

Integrated Care Board Briefing

Staffordshire and Stoke-on-Trent
ICB Meeting

20 March 2025

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 Chief Executive update

- David Pearson, Chair, and Peter Axon, Chief Executive Officer, presented the report.
- The Chair acknowledged that Megan Nurse, Chair of Finance and Performance Committee, will be leaving her role at Staffordshire and Stoke-on-Trent ICB at the end of this month. The Chair thanked Megan on behalf of the Board for her service within the organisation and wished her well in her new position.
- The Chair advised that following NHS England's insightful ICB Board publication, and further to the ICB Second Governance Review, the decision has been made that ICB Board meetings will be held on a bimonthly basis as we move forward into the new financial year.
- The Chair advised that in the intervening period, the Board will undertake development and more strategic oversight of the plans that we are taking forward.
- The Chair acknowledged the national announcements made this week around the implications upon NHS England and running costs for ICBs and trusts. The Chair advised that the prime consideration for the ICB is to ensure that staff are supported throughout the change process.
- The Chair stated that he, Peter Axon and the executive team will adequately address concerns raised by staff as they continue to work through the details.
- Peter Axon added to this, advising that to achieve 50% reduction in running costs, significant organisational change is required. Peter noted that it is critical that the consequences and risks associated with next steps are mitigated and managed.
- Peter Axon acknowledged the personal impact this is likely to have on staff, emphasising the importance of being honest and clear throughout this process as more detail and guidance is provided.

The Board thanked the Chair and Peter Axon for the report, noting the reassurance provided around the change process for the ICB. The Board highlighted the importance of consistent communication to the workforce in this time of uncertainty. The Board advised that we must be mindful of the outcomes and impact on residents as we go through the change process. The Chair thanked the Board for their comments. John Rouse, City Director for Stoke-on-Trent City Council and partner member, advised that they stand ready to work with the ICB to mitigate the impact through integration, potential opportunities and different ways of working. The Board was asked if performance reports around delivery can be published each month, following the decision that Board meetings will be held bimonthly. The Chair thanked the Board for this recommendation, noting that this will be taken forward and actioned accordingly.

2025/2026 National Operational Planning Submission

- Paul Brown, Chief Finance Officer, presented the report.
- Paul Brown advised progress has been made in the past three weeks and it is expected they will submit the plan on time, which is due on Thursday 27 March 2025.
- Paul Brown addressed the financial measures within the financial balance plan, noting this comes with financial risk for all NHS organisations and impact for system colleagues.
- Paul Brown advised the plan will entail workforce reductions due to the scale of the financial challenge.
- Paul Brown stated that it is expected for all statutory targets to be met, including the Urgent and Emergency Care targets that are expected to be compliant *.

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- Paul Brown advised that work is ongoing, and meetings are planned across the system with trust boards to sign off plans. Paul assured the Board that once finalised, it will be shared at the next Board meeting held in public.

****Please note that at the time of the Board meeting, final plan submissions were still being developed, therefore comments relate to the point in time.***

The Chair thanked Paul Brown for the report, noting that it is a challenging and demanding time. The Chair acknowledged the efforts of the combined executive across the system for the work undertaken on the plan, sharing thanks to everyone involved. The Chair advised that the assurance statements will be reviewed on Tuesday 25 March 2025, and with the pace that the plan is moving, this will ensure clarity around the statements for the 2025/2026 plan. The Board was asked for further clarity around the process in terms of timescales and more specifically, when the ICB Board will formally sign off the plan. Peter Axon advised that approvals would take place at the Board seminar on Tuesday 25 March 2025.

Recognising the radical nature of the plan and to enable Board members to make a judgement on whether or not to support the plan, Jon Rouse, City Director, City of Stoke-on-Trent Council, asked for assurance from the Chief Medical Officer and the Chief Nursing Officer that the plan is safe. Paul Edmondson-Jones, Chief Medical Officer, reassured the Board of the clinical involvement throughout this process, advising that all decisions have been taken to the Health and Care Senate over the past year. Heather Johnstone, Chief Nursing and Therapies Officer, added to this, advising that chief nurses across the system have worked closely with all involved. Heather Johnstone noted the comprehensive quality and equality impact assessment within the plan that outlines the assurance steps taken around the safety aspects. The Chair echoed the comments made, stating that the safety aspect of the plan is paramount.

