

# Integrated Care Board Briefing

Staffordshire and Stoke-on-Trent  
ICB Meeting

26 September 2024

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

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

### ICB Chair and Executive update

- David Pearson, Chair, and Peter Axon, Chief Executive Officer, presented the report.
- David congratulated University Hospitals of North Midlands NHS Trust (UHNM) on their recent awards in the Health Service Journal (HSJ) Patient Safety Award and also acknowledged that Gill Boast, Nurse Facilitator, in the ICB has been nominated as Nurse of the Year at the Nursing Times Awards in October.
- David welcomed Simon Constable who recently started as the new Chief Executive at UHNM and Elizabeth Disney who has joined the ICB as the new Chief Transformation Officer. David extended his thanks to Nicky Harkness, Provider Collaborative Director, Nicola Bromage, Associate Director Mental Health and Learning Disability, Helen Slater, Associate Director of Transformation, and Lynn Tolley, Director of Nursing - Childrens, Maternity and Safeguarding, who have taken on additional responsibilities over the summer.
- David wished Steve Grange, Chris Sands and Lorna Clarson good luck as they take up new posts. He also acknowledged that Mark Seaton has retired from the post of ICB Chief Pharmaceutical Officer in August 2024.
- David shared that he attended and chaired the launch of two Digital Prevention Projects: 'My Health, My Way' and 'Digital Making Every Contact Count (MECC)'. The pilots have attracted national attention and David was delighted to welcome NHS England Director for Public Health and Director for Prevention to an event.
- In August, David visited staff at the Forensic Service and Mother and Baby Unit at MPFT. David extended his thanks to the staff for all they are doing.
- Peter provided an update on the independent investigation of the NHS by Lord Ara Darzi.
- Peter confirmed that a medium level plan has been developed which provides a framework to define what the ICB's ambition is.
- Peter advised that the Darzi report highlighted that management capacity has been reduced, particularly in the 2012 reforms and that it hasn't yet come back to levels pre-2012. Peter advised that management is critical to enable us to change how we do things and even though we have more clinicians that we've ever had, we are less efficient. Darzi's report highlighted that this is because clinicians are working with the population day to day for prevention, treatment and diagnosis. However, they are not there to take a step back and understand what isn't working as well as it can be within the NHS and how fundamentally this can be changed. Peter explained that management is hugely important to address the balance.
- Peter advised that the financial capacity is limited at the moment, and we are working with the resources we have available to do things differently.

The Board thanked David and Peter for the report and no questions were asked.

### Quality and Safety Report

- Heather Johnstone, Chief Nursing and Therapies Officer and Josephine Spencer, Non-Executive Chair of Quality and Safety Committee presented the report.
- Heather advised that a number of staff have been recruited and trained to support the ICB complete Learning Disability Mortality Reviews (LeDeR). Heather confirmed that there are no backlogs with reviews and there is sufficient capacity with bank staff and existing staff who are willing to complete ad hoc reviews.

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- From October, there will be a joint Local Maternity and Neonatal Service meeting with Shropshire, Telford and Wrekin ICB. This will be a learning and development network, and work is underway to ensure local focus on maternity service improvements is maintained.
- The Care and Quality Commission (CQC) recently revisited UHNM's County Hospital site and have formally written to remove the section 29a that had been in place.
- Heather also advised that the CQC have undertaken a comprehensive review of the care of Valdo Calocane and have made some recommendations for services. NHS England have issued a number of requirements and locally we are looking at what else we can do.
- Josephine provided updates on the System Quality and Safety Committee reports for August and September.
- In the August report, a quality report was received around Gordon Street Surgery which is now being managed by a caretaker manager and the surgery is in a better position.
- Josephine confirmed that a further report is expected in October around the Looked After Children's Health Assessments.
- Josephine highlighted that a report was received in September around Patient safety & quality of care in pressurised services. The Quality and Safety Committee have approved the recommendations made within the paper but in terms of 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 further improvement work the system wished to pursue to continually improve patient pathways.

The Board thanked Heather and Josephine for the report. The Board commented that they were happy with the work undertaken for LeDeR as this had been a concern for a long time. The Board asked, if educators have been involved in workshops for education, health and care plans and Heather confirmed that education are involved but she will find out more information and provide this to the Board.

## Staffordshire and Stoke on Trent Health and Care Senate Summary and Escalation Report

- Paul Edmondson-Jones, Chief Medical Officer, presented the report.
- Paul advised that there have been some medicine shortages over the last few months that have affected both primary and secondary care. This can mean that clinical time is taken up trying to source alternatives.
- Paul commented how the shortages should be raised to the board, either on an individual basis or as one risk. However, some medicine shortages can be resolved fairly quickly so this may not be a suitable option. Paul advised it would be better to raise these as a single risk to the Board.
- Paul also wanted to ask the Board, if this is the type of report that they would expect to see.

The Board thanked Paul for the report. The Board asked how patients are supported during shortages of medicine. Paul confirmed that the patients are contacted as soon as there is national guidance and clinicians do work with them. The Board also asked if the language and abbreviations in the report could be expanded on to make it more understandable. Paul confirmed that this would be actioned. The Board asked about the difficulties in making the Senate quorate and wanted assurance from Paul that this would be rectified. Paul confirmed that this is being investigated to ensure that the meeting is quorate. The Board also wanted to thank Rachel Gallyot, Deputy Chief Medical Officer, for her work.

