NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

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

Thursday 15 February 2024

1.00pm-2.45pm

Via MS Teams

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

	Agenda Item	Lead(s)	Enc.	A/R/S/ D/I	Time	Pages
1.	Welcome and Apologies • Leadership Compact	Chair	Enc. 01	S	1.00pm	2
2.	Quoracy		Verbal			
3.	Conflicts of Interest		Enc. 02			3-4
4.	Minutes of the Meeting held on 18 January 2024 and Matters Arising	Chair	Enc. 03	A		5-15
5.	Action Log Progress Updates on Actions	Chair	Enc. 04	D		16
6.	Questions submitted by members of the public in advance of the meeting	Chair	Verbal	D	1.02pm	
	Strategic and System Development					
7.	ICB Chair and Chief Executive Update	DP/PA	Enc. 05	D/I	1.10pm	17-24
8.	EPR Programme Business Case	CI	Enc. 06	R	1.25pm	25-37
	System Governance and Performance					
9.	Quality and Safety Report	HJ	Enc. 07	S	1.40pm	38-40
10.	Finance & Performance Report • Finance & Performance Committee Assurance Report	PB/PS MN	Enc. 08 Enc. 09	S	1.50pm	41-53 54-60
11.	2024/25 Planning	PB	Enc. 10	S	2.00pm	61-73
12.	Board Assurance Framework Q3	CC	Enc. 11	S	2.05pm	74-100
	Committee Assurance Reports					
13.	People, Culture and Inclusion Committee	SL	Enc. 12	S	2.10pm	101-114
	Any other Business					
14.	**Items notified in advance to the Chair**	All		D	2.15pm	
15.	**Questions from the floor relating to the discussions at the meeting**	Chair			2.20pm	
16.	**Meeting Effectiveness**	Chair				
17.	**Close**	Chair			2.45pm	
18.	**Date and Time of Next Meeting** 21 March 2024 at 12.30pm held in Public – The Trust Boardroom, Royal Stoke University Hospital, University Hospitals of North Midlands NHS Trust, Newcastle Road, Stoke-on-Trent, Staffordshire, ST4 6QG					

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**.

NHS
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Stoke-on-Trent
Integrated Care Board

STAFFORDSHIRE AND STOKE-ON-TRENT INTEGRATED CARE BOARD
CONFLICTS OF INTEREST REGISTER 2023-2024
INTEGRATED CARE BOARD (ICB)
AS AT 07 FEBRUARY 2024

Kev
Declaration completed for financial year 2023/2024
Declaration for financial year 2023/2024 to be submitted

Note: **Kev relates to date of declaration**

Date of Declaration	Title	Forename	Surname	Role	Organisation/Directorate	1. Financial Interest	2. Non-financial professional interests	3. Non-financial personal interests	4. Indirect interests	5. Actions taken *to mitigate identified conflicts of interest*
3rd April 2023	Dr	Buki	Adeyemo	Chief Executive	North Staffs Combined Healthcare Trust	Nothing to declare	1. Membership of WRES - Strategic Advisory Group (ongoing) 2. CQC Reviewer (ongoing)	1. Board of Governors University of Wolverhampton (ongoing)	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company.
1st April 2023	Mr	Jack	Aw	ICB Partner Member with a primary care perspective	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Principal Partner Loomer Medical Partnership Loomer Road Surgery, Haymarket Health Centre, Apsley House Surgery (2012 - present) 2. Clinical Director - About Better Care (ABC) Primary Care Network (2019 - ongoing) 3. Staffordshire and Stoke-on-Trent ICS Primary Care Partner Member (2019 - present) 4. Director Loomer Medical Ltd Medical Care Consultancy and Residential Care Home (2011 - ongoing) 5. Director North Staffordshire GP Federation (2019 - ongoing) 6. Director Austin Ben Ltd Domiciliary Care Services (2015 - ongoing) 7. CVD Prevention Clinical Lead NHS England, West Midlands (2022 - ongoing) 8. Clinical Advisor Cegedim Healthcare Solutions (2021 - ongoing)	1. North Staffordshire GP VTS Trainer (2007 - ongoing) 2. North Staffordshire Local Medical Committee Member (2009 - ongoing)	1. Newcastle Rugby Union Club Juniors u11 Coach (ongoing)	1. Spouse is a GP at Loomer Road Surgery (ongoing) 2. Spouse is director of Loomer Medical Ltd (ongoing) 3. Brother is principal GP in Stoke-on-Trent ICS (ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
1st April 2023	Mr	Peter	Axon	CEO ICB	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
6th April 2023	Mr	Chris	Bird	Chief Transformation Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Interim Chief Transformation Officer, NHS Staffordshire & Stoke-on-Trent ICB until 31.07.23. Substantive role - Director of Partnerships, Strategy & Digital , North Staffordshire Combined Healthcare NHS Trust (April 2023 - July 2023)	1. Chair of the Management Board of MERIT Pupil Referral Unit, Willeton Street, Bucknall, Stoke-on-Trent, ST2 9JA (April 2023 - March 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) recorded on conflicts register.
2nd August 2023	Mr	Paul	Brown	Chief Finance Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Previously an equity partner and shareholder with RSM, the internal auditors to the ICB. I have no on-going financial interests in the company (January 2014-March 2017) 2. Previously a non-equity partner in health management consultancy Carnall Farrar. I have no on-going financial interests in the company (March 2017-November 2018)	Nothing to declare	Nothing to declare	No action required
1st April 2023	Ms	Tracy	Bullock	Acute Care Partner Member and Chief Executive	University Hospitals of North Midlands NHS Trust (UHNM)	Nothing to declare	1. Lay Member of Keele University Governing Council (November 2019 - November 2023) 2. Governor of Newcastle and Stafford Colleges Group (NSCG) (ongoing)	Nothing to declare	Nothing to declare	(h) recorded on conflicts register.
26th July 2023	Mr	Neil	Carr OBE	Chief Executive Officer	Midlands Partnership University NHS Foundation Trust	1. Member of ST&W ICB (ongoing)	1. Fellow of RCN (ongoing) 2. Doctor of University of Staffordshire (ongoing) 3. Doctor of Science Keele University (Honorary) (ongoing)	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.	
6th December 2023	Mrs	Claire	Cotton	Director of Governance	University Hospitals of North Midlands NHS Trust (UHNM)	1. Employee of University Hospital of North Midlands NHS Trust (UHNM) (2000 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
3rd April 2023	Dr	Paul	Edmondson-Jones	Chief Medical Officer and Deputy Chief Executive	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Charity Trustee of Royal British Legion Industries (RBLI) who are a UK wide charity supporting military veterans, the unemployed and people with disabilities (December 2022 - ongoing)	Nothing to declare	Nothing to declare	(h) recorded on conflicts register.
4th January 2024	Mr	Patrick	Flaherty	Chief Executive Officer and ICB Board Member	Staffordshire County Council	1. Chief Executive Officer of Staffordshire County Council (July 2023 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
1st April 2023	Mrs	Gillian (Gill)	Hackett	Executive Assistant	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
1st April 2023	Dr	Paddy	Hannigan	Clinical Director for Primary Care	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Salaried GP at Holmcroft Surgery integrated with North Staffordshire Combined Healthcare Trust and contract responsibilities taken over by NSCHT (1st January 2020 - ongoing)	Nothing to declare	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
3rd April 2023	Mrs	Julie	Houlder	Non-Executive Director Chair of Audit Committee	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Owner of Elevate Coaching (October 2016 - ongoing)	1. Chair of Derbyshire Community Health Foundation Trust (January 2023 - ongoing) (Non-Executive since October 2018) 2. Non-Executive George Eliot NHS Trust (May 2016 - ongoing) 3. Director Windsor Academy Trust (January 2019 - ongoing) 4. Associate Charis Consultants Ltd (January 2019 - ongoing)	1. Owner Craftykin Limited (July 2022 - ongoing)	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on ICB conflicts register