The Board asked for assurance around commitments being achievable in the timeframe that has been given. Peter Axon advised that through the finance and performance committee, we can ensure the infrastructure has been set up to produce and report in a timely way. Mish Irvine, Chief People Officer, commented on workforce reduction and the importance of the clinical safety of the workforce, noting that the workforce must feel valued throughout the delivery of the plan. Mish Irvine added that there is more work to be done around transformation and how this might look in terms of partnership working, and how the plan will be safely implemented, which is the priority. The Board commented on the change expectations and the pace involved in the planning cycle, noting the importance of there being a continuous overarching approach to quality. The Board also acknowledged that the scale of the financial performance challenges requires conversations around the level of risk we are waiting to accept within the system.

The Chair thanked the Board for their comments. The Board accepted the acknowledgements and recommendations presented to them.

Emergency Preparedness, Resilience and Response (EPRR) Annual Report

- Phil Smith, Chief Delivery Officer, and Katie Weston, EPRR Operational Manager, presented the report.
- Phil Smith advised that the report sets out to provide the Board with an overview of the ICB arrangements in place for EPRR, to confirm the position against the annual assurance assessment and to approve a slight amendment to the EPRR policy.

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- Katie Weston added to this, stating the report aims to reassure the Board of the resilience in place to respond to any level of business disruption that may affect the core functions and statutory duties of the organisation.
- Katie Weston noted the robust process in place around training and exercising to make sure commanders remain in a capability to respond to disruption.
- Katie Weston advised that compared to neighbouring ICBs and a regional level, Staffordshire and Stoke-on-Trent ICB is reasonably lower in terms of the number of instances that have occurred.
- Katie Weston commented that there is a great EPRR capacity within the organisation delivered through matrix working opportunities to support the EPRR function.
- Katie Weston noted the annual assurance position set out for 2024 in which substantial compliance has been achieved. Katie advised that as an ICB, we are rated partially compliant overall, and substantially compliant to deal with the CBRN domains (Chemical, Biological, Radiological and Nuclear response actions).
- Katie Weston noted some of the priorities within the report, which include potential new and emerging pandemics, mass counter measures, mass casualty, cyber, and evacuation and shelters.
- Katie Weston advised that the annual assurance process shows that the system is trending with the region in terms of areas of development. On the back of this, Katie noted that plans going forward include looking at how the ICB can work collectively with the region to address common themes.
- Katie Weston advised that robust resilient frameworks have been set up within the EPRR strategy, which is set out over the next three years.

The Chair thanked Katie Weston for the report. The Board commented on the national power outage being the second highest risk on the national risk register, asking whether the ICB/ Integrated Care System (ICS) ICS would be prepared for this. The Chair suggested that the report should be brought to the Integrated Partnership Board meeting to have a broader discussion with wider agencies. Katie Weston advised that while national power outage would be the initiating factor, the secondary impacts would be the things that we are already responding to and have plans in place for. The Board asked about the extent of engagement within this process, and whether other providers across the system are involved. Katie Weston assured that Board that extensive engagement continuously takes place across the system. The Board asked where general practice fits into this, referencing the 'WannaCry' ransomware attack where clinical systems and pharmacy systems were paralysed, and how this considers the sustained junior doctors strikes and IT systems within general practice. Katie Weston advised the Board that work is happening with cyber leads across the system to look at how we can achieve and address some of these common issues, and how we continue to respond. The Board highlighted the dependency on electronic transmission, such as prescriptions and patient records, noting that if the system goes down there is no way of knowing patients' medication. Phil Smith emphasised the value of 'real life' exercises and the importance of all partners engaging in them.

The Board accepted the acknowledgements and recommendations presented to them.

Emergency Preparedness, Resilience and Response (EPRR) Policy

- Katie Weston, EPRR Operational Manager, presented the report.
- Katie Weston advised EPRR policy has been updated slightly outside of its usual three-year review, noting the changes as follows:
 - A EPR senior team who maintain oversight of the EPRR work programme in any emerging risks and issues

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- The updated structure, in terms of the removal of the several contingencies unit support that we used to have two days a week
- The inclusion of the Band 7 EPR Operational Manager.

