan oversight: JFP, Operating, Recovery, Medium Term
- Metrics, performance and oversight
- Risks and BAF
- Programme Delivery Assurance

## Sub-Committee remit:

- Review metrics, insights and performance
- Horizon scan, strategy development
- Plan delivery: JFP, Operating, Recovery, Medium
- Risk monitoring and mitigation
- Programme oversight, proposals, changes, approval
- Highlight reporting and escalations to PCI
- Workforce development funding/decisions

## Core Membership (Part 1 and 2):

- CPOs, Deputies, SROs
- ICS People Programme Leads
- ICB Finance and Planning
- ICB Governance and communication
- ICB CNO & CMO
- ICB CDO and CTO
- ICB Primary Care
- NHSE
- Staff Side
- Part 2 wider partners: Local Authority, Social Care, Staffordshire Training Hub, Voluntary Sector, HEIs

## ICS People, Culture and Inclusion Committee

Monthly: supported by robust business cycle

## People Collaborative Forum

Quarterly: Programme Leads and SROs, review programmes, consider strategic direction and risks, align work and reduce duplication

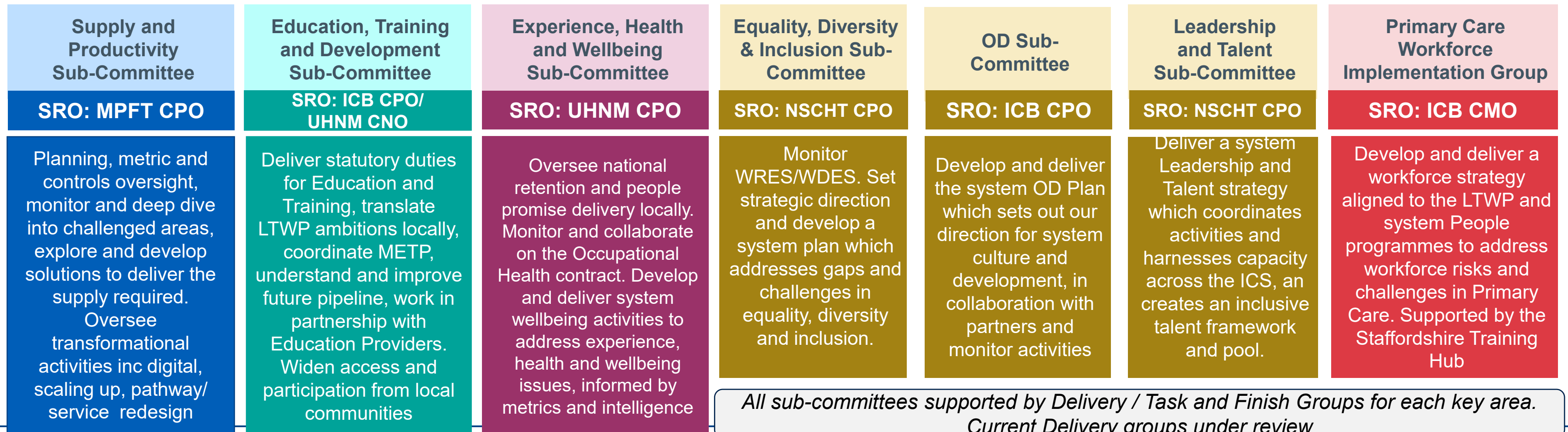
## Chief People Officers and Deputies Forum

Monthly: Programme Highlights & Escalations, Oversight, intelligence sharing

## System Staff Side Forum

To be re-established

Sub-Committees report highlights and escalations to CPOs and Collaborative Forum prior to PCI



All sub-committees supported by Delivery / Task and Finish Groups for each key area. Current Delivery groups under review