Date of Declaration	Title	Forename	Surname	Role	Organisation/Directorate	1. Financial Interest	2. Non-financial professional interests	3. Non-financial personal interests	4. Indirect interests	5. Actions taken *to mitigate identified conflicts of interest*
4th May 2023	Mr	Chris	Ibell	Chief Digital Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
12th July 2023	Ms	Mish	Irvine	ICS Director of People	ICS/MPFT (hosted)	Nothing to declare	Nothing to declare	1. Trustee (NED) of the YMCA, North Staffordshire (July 2023 - ongoing)	Nothing to declare	(h) recorded on conflicts register.
21st April 2023	Mrs	Heather	Johnstone	Chief Nursing and Therapies Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Visiting Fellow at Staffordshire University (March 2019 - March 2025)	Nothing to declare	1. Spouse is employed by UHB at Heartland's hospital (2015 - ongoing) 2. Daughter is Marketing Manager for Voyage Care LD and community service provider (August 2020 - ongoing) 3. Daughter in law volunteers as a Maternity Champion as part of the SSOT maternity transformation programme (2021 - ongoing) 4. Brother-in-law works for occupational health at UHNM (ongoing) 5. Step-sister employed by MPFT as Staff Nurse (ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
3rd April 2023	Mr	Shokat	Lal	Non-Executive Director	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Local government employee (West Midlands region) and there are no direct or indirect interests that impact on the commissioning arrangements of the ICB (ongoing)	Nothing to declare	Nothing to declare		(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
19th April 2023	Ms	Megan	Nurse	Non-Executive Director	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Independent Hospital Manager for Mental Health Act reviews, MPFT (May 2016 - ongoing) 2. NED at Brighter Futures Housing Association, member of Audit Committee and Renumeration Committee (September 2022 - ongoing)	1. Chair Acton Academy Governing Body, part of North-West Academies Trust (September 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
1st April 2023	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 - ongoing) 2. Membership of the Royal College of Nursing (RCN) (1978 - ongoing) Membership cancelled with effect from 30/11/2022 (declaration to be removed from the register in May 2023)	Nothing to declare	1. Spouse and daughter work for North Staffs Combined Health Care NHS Trust (2018 - ongoing: redeclared 21.11.21)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
4th 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.
4th April 2023	Mrs	Tracey	Shewan	Director of Corporate Governance	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Works shifts on Chebsey ward at MPFT (December 2022 - ongoing)	Nothing to declare	1. Husband in NHS Liaison for Shropshire, Staffordshire and Cheshire Blood Bikes (August 2019 - 06 November 2023) (Declaration to be removed from register May 2024) 2. Sibling is a registered nurse with MPFT (August 2019 - ongoing) 3. Daughter works for West Midlands Ambulance	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
4th April 2023	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
1st December 2023	Mrs	Josie	Spencer	Independent Non-Executive Director	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Non-Executive Director Leicestershire Partnership Trust (May 2023 - ongoing) 2. Non-Executive Director for Coventry and Rugby GP Alliance (December - ongoing	1. Company Director for Coventry and Rugby GP Alliance (December 2023 - ongoing)	1. Chief Executive Coventry and Rugby GP Alliance (May 2022 - 31st August 2023) (Declaration to be removed from the register February 2024)	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company (h) interest recorded on the conflicts register.
17th May 2023	Mr	Baz	Tameez	Healthwatch Staffordshire Manager	Healthwatch Staffordshire	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required
3rd April 2023	Mr	Paul	Winter	Associate Director of Corporate Governance / ICB Data Protection Officer	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)