The Chair thanked Katie Weston for the report. The Chair shared additional thanks to Julie Houlder, Chair of the Audit Committee, and those within the committee for their oversight. The Board accepted the acknowledgements and recommendations presented to them.

Pre-consultation Business Case – Birthing services previously provided at County Hospital and Samuel Johnson Community Hospital

- Helen Slater, Director of Community Transformation, presented the report.
- Helen Slater advised that this work is in conjunction with partners at University Hospitals of North Midlands NHS Trust (UHNM) and University Hospitals of Derby and Burton NHS Foundation Trust (UHDB).
- Helen Slater explained that the process for the pre-consultation business case started prior to COVID-19 looking at service changes around maternity services, but due to the pandemic, the programme was paused. Helen advised that upon resuming the programme, there has been a series of engagement sessions with the public and staff.
- Helen Slater noted that the series of appendices within the pre-consultation document have been presented to the Strategic Commissioning and Transformation Committee, which outlines the range of options undertaken in the pre-consultation engagement, the required assurance and how the tests of change, as set out within the guidance from NHS England, have been met.
- Helen Slater advised that to take forward a formal public consultation, a decision-making business case will be prepared and brought to the Board.
- Helen Slater stated that the pre-consultation document has been built upon national evidence from national maternity reviews and workforce plans, to provide the quality and the choice of maternity services to women across Staffordshire and Stoke-on-Trent.
- Helen Slater added that the pre-consultation business case has been taken through quality impact assessments, equality impact assessments and travel analysis, along with the West Midlands Clinical Senate for independent review of the proposals and the clinical model that is outlined within the document.
- Helen Slater advised that the Scrutiny Committee has made the recommendation to take this out to public consultation for 12 weeks, which plans are in place for.
- Helen Slater noted that the pre-consultation document outlines the number of women that were utilising birthing services at the County Hospital, Stafford, and Samuel Johnson Community Hospital, Lichfield, prior to the temporary suspension of the birthing services.
- Helen Slater advised that throughout the temporary suspension, there have been antenatal and postnatal services running at both of those sites.
- Helen Slater added that there have been periods where home birthing services were temporarily suspended, but through services provided by The Royal Wolverhampton NHS Trust, home birthing services have continued throughout, and these services are now being reinstated across Staffordshire and Stoke-on-Trent.

The Chair thanked Helen Slater for the report. The Board praised the work that has been undertaken as part of the pre-consultation, noting that it is positive to hear the 12-week public consultation recommendation has been taken onboard. The Board highlighted the importance of moving forward with the public consultation, noting this won't start until after the pre-election period, but emphasised the importance of gaining feedback from women and their partners to make an informed decision. The Board also mentioned that in terms of infant

mortality, the direction of travel that is reflected in the report is strongly supported. Mike Lawton, Chair of the Strategic Commissioning and Transformation Committee, echoed the depth and breadth of the work that has been undertaken. The Board was asked about the extent to which the needs around the home birthing service and choices being offered for women can be met. Heather Johnstone advised that although choice can be offered, options will be explored with mothers around what their preference is and what is clinically safe. The Board added to this point, asking that where it is clinically safe, are we then able to facilitate that, or are there times where staffing necessitates that it isn't possible. Heather Johnstone responded that there have been times in the past where this hasn't been possible, such as the period of temporary suspension, but as these services reopen and become more established, they will continue to be available as an option for women. The Board added that prior to the temporary suspension of these services, on average 26 births per month were recorded across two units that were staffed 24/7, noting the amount of resource and infrastructure needed in order to support that. The Board asked whether there is an understanding around the level of moderate and high-risk births, and how this is impacting on maternity services and cost implications. Heather Johnstone responded that the Local Maternity and Neonatal System Board (LMNS) is operated across the system and investigates the complexity of births and outcomes. Heather Johnstone also advised that mortality rates locally have been a feature of a concern for a long time, and they are strengthening the work being done collectively to understand the potential causes of infant mortality rates and to improve outcomes for babies.

The Board was asked about the involvement of mental health services. Helen Slater advised that the pre-consultation business case focuses on the birthing services at the two units which saw low-risk women, and the crossover for high-risk and severe cases is recognised and will be picked up through the LMNS Board.