# Workforce Challenges, Risks & Mitigations



## Workforce - Risks, challenges and mitigation






























- The following **risks** are identified on the People Culture and Inclusion Risk Register:
  - **Agency usage and spend** - noting the reduction in spend and improved position
  - **Care Home and Home Care Workforce Capacity** - ongoing work with social care and local authority colleagues to address the challenges, supported by the recently launched Skills for Care Workforce strategy which will be translated locally.
  - **Ability to deliver the Local People Plan programmes, People Operating Model and Long Term Workforce Plan – partnership working on priority programmes to address key challenges** within the current financial constraints, increased scrutiny and reporting requirements.
  - **Employee Health Wellbeing and Retention** – focus currently on investigating reasons for sickness rate increases and solutions to address
  - **Slowing of recruitment due to financial pressures, resultant increased vacancy control/ workforce controls e.g. temporary staffing usage** - Regular monitoring and discussions via oversight and CPOs meetings. Mitigating actions at provider and system level. New Supply and Productivity workstream will also address this risk
  - **Ability to deliver the Long Term Workforce Plan and create a sustainable future pipeline** - Impacted by the financial position and ability to grow the workforce. Ongoing programme focus via Education, Training and Development workstream to grow the future pipeline. New Supply and Productivity workstream will also address this risk
  - **Industrial Action** – Junior Doctors (BMA recommending members accept pay offer)
  - **Primary Care Retention and GP Collective action** - jointly managed risks with Primary Care and managed via MDT approach
- The **System Board Assurance Framework** ‘Sustainable Workforce’ also reflects the 2024/25 impact and controls, with review and assurance undertaken at the PCI Committee.
- **Mitigating actions** to reduce the overall impact of the risks across the system are outlined in the People Programme Priorities, activities and programme delivery, alongside organisational level actions highlighted in the programme delivery report.

# People Culture & Inclusion Programme Delivery



# ICS People, Culture and Inclusion Programme Delivery

- Progress within programmes against agreed targets and metrics is reported via People Collaborative Board and People Culture and Inclusion Committee
- Below highlights from July-August 2024 activities. Amber ratings = WRES/WDES – further improvements required to meet standards and workforce to be representative with parity across the system; Psychological Wellbeing Hub subject to business case to extend service beyond March 2025.
- Following the review of PCI Committee and 2024/25 programme delivery priorities, a revised governance, meeting and workstream. structure has been proposed to PCI for consideration and approval. The revision reflects the current people challenges and financial climate, outlining programme activities to address risks.
- October 2024 onwards, a revised programme delivery assurance report will be presented to the PCI Committee

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

## RAG Key:

 On Track

 Some elements behind schedule but mitigations in place

 Significantly behind schedule

 Complete

 New programme

## Board Committee Summary and Escalation Report

<b>Report of:</b>	People, Culture and Inclusion Committee
<b>Chair:</b>	Shokat Lal, ICB Non Executive Director (PCI Chair)
<b>Executive Lead:</b>	Mish Irvine, ICB Chief People Officer (Interim)
<b>Date:</b>	Wednesday 11 <sup>th</sup> September 2024

<b>Key Discussion Topics</b>	<b>Summary of Assurance</b>	<b>Action including referral to other committees and escalation to Board</b>
<b>Staff Story</b>	<p>The Committee received the ICS Summer School video and heard from Outreach Project lead, Ruth Beard, and Toby from the Amity Hub.</p> <p>The video described how the Summer school was developed in collaboration with Amity Hub (contracted by Staffordshire County Council to support unaccompanied young asylum seekers and refugees to settle) to close the gap between skills and opportunities over prolonged absence from education for young care leavers. Working closely with colleagues at Stoke on Trent College, the Outreach team have created this opportunity and brought it to life. The work being done by the Outreach team feeds into the ICS Health &amp; Care People Team Journey to Work and supports the health inequalities agenda and the Care Leaver's Covenant commitment (supporting young people with lived care experience into employment with nominal funding being allocated to all ICS's to deliver this programme locally). The video and programme will also be shared with sub-committees including Improving Population Health and Children and Young Peoples as the programme aligns with aims of these portfolio strategies.</p> <p>The video was well received by the Committee and members were pleased with the way the video brings together the work the system partners are doing in connecting with the local community, supporting our local population into careers and jobs, engaging with schools and how we look after and retain our people. The Committee welcomed the plans to seek future funding opportunities and expansion opportunities, including sharing with regional and national leads.</p> <p>Video Link:  <a href="https://www.youtube.com/watch?v=SvHPb9zDuf4">https://www.youtube.com/watch?v=SvHPb9zDuf4</a></p>	
<b>Planning, Performance and Finances</b>	<p><b>Level 4 and additional measures</b></p> <p>The Committee received an update on the financial challenges and NHSE Level 4 status. Members were advised of the ongoing ICS Executive discussions to</p>	

achieve financial balance and agree actions to address the gap. Members were updated on the reasons for the additional financial pressures and forecast year end position, acknowledging that the pay bill is a significant proportion of the spend. An outline of possible Level 4 actions were discussed including external support e.g. PWC; however there is a Recovery Director already in place, and additional oversight which is being worked through locally at present.