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Staffordshire and Stoke-on-Trent
Integrated Care Board

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

Minutes of the Meeting held on Thursday 18 January 2024 12:30 pm - 2.30pm Stoke City Council, Council Chamber, Civic Centre, Glebe Street Stoke-on-Trent ST4 1HH

Members:	**Quoracy**	20/04/23	18/05/23	15/06/23	20/07/23	21/09/23	19/10/23	16/11/23	21/12/23	18/01/24	15/02/24	21/03/24
David Pearson (DP) Chair, Staffordshire & Stoke-on-Trent ICB	Over 50% of the quantum (nine out of seventeen members) with there being an equitable balance to represent that of a Unitary Board, split between proportions of Executive, Non-Executive and Partner Members, including: • the Chief Executive plus one other Executive Director (from CFO, CTO, CDO) • either the Medical Director (CMO) or the Director of Nursing & Therapies (CNTO) • three Independent Members: i.e. Chair plus two Non-Executive Members • three Partner Members: with ideally at least one from each of the three cohorts	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Peter Axon (PA) Chief Executive Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✓	✓	✓	✓		
Paul Brown (PB) Chief Finance Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✗	✓	✓	✗	✓	✓	✓		
Phil Smith (PSm) Chief Delivery Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✓	✓	✓	✓		
Heather Johnstone (HJ) Chief Nursing and Therapies Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✗	✗	✗	✗	✗		
Dr Paul Edmondson-Jones (PE-J) Chief Medical Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✗	✓	✓	✓		
Chris Bird (CB) Chief Transformation Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✓	✓	✓	✓		
Julie Houlder (JHo) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓	✓	✗	✓	✓	✗	✓	✓	✓		
Megan Nurse (MN) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	A	✓	✓	✓	✓	✓		
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	✗	✗	✗	✓	✓		
John Henderson (JH) Chief Executive, Staffordshire County Council		✗	✗	✓								
Dr Paddy Hannigan (PH) Primary Care Partner Member, Staffordshire & Stoke-on-Trent Integrated Care Board		✓	✓	✓	✓	✓	✓	✓	✓	✗		
Patrick Flaherty, (PF) Chief Executive, Staffordshire County Council					A	✓	✓	✗	✓	✓		
Dr Jack Aw (JA) Primary Care Partner Member, Staffordshire & Stoke-on-Trent Integrated Care Board		✓	✗	✓	✓	✓	✗	✓	✓	✓		
Tracy Bullock (TB) Chief Executive, University Hospitals of North Midlands NHS Trust		✓	✗	✓	✓	✓	✓	✓	✓	✓		
Neil Carr (NC) Chief Executive, Midlands Partnership NHS University Foundation Trust		✓	✗	✗	✓	✓	✗	✗	✓	✓		
Dr Buki Adeyemo (BA) Interim Chief Executive, North Staffordshire Combined Healthcare NHS Trust		✗	✓	✓	✓	✓	✓	✓	✓	✓		
Participant Members:												
Simon Fogell (SF), Stoke-on-Trent Healthwatch		✓	✓	✓	✓	✓	✗	✓	✗	✓		
Tracey Shewan (TS) Director of Communications, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✓	✓	✓	✓		

Alex Brett (AB) Chief People Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✖						
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		✖	✓	✓	✓	✓	✓	✓	✓	✓		
Steve Grange (SG), Midlands Partnership University NHS Foundation Trust		✓	✓	✖	✓	✖	✖	✖	✖	✖		
Helen Ashley (HA), University Hospitals of North Midlands NHS Trust			✓	✖	✖	✓	✖	✖	✖	✖		
Claire Cotton (CC), University Hospitals of North Midlands NHS Trust		✓	✓	✖	✓	✓	✖	✖	✖	✖		
Lynn Tolley (LT) Acting Chief Nurse and Therapies Officer, Staffordshire & Stoke-on-Trent ICB						✓	✓	✓	✓	✖		
Richard Harling (RH) Staffordshire County Council								✓	✖	✖		
Chris Sands (CS), Chief Finance Officer, Midlands Partnership University NHS Foundation Trust				✓				✓	✖	✖		
Helen Dempsey (HD) Director of Finance & Performance, Staffordshire & Stoke-on-Trent ICB				✓					✖	✖		
Mish Irvine, Chief People Officer, Staffordshire & Stoke-on-Trent ICB (People Directorate, Midlands Partnership University NHS Foundation Trust)				✓	✖	✖	✓	✓	✓	✓		
Karen Webb (KWe), Deputy SRO Learning Disability and Autism, Staffordshire & Stoke-on-Trent ICB					✓							
Katie Weston (KW), EPRR Strategic Lead, Staffordshire & Stoke-on-Trent ICB					✓							
Jacqui Charlesworth, Deputy Finance Director, Staffordshire & Stoke-on-Trent ICB							✓	✓	✖			
Rachel Gallyot, Staffordshire & Stoke-on-Trent ICB							✓					
Becky Scullion, Director of Nursing Staffordshire & Stoke-on-Trent ICB										✓		
Gill Hackett (GH), Executive Assistant, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✖	✓	✓	✓	✓	✓		