Jon Rouse, City Director, City of Stoke-on-Trent Council, commented that this an exemplary piece of work and is an example of how consultations should take place in the future given the level of engagement and thoroughness. Jon Rouse supports the consultation taking place and believes that it will support a safer maternity system.

The Board accepted and approved the recommendations presented to them.

Specialised Commissioning Delegation Agreement, Collaboration Agreement and NHS Briefing

- Paul Winter, Associate Director of Corporate Governance, presented the report.
- Paul Winter advised that the purpose of the report is to provide an update on phase two of an ongoing national programme for the delegation of NHS England's commissioning duties to ICBs.
- Paul Winter explained that the request is for the Board to approve the delegation of further acute services including a range of mental health, learning disability and autism services.
- Paul Winter advised that the report aims to inform the Board of the work that has been undertaken over the past 12 months, in terms of internal governance and regional governance, along with providing some assurance to the Board on what the arrangements will be going forward following approval.
- Paul Winter noted that some risks were previously flagged around the litigation of ongoing cases, and this report aims to provide assurance to the Board that there is a plan in place for these.

The Chair thanked Paul Winter for the report. The Chair asked Peter Axon whether the transfer of this into the ICB can be managed safely. Peter Axon responded that as of right now, under the current circumstances, we can be assured that funds will flow as previously agreed and therefore we have the cover to manage the arrangements in the hosted way that the report describes. The Board was asked what additional capacity would be required. Peter Axon advised that the plan is to host the arrangements by creating a governance across the west and east that ensures all involved have appropriate influence and decision-making powers. The Board was asked whether this could be reviewed again, given the pressures on capacity within the system. Peter Axon advised that this can be taken away to the Strategic Commissioning Committee for further discussion around the governance process. The Board shared thanks to Kirsten Owen, who has now established the specialised commissioning working group, and work is underway to collate governance arrangements and papers through the appropriate committees to provide a more visual oversight. The Board asked that with the changes currently, it is likely that this governance will reappear in a different form. Peter Axon advised that the processes which have been previously approved, although they may be reviewed, are unlikely to fundamentally stop, adding that there may be a pause placed on upcoming processes for 2026. The Board noted that it is uncertain what capacity will be available to carry out these types of functions going forward. The Chair noted the comment regarding capacity.

The Board accepted and approved the recommendations presented to them.

Quality and Safety Report

- Heather Johnstone, Chief Nursing and Therapies Officer, presented the report.
- Heather Johnstone acknowledged the progress that has been made within the Special Educational Needs and Disability (SEND) work, specifically the health-related aspects.
- Heather Johnstone noted that there is a joint accountability with the local authority for the work that is being undertaken around SEND.
- Heather Johnstone also highlighted that within Urgent and Emergency Care (UEC), no immediate harm was identified within 90% of patients on the back of reviewing the impact of ambulance handover over delays.
- Heather Johnstone advised that for the remaining 10% of patients, improvement areas included tissue viability and the documentation of fluid intake.
- Heather Johnstone noted that the team is working closely with colleagues in Derby and Derbyshire Integrated Care Board (ICB) to ensure that there is a similar level of assurance in respect to patients experiencing potential or actual harm at Queens Hospital Burton, Burton-on-Trent.
- Heather Johnstone also highlighted the ICS Palliative and End of Life Quality Group, which has been set up to connect partners and share best practice.
- Heather Johnstone noted that there is a continued increase in demand for paediatric dietetics, and the interim actions that are being taken around this will be shared in due course.

The Chair thanked Heather for the report, noting that the work undertaken within Urgent and Emergency Care was helpful in providing assurance. The Board asked if it is acknowledged with the individuals that have sustained a level of harm. Heather Johnstone assured the Board that when an incident is reported, patients and families will be contacted in line with the duty of candour reporting requirements. The Board asked whether the Palliative and End of Life Care work includes dementia palliative care. Heather Johnstone advised that this will be taken away and a response will be provided at the next Board meeting.

The Board accepted the acknowledgements and recommendations presented to them.