### **Performance against Plan**

It was acknowledged that we are over plan across the system with increases noted particularly in bank due to additional demand including (but not limited to) ERF and industrial action. The Committee did however note reductions in agency and the work being undertaken to deliver the plan. A discussion was held regarding overlaying activity and finance elements of the plan onto the workforce position. Work will be undertaken to explore this further and develop to triangulate the position.

Committee members noted the update and requested further updates to track the progress of the plan and oversight, specifically from a people perspective to provide assurance to the ICB Board.

### **Workforce Oversight Framework**

The framework was acknowledged, noting the proposed approach to oversight and how we will work with Trusts to monitor and support achievement of the plan and workforce control targets. Members were advised that updates would be provided to the Committee monthly to ensure robust assurance and actions are in place.

### **Medium Term Plan**

An update on the implementation of the Medium Term Plan was presented to the Committee including updates on the work programme and timeline for the plan which has been developed in collaboration with system partners. The expected new national guidance was highlighted and recognition of the impact this may have on planning and our approach. Demand modelling is ongoing to understand system capacity, in partnership with clinical and people colleagues. Discussions took place regarding the transformation required and how we enable and support our people/workforce to deliver the plan.

The Committee noted the contents of the plan and the updates provided. Members held a discussion regarding the crucial people/workforce elements of the plan, the risks associated with workforce costs, supply, retention and wellbeing and the key role this Committee will play in monitoring and enabling delivery

People Metrics, Controls and Planning update provided in the ICB Board papers

The ICB Board is asked to note the level of scrutiny and assurance which will be the responsibility of the PCI committee regarding the position against the operational plan, workforce controls and oversight.

	of the plan.	
<b>PCI Development and review</b>	<p>A revised meeting, governance and programme structure was presented to the Committee which addressed feedback at the previous meeting. The Committee acknowledged the collaboration and engagement involved in developing this new approach and approved the revised structure,</p> <p>Members reflected on the importance and pivotal role the Committee plays and will continue to play in enabling system recovery, delivery of the Medium Term Plan, securing a robust pipeline and looking after our people. Additionally, members highlighted the importance of plans and strategies being approved by the Committee and providing assurance to the ICB Board on all people matters.</p> <p>The Committee will receive an update on the progress of the sub-committees at the next meeting</p>	ICB Board approval of new structure and endorsement of the PCI Committee role (included in the People Assurance pack).
<b>People Culture and Inclusion Programme Assurance</b>	Members received a high level summary of the People Culture and Inclusion Programme activities and assurance regarding delivery and progress. The Committee was assured that the programmes were on track and being monitored via the sub-committees.	
<b>People Culture and Inclusion Risks and SBAF</b>	<p>The Committee received an overview of the current People risks and assurance regarding the robust review and development of the 2024/2025 SBAF.</p> <p>Approval from the Committee to close Risk 1193 which is now captured more accurately in two new standalone risks - <i>Slowing of recruitment due to financial pressures, resultant increased vacancy control/ workforce controls e.g. temporary staffing usage; Ability to deliver the Long Term Workforce Plan and create a sustainable future pipeline.</i></p> <p>A discussion took place regarding the ability to deliver the long term workforce plan and programmes in view of the financial position.</p> <p>All other risks remain unchanged and managed in accordance with mitigation outlined, system and organisational activity</p>	
<b>Strategic People, Culture and Inclusion Updates and current context</b>	<p>The Committee was provided an update on the current People Culture and Inclusion context in following areas:</p> <ul style="list-style-type: none"> <li>• Civil unrest and riots - our local response and actions organisations and the system are taking to support our people and communities</li> <li>• West Midlands Long Term Workforce Plan Symposium - ICB and HEI Session will take place in September to discuss and plan how systems will deliver the Long Term Workforce Plan</li> <li>• Members were updated on progress regarding the implementation of the Sexual Safety</li> </ul>	

	Charter and the ICS conference which is taking place on 2 <sup>nd</sup> October with Executive sponsorship and expert speakers.	