		Action
1.	**Welcome and Introductions**	
	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. DP reminded member of the importance of the Leadership Compact document which was used in all of the meetings transacted by the ICB and it guided the way they conducted business and he would return to that at the end of the meeting It was noted that the meeting was quorate.	
2.	**Apologies**	
	Apologies were received from Heather Johnstone (Becky Scullion attending) and Paddy Hannigan.	
3.	**Conflicts of Interest**	
	Members confirmed there were no conflicts of interest in relation to items on the agenda other than those listed on the register.	
4.	**Minutes of the Meeting held on 21 December 2023**	
	The minutes of the meeting held on 21 December 2023 were **AGREED** as an accurate record of the meeting and were therefore **APPROVED.**	
5.	**Action Log**	

	There were no actions to review.	
6.	**Questions submitted by members of the public in advance of the meeting**	
	Ian Syme 1. Elective waits 104 78 and 65 weeks: The CEO of UHDB in his paper to UHDB Board Meeting 9th January 2024 stated that the UHDB does have 78+ week waiters. UHDB of course provides Elective Services to our ICS residents at their Queens Hospital Burton Unit which is geographically situated within Staffordshire. • what is the 104, 78, and 65 weeks situation for Staffordshire residents awaiting elective treatment at the Queens Hospital unit of UHDB? ***Response:*** *We monitor waiting times for all of our residents, regardless of the provider. UHDB have moved into Tier 1 national oversight which is the same level of oversight as UHNM. The latest data is there are no residents waiting over 104 weeks at Burton, 15 patients were waiting 72 to 103 weeks and 352 are waiting 65 to 77 weeks. This data is just for the Burton site, if we open that up to the whole of UHDB, we have 42 residents on the waiting list there.* **2. Elective waits Demographic Children and Young People. (C & YP):** (i)Has the ICB got specific data as to the numbers of C & YP re 104 78 and 65 weeks waits and if so, what are the numbers per each standard. (ii) If whilst a Child or YP reaches 18 years olds whilst waiting for an elective procedure is the child treated as an Adult or as a Paediatric patient? ***Response:*** *The latest data we have as of 7 January for our residents. There are zero patients waiting over 104 weeks over aged 0 to 18, 19 waiting 78-203 weeks and 213 waiting 65 to 77 weeks. We monitor those numbers very closely and we're required to report them through our tier one and other national reporting.* *In terms of the second part of the question, essentially about transition of patients as they reach 18 years of age. As a general rule, paediatric services will not accept new patient referrals who are aged over 17 if new referrals come in when a child is anything from 16 onwards, depending on the condition, there may be sent straight through to adult services. Anyone who is over 17 and previously seen by Paediatrics would continue to be seen by them until they transition at 18 or before. And if they're waiting for a procedure, obviously they're referral to treatment clock as we call it.* *All of our providers have transition policies to support managing this and as I say though, those policies provide that greater level of detail in terms of how, how it's physically managed.* **3. Maternity Services**: According to NHS England the single greatest reason for a Hospital Admission is to give birth. As both FBUs in the patch are closed and home births are suspended within our ICS there remain Two Units that provide NHS Maternity Services within Staffordshire and Stoke-on-Trent namely Royal Stoke (UHNM) and Queens Hospital Burton (UHDB). I understand that the ICB Commission the vast majority of Maternity Services for the ICS residents. (i) What is the expected total ICB spend on Maternity Services for ICS residents 2023/24 - (ii) What is the total expected maternity service spend 2023/24 commissioned by the ICB provided at (a) UHNM -Royal Stoke (b) Queens Hospital Burton	

	Response: *I can give you an overall allocation budget that we've received as a result of NHSE funding and that is 423241.246 million. The anticipation is that will all be spent on maternity services across the ICS. It gets more difficult being able to determine the amounts that are in the separate providers, so UHNM and QHB because of the way that we've got our contractual agreements and arrangements, there is a whole budget that is set over and transferred to the providers and they are not broken down into separate services. So, I cannot provide you with that level of detail at this moment in time.*	
7.	**Community Story – Dr Bala Sankarasubbu**	
	DP welcomed Dr Bala and her team to present from the local practices to come along and update. He felt this was pertinent Victoria Atkins' strategy that was announced the previous day. Dr Bala ran through the presentation on Women's Health. JHo asked how that was going to impact on services they provided and also when a pharmacist prescribed the pill that could also impact on the choice of contraception. Dr B responded that they found that would establish what contraception would be subscribed and if there was a new patient they would encourage them to book in with a health care practitioner. TB stated that whilst recognising that GP practices were independent and asked if this could be shared with other practices as well. Dr B confirmed that they were hoping to do that in scale. SL commented that they know what the demographics were and that they were more diverse in Stoke, in particular. He asked if they were trying to break down those barriers in those groups. He also asked if they had particular communities and challenges within Stoke. Dr B confirmed that the ethnic population had very different cultures. They did not have multiple sexual partners and therefore they ask why they would need a smear, there was also a language barrier. MI was interested in what advice they would give in how they had helped their teams to understand this and felt that it was a learning process for all. PEJ referred to the pharmacy element and was happy to pick that up and how it worked. He thanked Dr B for the presentation and felt it was innovating and good to see them promoting that practice. He added that they needed to get this back into maternity care and align it together and there was a lot they could do to build on what their practices were doing. DP asked that Dr B and her team were linked in with that work and thanked them for the presentation and the work that was being done in the City. The Staffordshire and Stoke-on-Trent Integrated Care Board **NOTED** the contents of the report for information.	
8.	**ICB Chair and Chief Executive Update**	
	DP made reference to the King's New Year Honours List and congratulated Chandra Kanneganti, Abi Brown and Elaine Hutchings for their honours received and also Karen Bradley in the political awards DP also made reference to Tracy Bullock who was leaving and felt it appropriate to recognise the contribution she had made in a very challenging area of work, during her time as Chief Executive at UHNM. DP announce that David Rogers was stepping down as Chair for Combined Healthcare and he was grateful for David's leadership he had shown at NSCHT.	