## Finance and Performance Report

- Paul Brown, Chief Finance Officer and Phil Smith, Chief Delivery Officer, presented the report.

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- Paul confirmed that month five position is a continuation of month four and the actual deficit is £63million against of a plan of £37million.
- Paul advised there are some risks that have been identified and are being worked through. One of these is around the out of system contract and that around 50% of residents receive their care in hospitals that are houses in other systems. Paul confirmed that the ICB had agreed contracts with all neighbouring providers.
- A system recovery director has been appointed and reports to the Chief Executives across the system.
- As a result of the pressure on the finances, additional controls have been put in place around payroll and non-pay spend.
- Paul advised that work is undergoing to explore further improvements. There is a System Performance Group, which is a group of all the executives across the system that meets on a regular basis which should hopefully yield some further savings.
- Paul spoke about the medium-term plan and how this would demonstrate by working together as a system over a range of areas, the finances would be back on track. This may take several years but by showing regulators a coherent plan with a strong analysis and strong commitment, it will demonstrate that targets can be delivered.
- Paul also advised that we need to work as a system to ensure the activity going into the acute sector is manageable.
- There are three parts to the medium-term plan that include:
  - What the long-term clinical models are and ensuring that they work for both patients and clinicians.
  - Putting more care through primary and community care to ease the pressure on the acute sector.
  - How we can use the increased workforce to streamline productivity.
- Phil Smith presented the Performance Report. In August, there were strong improvements across Urgent and Emergency Care and Ambulance response times for Category 2 calls were within the 30 minute standard. Phil confirmed that the latest data suggests that this is now within 19 minutes. There are challenges in September that are also being seen across the region.
- A Same Day Emergency Care Facility opened at Royal Stoke Hospital in August and has seen positive movement across several metrics such as patients waiting for beds and ambulance handover delays.
- A test of change has been completed at County Hospital around frailty which has reduced emergency admissions and improved performance and experience.
- An Integrated Care Co-ordination Centre has been set up for care professionals within the system. This enables professionals to contact the centre to arrange community-based care for patients. Several pathways have been set up already including respiratory and heart failure with more pathways being developed as we go into Winter.
- Phil confirmed the focus for the next few weeks and months is around developing the Winter plan however, there is less funding available compared to previous years and the ICB is working within their identified budgets locally.
- Phil advised that there has been a new target set, to reduce ambulance handover delays to a maximum tolerance of 45 minutes. Currently at UHNM we are at 64% of ambulance arrivals being handed over within 45 minutes and around 74% at University Hospitals of Derby and Burton (UHDB). Plans are being put in place to have a 95% compliance by December.
- There has been zero 104 week cohort waits for September and there is data quality work underway focussed on risk cohorts which will be reviewed. 78 week wait and 65 week wait cohorts are improving however, there is a challenge to meet the 65 weeks wait by the end of September.

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- There are challenges around non-obstetric ultrasound capacity within the system which is being worked through locally and with regional colleagues to provide additional capacity.
- There is faster diagnosis for Cancer patients and there is a reduction in backlogs.
- Josephine Spencer provided an update that the Committee is now receiving reports from the recovery director including progress on our efficiency plan and collaborative targets. We have a compliant plan this year but have a risk for 2025/26 that will need to be worked on.

The Board thanked Paul and Phil for the report. The Board reiterated the need to have a one system, one plan approach as historically this hasn't always been the case. The Board also thanked Paul for the work that had gone into this, and the medium-term plan helps to look beyond the next year and is a proactive rather than reactive response. The Board asked when the Winter plan would be available for the Board to view. Phil confirmed that this would be available at the November Board meeting for sign off.

## People Culture and Inclusion Committee Report

- Gemma Treanor, Head of ICS People Function, and Helen Conway, ICS Strategic Workforce and Planning Lead presented the report.
- Helen advised we are working closely with providers and organisations within the system to consider what our overall workforce position is and how we are performing. From an agency perspective, the NHS England target is 3.2% of total pay spend and we are currently achieving 2.4%.
- There is also an oversight approach which builds on how we work with providers and how we share information. It also utilises NHS England data intelligence and insight. This will help focus and align the resources effectively to the priority areas.
- Gemma advised that there is a robust piece of work being undertaken with PCI Committee members to strengthen the way in which the committee operates and to bring it in line with how other committees in the ICB operate.
- Gemma also wanted to provide assurance to the board that the risks and challenges highlighted in the report are being managed.
- Julie Houlder, Non-Executive Chair of Audit Committee, provided an update on behalf of Shokat Lal, Non-Executive Chair of People, Culture and Organisational Development Committee.
- She advised we needed to continue with engagement with our partners. We also need to continue to check in with our colleagues to ensure that they are okay following the civil unrest earlier this year.

The Board thanked Gemma and Helen for the report and no questions were asked.

**Date and time of next meeting in public:** 17 October 2024 at 1:00pm held in Public – via MS Teams.