Quality and Safety AAA Chairs Report

- Josie Spencer, Chair of the Quality and Safety Committee, presented the report.
- Josie Spencer advised that the ongoing work around looked after children's assessments is slowly improving.
- Josie Spencer stated that the committee has approved the Stoke-on-Trent Joint Dementia Strategy, asking that the Board ratifies the decision on this.

The Board received and approved the System Quality Group terms of reference and the Quality and Safety Committee terms of reference that were presented to them.

Staffordshire and Stoke-on-Trent Health and Care Senate AAA Chairs Report

- Paul Edmondson-Jones, Chief Medical Officer, presented the report.
- Paul Edmondson-Jones highlighted the Excluded Restricted Procedure (ERP) Policy, advising this is included in the contracts for acute hospitals and Midlands Partnership University NHS Foundation Trust (MPFT), but to date hasn't been included in contracts for the independent sector.
- Paul Edmondson-Jones advised this is crucial to implement and will be included in all independent sector contracts going forward.
- Paul Edmondson-Jones advised that the next stage will be engagement with clinicians, to ensure they are aware of the policy and understand the benefits.
- Paul Edmondson-Jones stated that a Quality Impact Assessment (QIA) was approved on this earlier in the week.
- Paul Edmondson-Jones noted that nothing is completely restricted and there is always the opportunity to make a special case to be considered through the individual funding request.

The Chair thanked Paul Edmondson-Jones for the report. The Board accepted the acknowledgements and recommendations presented to them.

ICS Finance and Performance Report

- Paul Brown, Chief Finance Officer and Phil Smith, Chief Delivery Officer, presented the report.
- Paul Brown advised there has been a strong end to the year financially and the year-to-date position is a £30m deficit. There has been an agreed control total with regulators of an £18m deficit against a spend of £35bn.
- Paul Brown also advised that the efficiency programme is at a £180m improvement which is 90% of the target.
- Paul Brown advised that the ICB is on track with the capital limits.
- Phil Smith advised that urgent care is challenging across the system. The demand picture has started to steady but we are 2.25% higher demand this year compared to the same period last year.
- Phil Smith also advised that Infection Prevention Control (IPC) is seeing impact due to norovirus, flu and other issues. This is impacting the whole care sector and flow. This is also having an impact on workforce and absence levels.

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- Phil Smith highlighted that performance overall is unacceptable with unnecessary delays for patients across the pathway. The average handover time at Royal Stoke University Hospital's, Stoke-on-Trent, site was over two hours in February 2025 and just over half of handovers were carried out within 45 minutes. There has also been deterioration to 4-hour performance.
- Phil Smith advised however in March 2025, there has been improvement to 4-hour performance and to handover delays.
- Phil Smith also advised that due to the demand on services, an escalated governance and capacity remain in place and the system coordination centre is active seven days a week, managing flow throughout the system.
- Phil Smith highlighted that the current tactical focus is on three areas including alternative pathways, overnight offer and the UHNM improvement plan. The alternative pathways will include growing the ICC (Integrated Care Coordination) offer and encourage people to access care through other routes other than hospital and A&E. We are the first system to offer the overnight offer and this remains really strong. Feedback is key here and there are plans to have clinical colleagues across the system working together and feeding back when we have inappropriate conveyances. The UHNM improvement plan is gathering pace and there is a focus on robust and consistent adherence to policies and processes. There is also a focus on front door site management.
- Phil Smith also advised that at this time of the year, de-escalation is looked at and what this looks like. This will be done in a managed way and there are system learning events taking place over the next few months.
- Phil Smith provided an update on planned care. There has been an impact to planned care delivery and although we are on track with our 78-week wait, there will be residual 65-week waits at the end of financial year. Cancer services remain a priority, and we have maintained delivery of those services.

The Chair thanked Paul Brown and Phil Smith for the report. The Board commented that there is traction and learning to bring about improvement. The Board asked if an update will be provided to Board regarding de-escalation work. Phil Smith confirmed that the plan is going through various governance processes now and an update will be brought to the Board at a later date. The Board also wanted to note that there is poor performance for autism assessments for children and young people, and there is a reliance on the independent sector to support the assessments. The assessments can take up to two years to complete and it is impossible to plan provision if the diagnosis of the child is unknown. The Chair has noted this.