	PA also gave praise to David and Tracy for their contributions to the ICS. PA advised that the were now Q4 and the ICB had immersed itself into the planning process for the coming year. He added that the whole of the NHS and social care were finding it challenging for this year and also the planning cycle for the next year. He reiterated that they would endeavour to build solutions to provide the best financial and operational services for 2024/25. He felt it was important to indicate the level of challenge that next year would bring and that the commitment to the population that they would do the best they could. He added that it was not looking easy at all and they faced extraordinary factors with financial challenges and the legacy of covid that they were still coping with. JHo referred to the learning from audit report and asked if the figures quoted they could see a trend over the course of the year and felt that it would be useful in the next report to see a comparison between December 2022 and December 2023. PA stated they were doing a lot better now with Spec comm and a number of services would transition to us from April 2024. He confirmed that if the risks were too significant, they should not transition the commissioning over. He added that three out of the 7 would be transitioned for this April, but there were four that were not going to be until April 2025. MN referred to the NHS workforce plan and asked how that would fit with the financial vision. PA responded that there was further reconciliation to do with the money, NHS usually did a one year planning service, but this time they were doing a 5 year piece that pulled together finance, workforce and etc. He added that each organisation would have an efficiency programme for the system wide transformation which was relevant to the workforce productivity piece. Then there was the localised agenda and all three would have workforce productivity within them. JR asked about the planning guidance and when it would be published. PA stated that draft allocations were clear on the key direction of the NHS and they would carry on with planning on that basis. DP confirmed that they were meeting the regional team the following day and pick that up then. The Staffordshire and Stoke-on-Trent Integrated Care Board **NOTED** the contents of the report for information.	
9.	**PWC Report on Financial Recovery Plan and Grip & Control**	
	PB explained that the report was commissioned by NHS England, on the back of the ICB, indicating that the did not think they were going be able to deliver a balanced budget in the current financial year. At that time, they were looking at an outturn of £141m. He added that the recovery plan was having a substantial impact on that in terms of bringing the position back to £91m, but that was still not a break even position, but the report was commissioned in that context. PB supported the report as being an accurate portrayal of the system and there were some positives and there were other things where there was work to do which should be recognised. The report recognised that there's a very strong collaborative. They went around the system and spoke to partners who had a strong system understanding of the recovery plan and the focus on CHC and was supported throughout the system. They were also positive about the ICB following good governance in terms of the oversight, use of the Finance and Performance committee and with the way they worked as a system on governance and how they connected governance between individual organisations and the system. PB reported that on the workforce point, there was a sense that there was a level of	

	grip and control, but there was more work to be done around the hiring of people and the use of agency. Finally there was support for the double lock that was put in place in terms of the robust challenge within the double lock mechanism. PB advised that overall, they accepted the findings and those had been discussed at the Finance and Performance Committee who agreed that they would review this quarterly and come back to look at how they were doing against that review. DP referred to the key recommendations to the Board and asked if they were embedded. PB advised that they were putting them all into place now. DP referred to bank and agency controls and asked if the Audit Committee would want to look at that as well. PB confirmed that was part of the work programme. JHo stated that this was an important piece of work and had helped with the position they now had. She asked about the implementation of the recommendations and the efficiency review and asked if the Finance & Performance Committee were monitoring the performance of those recommendations. MN confirmed that the interim report would be going to the Finance & Performance Committee. MI reiterated that there were robust plans in place to reduce the agency spend by 26% and their framework was a part of that. She reassured the Board that they monitored the agency spend and tried to get people on the books which was also monitored weekly by Region. SL stated that with regard to ownership across the system, this was moving at pace and there was a question around capacity and whether they had that capacity. He also stated that there was some detail but not a clear understanding on the metrics and asked if there were lines behind that. PF confirmed that related to the recommendation on non-finance and felt that should be a standing expectation in any business recommendations. He also added referred to the risk tracking and he would need to understand the ramifications of the tracking and that they should impress the expectation of when those things happened. DP stated that those tests were identified and the discipline of revisiting that on a regular basis. He added that for the narrative they could give confidence externally that they had grip and control. JR confirmed that there needed to be a connection between meaningful challenge and the absence of a systematic approach to business realisation which was a key gap and it was the ICB's responsibility to put this in place as soon as possible. The Staffordshire & Stoke-on-Trent ICB Board **NOTED** the findings and additional recommendations of the independent assessment but needed to take them further in terms of granularity and where this was owned and bring this back through the Board. They also needed to take note of the benefits realisation and risk tracking and the measure of the metrics in granular detail. DP added that there was a further piece of work to bring this to life. PA stated that they were beyond the point of receiving the PWC report and a lot had already been done. They would monitor the delivery of the recommendations through the F&P committee and SPG. He felt that their PMO arrangements to deliver and manage this were effective. PA fully supported the comments made and he did not believe there were in a bad place.	