**Risk Review and Assurance Summary**

The following points were highlighted by the Committee:

- The People elements are critical to enabling delivery of the 2024/25 Operational Plan and achieving the Medium Term Plan aims. Therefore, a focus on People and the wider implications surrounding recovery and achieving financial balance are being carefully managed and overseen by the Committee.
- Assurance that the workforce position, metrics and controls are being robustly monitored and overseen within the newly developed framework.
- PCI Committee governance and meeting structure were approved with a review requested for six months time and progress reported to Committee regularly.
- Assurance received regarding management of People Risks with clear actions and mitigation agreed and formulation of the 2024/25 BAF.
- Ongoing delivery of People, Culture and Inclusion programme activities in line with system and financial context

## Board Committee Summary and Escalation Report

<b>Report of:</b>	People, Culture and Inclusion Committee (Part B)
<b>Chair:</b>	Shokat Lal, Non Executive Director (Chair)
<b>Executive Lead:</b>	Mish Irvine, Chief People Officer (Interim)
<b>Date:</b>	Wednesday 11 <sup>th</sup> September 2024

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Update from Head of People, OD and Inclusion	<p>The Head of People, OD and Inclusion shared an update with the Committee on;</p> <ul style="list-style-type: none"> <li>• Topical issues including (a) the riots and civil unrest, (b) AFC pay award and (c) Employee Voice</li> <li>• Overview of the main ICB People Team Work Programmes:                             <ul style="list-style-type: none"> <li>○ Establishment control &amp; data quality</li> <li>○ Recruitment</li> <li>○ EDI</li> <li>○ Wellbeing</li> <li>○ Coaching &amp; Mentoring</li> <li>○ Learning &amp; Development</li> </ul> </li> <li>• Overview of OD Programme to date</li> </ul> <p>The Committee noted the update.</p>	
Quarter 1 2024/2025 Workforce Report	<p>The Committee received the Quarter 1 2024/2025 Workforce Report containing the following data;</p> <ul style="list-style-type: none"> <li>• Staff In Post</li> <li>• Staff by Pay Band</li> <li>• Leavers and Turnover</li> <li>• Sickness Absence</li> <li>• Mandatory and Statutory Training</li> </ul> <p>The Committee noted the report.</p>	
Freedom to Speak Up Update	<p>The Committee received an update on Freedom to Speak Up (FTSU) activities, including preparations for FTSU month in October 2024.</p> <p>The committee noted the update.</p>	
Meeting Frequency	<p>The Committee discussed the frequency of the meetings.</p> <p>The committee agreed to change the meeting frequency from every other month to quarterly.</p>	

Risk Review and Assurance Summary

**Board Committee Summary and Escalation Report**

<b>Report of:</b>	Staffordshire and Stoke-on-Trent ICB Remuneration Committee
<b>Chair:</b>	Shokat Lal, Non-Executive Director
<b>Executive Lead:</b>	Tracey Shewan, Director of Corporate Governance
<b>Date:</b>	30 <sup>th</sup> July 2024

<b>Key Discussion Topics</b>	<b>Summary of Assurance</b>	<b>Action including referral to other committees and escalation to Board</b>
<b>Options Paper on the Recruitment of a Chief People Officer</b>	<p>Committee members received an Options Paper on the recruitment of a Chief People Officer.</p> <p>Committee members approved Option 1a: Recruit substantively to the 1.00 WTE post</p>	
<b>Executive Director Appraisal Update 2023/24 and 2024/25</b>	<p>Committee members received an Executive Director Appraisal Update 2023/24 and 2024/25.</p> <p>Committee members noted the progress with achievement of prior year objectives and the process completed to set 2024/2025 year plans.</p>	

<b>Risk Review and Assurance Summary</b>