Finance and Performance Committee AAA Chairs Report

- Megan Nurse, Non-Executive Chair of the Finance and Performance Committee, presented the report.
- Megan Nurse wanted to acknowledge that the system is in a better place now than where we were six months ago. She also wanted to express her thanks to those across the system who have been working very hard to get us to this point.
- Megan Nurse advised that Kingsgate and Deloitte attended the committee meeting and set out some key observations. The work they have undertaken has added value and will add more value to 2025/26. Other observations were that there are other significant saving opportunities to be made and the need for continued momentum. There is also a need for system mindset change and it is important as a Board we reflect on the feedback we have received.

The Chair thanked Megan for the report. The Board accepted the acknowledgements and recommendations presented to them.

ICS People Culture and Inclusion Committee Report

- Mish Irvine, Chief People Officer, presented the report.
- Mish Irvine advised that this month's People Culture and Inclusion Committee has been stood down as they are moving towards a bimonthly rota.
- Mish Irvine also advised that there has been an increase in workforce numbers over the last year. As of January 2025, we were 920 wholetime equivalents above the planned position.
- Mish Irvine explained that this does reflect the importance of planning and being able to be clear about where the workforce increases need to happen and when they will. Workforce increases need to be mitigated because of the financial position.
- Mish Irvine advised that chief people officers and clinical colleagues are considering the various methodologies that can be put in place to reduce the workforce in a safe way and in the right areas. There needs to be mechanisms in place to enable workforce sharing to reduce duplication.
- Mish Irvine also wanted to raise that sickness is at 6% which is an area of concern.
- Mish Irvine also wanted to highlight that the 2024 NHS Staff Survey results have been published publicly, and work is underway to consolidate those at system level along with an action plan.

The Chair thanked Mish Irvine for the report. The Board asked if they could see an overview of the Staff Survey results and whether staff sickness levels are due to stress or anxiety. Mish Irvine advised that the Staff Psychological Hub offer has been extended, and we are considering a whole wellbeing offer for all colleagues across the system, ideally via a single point of access. The Board also wanted to raise that we have continued to hire more people than we can afford, and we need to learn from this. The Board asked if breakdowns would be provided to see where the additional individuals were hired e.g. clinical or frontline. Mish advised that this is provided in the Board papers.

ICS People Culture and Inclusion Committee Report

- Mike Lawton, Non-Executive Chair of the Strategic Commissioning and Transformation Committee, presented the report.
- Mike Lawton advised that he delighted to see the impact of his committee, particularly as two very big issues have been covered in today's Board.

The Chair thanks Mike Lawton for the report and received it as read.

Staffordshire and Stoke-on-Trent ICB Audit Committee AAA Chairs Report

- Julie Houlder, Non-Executive Chair of the Audit Committee, presented the report.
- Julie Houlder advised that the EPRR policy have been discussed and agreed.
- Julie Houlder also recommended that the Board approve the committee terms of reference and changes to financial delegations.

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- Julie Houlder also wanted to advise that the Committee has reviewed risk management arrangements after some concerns about the management of certain risks and the outcome of that review will go to committees.
- Julie Holder also advised that there was a presentation from Deloitte in regard to the audit committee's responsibilities which is around internal control, system, risk appetite and governance arrangements.
- Julie Houlder also advised that the committee heard and discussed the actions that are now necessary to respond to the challenges made by NHS England regarding the need to measure progress on the undertakings report in terms of delivery of outcomes and not progress. This is not just progress in work undertaken, but it has to be around the outcomes achieved.

The Chair thanked Julie Houlder for the report and support the approval of the audit committees terms of Ferece review.

Staffordshire and Stoke-on-Trent ICB Remuneration Committee AAA Chairs Report

- Josie Spencer, Non-Executive Chair of the Quality and Safety Committee, presented the report.
- Josie Spencer advised that there was a single agenda item on the day which was to refresh the terms of reference outlined in the AAA report for Board to agree.

The Chair thanked Josie Spencer for the report and received and noted the recommendations.

Date and time of next meeting in public: 15th May 2025 at 1pm held in public, in person at Staffordshire County Council Chamber, County Buildings, Martin Street, Stafford, ST16 2DH.