	DP also wished to add in the Audit Committee and agency spend piece and asked that was followed through as well.	
10.	**Quality and Safety Report**	
	BS reported that the ICB Quality & Safety Committee (QSC) continued to schedule bi-monthly deep dives, where focused discussion on areas of interest and the impact on the quality and safety of services takes place. In December 2023 deep dive discussions took place with a focus on i) Safeguarding Adults and Children, and iii) System Recovery Plans. Members of the ICB's safeguarding team attended the committee and outlined governance structures, key workstreams and learning from safeguarding reviews. QSC members also discussed system recovery plans and the importance of quality impact assessments including identifying appropriate quality assurance metrics to monitor, as early warning indicators, the impact of recovery plans on the quality of the service. BS stated reference an area of pressure in the community for MPFT within the heart failure services that was ongoing and they had a number of actions and mitigations that they had agreed. BS advised that NSCHT were continuing to progress with the mandated care programme approach with the community and were working collaboratively across the local authorities and other providers to ensure standards and responsiveness and responsibility was maintained. BS reported that Healthwatch were an important part of the committee and group and they gave support to keep that patient voice in the centre of all discussion and they had been undertaking some deep dives themselves around access to primary care and coming up with some really helpful solutions which they were sharing across the system. BS advised that a number of residents in South Staffordshire accessed healthcare at providers outside of Staffordshire. In those instances, Staffordshire & Stoke-on-Trent ICB was an associate to the contract held by another ICB and worked in partnership with partners to collaboratively support quality improvements for residents. The ICB's Quality Leads has long established working relationships with NHS Birmingham & Solihull ICB, NHS Black Country & West Birmingham ICB and NHS Derby & Derbyshire ICB. Where there had been CQC inspection activity, the ICB had been notified and received updates on any improvement actions identified. Also, the Local Maternity and Neonatal System (LMNS) routinely received updates on the quality and oversight of maternity services at The Royal Wolverhampton NHS Trust and University Hospitals of Derby & Burton NHS FT. DP asked if there was a similar resources pack in care homes in Stoke. BS confirmed that there was. DP asked if they were enabling care home staff to attend and had access to training programmes. BS confirmed that they were and that there were some services in the care homes to release staff to enable them to access training and to ensure they had resources available. DP referred to the challenges to heart failure and asked what comms was there with patients, primary care and the medical examiner role and were there any mortality issues that had been managed while on the waiting list. BS confirmed that there was a heart review and they were working with consultants to review, monitor and prioritise those patients. She advised that there had been generic comms across GPs, PCNS.	

	For the mortality review there was a process already in place in MPFT and they would be picked up through that process and an internal review. She added that any increase through that process would be picked up through Q&S Committee. DP asked if the mental health CPA migration to system was county wide in care management and would they be able to be access the care plan. BS confirmed that was a national mandated change. Digital – discussion there is also an alternative to the individual in terms of contacting the key worker is they cannot access the internet. BA added that this was not instead of, it was in collaboration with service users and this was good practice and there was nothing they were going to change. DP asked how the SDF funding for LD and autism would be monitored. BS advised that it was taken through the QIA process and it would be reported into through FP&C and the Policy Safety Committee forums. The Staffordshire & Stoke-on-Trent ICB Board **RECEIVED** the report and sought clarification and further action as appropriate and **WERE ASSURED** in relation to key quality assurance and patient safety activity undertaken in respect of matters relevant to all parts of the Integrated Care System**.**	
11.	**Finance and Performance Report**	
	PB covered the 2023/24 financial position of a system deficit of £91m and advised that the ICB holds that deficit for the system and there was a break even in the three Trusts. He felt it was important to note that they worked together as a system, where in most cases the deficit sat within the acute providers. They recognise the pressures and risks they were taking into the new year. It was clear that the Centre observed that they work very well together and the work that they were doing on the CHC collaborative. However, the expectation was that they should recognise that they were being supported. PB believed that they were going to achieve the £91m deficit, although there was still some residual risk in terms of system contracts particularly the elective Recovery Fund and some of the providers from other systems levied invoices on the ICB, which were in dispute. Overall the CFOs felt positive that they could manage the position of the £91m deficit. PB reported that they had a very helpful meeting on 15th January with the wider group which included the Local Authorities and Health Chairs CEOs and Non-Executive Directors members of the Finance and Performance Committee, and through PA and the CEO Group, there was a system event planned for 24th January to review this year and the planning for the next year. JR stated that, as the Children's Portfolio Champion, he was increasingly concerned about the reduction in access to community mental health services for children and young people this year and an increase on spending in acute. He asked for reassurance for the spend on that. CB responded that there was a data quality issue for Children and Young People access and confirmed that the target for end of March increased beyond the baseline and they would not achieve the target. He added that the reduction was wholly attributable to Stoke. The data quality issue was with colleagues at NSCHT which had been raised with them and they were working through that to understand the underlying position. CB confirmed that they monitored the CYP dashboard that was presented at the CYP Portfolio Board. JR stated that they had set up ambulatory care area in the hospital, but report mentioned that it was being underutilised and he asked why. PS advised that they had	

	seen a decline in the 4 hour ED performance over recent weeks and that was linked largely to the use of the ambulatory areas because of the pressures and the risk that the department was under. They had been having to have non ambulatory patients in the ambulatory areas, which had resulted in them not being able to use the area in the way that was designed to, but that had now being improved. JHo wished to have an understanding of the relationship of the plan to portfolios and how that was being monitored in depth at F&PC and if there needed to be that discussion at Board. PA confirmed that could be discussed in the agenda item on 2024/25 Planning. **Performance** PS confirmed that they had a very challenging Christmas and New Year periods with further pressure linked to the industrial action periods and system capacity. Escalation processes were deployed and they have put in some additional mitigation where there were gaps in the demand for services. There were 700 more ambulance conveyances to Royal Stoke compared to last year; covid levels also remain high; 95% bed occupancy at Christmas which became more challenging as they went through. PS reported that ambulance Category 2 response time against a target of 30 mins was previously at 50 mins. However, they were now running at 37 mins. He reiterated that they still remained one of the most challenged systems in the region and nationally in terms of category 2 response times. PS advised that there was a thematic review underway and they will be able to feed in the learning and themes from those going forward and recognising the impact the emergency care pressure continue to have on the residents. PS reported that they were working to agree tactical responses to ensure they were maintaining flow and managing risk across the system specifically in acute care at home, who had been fragile over recent weeks; impact on elective delivery because they needed to increase outlying surgical patients not to impact on cancer and also simple discharges who had been discharged without support. He added they were looking boarder at the system in terms of the geography and resource, the level of ambulance conveyances that they had per head of population and receiving and processing capacity, as well as the ability to cope with spikes in demand. PS advised that the elective programme overall had been severely impacted through the industrial action and they ended December with 103 178 week waiters at UHNM and a further 13 at Northfield. They were work through their route to zero. They were also continuing to plan in the background for further periods of industrial action, which may have further impact on that delivery. JHo acknowledged the geographical coverage for WMAS as it was a large area. MN gave an overview of what had been discussed at the Finance & Performance Committee:- • Acute care at home was discussed at several meetings and they would continue to focus on that going forward. • F&PC discussed the continued pressure on psychiatric intensive care beds in the system and autism assessment waits for children which should increase b one to two weeks across the system. • Admission avoidance and care home priorities remained very challenged. • They had three system business cases presented and were referred to the Chief Executive Group to consider. They were supported the CEOs and were subsequently approved by the committee. • Primary Care Forum reports in relation to dental funding,	

	The Staffordshire & Stoke-on-Trent ICB Board **NOTED** the contents of the report.	
12.	**2024/25 Planning Update**	
	PB gave an overview of 2024/25 System Operational Plan Priorities and explained that included in the pack was a high-level summary of the national planning guidance that had been received to date. He also gave an overview of the aims of the system event that would be taking place on the 24 January and the broader next steps in planning, including a revised provisional timeline. CB added that the JFP sat between the one year Operational Plan and the ICP Strategy. It covered a five year period and was published for the first time at the end of June 2023. They had sketched out a process for a refresh as they were required to so at least once a year in accordance with national guidance. He added that they would be updating and reinforcing the strategic direction of travel which would be done over the next few weeks. However, they needed a statement of support from both of the Health & Wellbeing Boards. The SOT Health & Wellbeing Board was after the March ICB board, so they may be asking colleagues to delegate authority to the Chair and CEO. PB gave his assurance to the Board that and the whole system was understanding of the scale of the opportunity. CB confirmed that they had the ICP Strategy and it was their responsibility to deliver the plan. The Staffordshire & Stoke-on-Trent ICB Board:- • **NOTED** the 2024/25 Operational Plan Priorities approved by SFPC on 2nd January 2024 • **NOTED** the summary of the national planning guidance • **NOTED** the next steps around the System event on 24th January and the broader planning next steps	
13.	**Freedom to Speak Up Policy**	
	TS explained that the ICB had two Freedom to Speak Up Guardians and it had been agreed that one of the ICB's Guardians would act as FTSU Guardian for the general practices in South Staffordshire. The practices in the North of the area had this service via the federation but they could also approach the ICB's guardian as this was offered to all practices within Staffordshire and Stoke-on-Trent ICB. TS confirmed that there was a lengthy discussion around this and asked the Board for support to ratify the policy. The Staffordshire & Stoke-on-Trent ICB Board **RATIFIED** the Freedom To Speak Up Policy, which was approved by the People, Culture and Inclusion Committee on the 13th September 2023	
14.	**Committee Assurance Reports**	
	Audit Committee JHo commended the work that was completed by Jane Chapman on the committee business cycles to ensure timely review and scrutiny of the BAF before being reported to the Board. The Committee have received the two internal audits reports in respect of efficiencies and the PODs and after the Board meeting today they would be having an OD session on the governance review and the findings. The committee also approved the amendments to the scheme of delegation.	

	People, Culture and Inclusion Committee The PCI were presented with the financial framework and they challenged and how that linked to workforce and place. Next month there would be a deep dive with the Board and they were looking forward to that. The Staffordshire & Stoke-on-Trent ICB Board **NOTED** the contents of the reports.	
15.	**Any Other Business**	
	No other items of business raised.	
16.	**Questions from the floor relating to the discussion at the meeting**	
	Ian Syme 1. One of the pressures on the finance is inflation with medicines and primary care. Is there any indication of a slowing down of the inflation rate for medicines? ***Response:*** *PB there is a slowing down of costs. It was spiking at 12/13% in the spring, but it was flatting at around 3% and was going in the right direction.* 2. Mental Health and LDA – One year ago I asked a question about inappropriate adult acute our of area placements which was about 150 over plan, One of the drivers is the lack of psychiatric intensive care unit beds for women. Is there any likelihood that this can be addressed? ***Response:*** *The target for inappropriate out of area bed days. These are beds and not individual patients. Our PICU capacity is strained and we have had a number of issues over the past 12 months. We are looking at the issues raised and there is a proposition that will be going to the Finance & Performance Committee in Q4.* 3. The removal of learning disability and autism for funding has been reported with a series of bullet points which the quality impacts on. Will you be reporting the mitigations for impact assessments. ***Response:*** *We have identified the areas of concern and the impact will be measured at the Quality & Safety Committee.* The were no further questions received from the floor.	
17.	**Meeting Effectiveness**	
	The Chair confirmed that the meeting followed the compact.	
18.	**Close**	
	There being no further business, the Chair closed the meeting.	
19.	**Date and of Next Meeting**	
	15 February 2024 at via MS Teams	

ACTION STATUS KEY
ACTION DUE
ACTION PENDING
ACTION COMPLETE

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

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

Date of Meeting 15/02/2024

Open Actions

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

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 05

Report to:	**Integrated Care Board**					
Date:	**15 February 2024**					
Title:	Chair and Chief Executive Officer Report					
Presenting Officer:	David Pearson, Chair, and Peter Axon, CEO					
Author(s):	David Pearson, Chair, and Peter Axon, CEO					
Document Type:	Report		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☐
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	Choose an item.				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Click or tap here to enter text.					

(1) Purpose of the Paper:

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

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

1. System and General Update
2. Finance
3. Planned Care
4. Urgent Care
5. Key figures from our population
6. Quality and safety
7. COVID-19

8.0 Primary Care

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

(3) Implications:	
Legal or Regulatory	The areas discussed reflect ICB Statutory Duties and Functions

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

(4) Statutory Dependencies & Impact Assessments:

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

(5) Integration with the BAF & Key Risks:

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

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

Click or tap here to enter text.

(7) Recommendations to Board / Committee:

To receive the report and be assured the leadership are working on each topic as raised.

1.0 System and general update

1.1 Delegation of NHS England Specialised Commissioning to ICBs

The Integrated Care Board (ICB) is continuing to work with NHS England (NHSE) and other Midlands ICBs on the proposed delegation of some specialised services to ICBs from April 2024.

The focus over the past few weeks has been to develop a crisp articulation of the benefits of this delegation and further develop the practical arrangements to support such delegations going live.

The purpose of the delegation is centred around three core themes:

- Quality: to enable ICBs and providers to have the freedom to design services and to innovate in meeting national standards
- Equity: to enable ICBs and providers to pool specialised and non-specialised budgets to meet the needs to their populations, tackle health inequalities and to join up care pathways
- Value: to enable ICBs and providers to use the world class assets of specialised services to better support their communities close to home

In terms of more practical elements, financial plans have been drafted and shared with ICB Chief Financial Officers (CFOs) and contract processes have been agreed across NHSE. Risk management arrangements between ICB and providers are currently being worked through.

It is recognised that quick progress needs to be made. To that end, additional measures have been agreed to support ICB Boards develop assurance. These include:

- The creation of a Midlands specific due-diligence process focussed on four domains - finance, quality, resources, and benefits.
- The development of joint 'Sender/Receiver' reports
- The delivery of a regionally hosted Non-Executive Director (NED) webinar.

More detailed updates continue to be presented to both the ICS Provider Collaborative Board and ICS Finance and Performance Committee, ahead of a formal proposal at the ICB March Board meeting to consider delegation.

1.2 People

Colleagues from across the system were shocked and deeply saddened by the news of Paul Draycott's passing at the end of January. Paul was the Chief People Officer for North Staffordshire Combined Healthcare Trust.

Paul was a valued colleague, leader, and influence in the People community and wider. His approach and style were compassionate and kind, and he held People at the heart of all he did. Paul's passion for culture and inclusion had a real impact across our whole system, and he cared enormously about how we look after our people and treat one another. Paul will be sorely missed. Our thoughts are with his family, friends, and colleagues at this very sad time.

National Apprenticeship Week was celebrated w/c 5th – 9th February with partners from across the system coming together to celebrate apprentices and showcase their efforts in increasing apprenticeships, and promoting the many benefits apprenticeships have to offer. Additionally, Staffordshire and Stoke on Trent ICS has been shortlisted for the Widening Participation Recognition Award with Further Education (FE) Week and The Associate of Employment and Learning Providers (AELP) Apprenticeship Awards 2024, for the system wide rotational Health Care Support Worker Apprenticeship Scheme.

The ICS People Hub has continued to support partners across the system with contingent workforce, particularly during times of surge and escalation. With over 100 shifts for Royal Stoke during January - facilitating mutual aid to support critical shortages – the Hub is a great example of cross boundary team working.

2.0 Finance

At month 9, at a system level, we are reporting a £64.2m adverse variance against plan. The adverse position drivers are consistent with prior months across Continuing Health Care (CHC) and prescribing inflationary pressures, slippage on efficiency programmes and the ongoing retention of escalation beds due to urgent and emergency care (UEC) demands throughout the financial year. Our original break-even plan included several upside assumptions. Unfortunately, a number of these assumptions have not come to fruition and last month we notified regional and national teams as part of the financial reset return of a forecast out turn of £91.4m. All organisations are increasingly confident of delivering their risk adjusted forecast and managing the residual risks. However, the position includes risks around the fixed and variable aspects of the Elective Recovery Fund (ERF). We hold firm on our assumptions and bills related to overperformance associated to UEC, (Non-Elective Long Stays (NELs) and Accident and Emergency (A&E) attendances) amounting to £8.1m. In month we are reporting additional forecast costs for Industrial Action between December-March of £1.9m. On this basis, as a system, we still believe that a deficit of £91.4m, plus £1.9m Industrial Action impact equating to £93.3m is our most likely position.

In line with national process, NHSE have been in discussion with the Integrated Care Board (ICB) regarding the application of certain conditions relating to financial performance. These conditions are technically known as “undertakings” and apply to organisations that have material improvement to achieve in one or more areas. We understand that the application of undertakings is being discussed with several ICBs across the country. Our specific improvement area described within the draft undertakings document relates to our emerging financial improvement plan. Discussions to date with NHS England (NHSE) have indicated the positive progress made to ensure robust financial controls are in place across the system. However, we also collectively acknowledge that work is ongoing to ensure robust recovery plans and resources are in place from April 2024. NHSE documentation has been discussed at the Finance and Performance Board Committee and once approved by the ICB Board, it will be returned, signed, to NHSE. It is also acknowledged by NHSE that the financial improvement journey is a collective endeavour and although the undertakings are legally aligned with the historical owner of the deficit, the expectations as described within the document apply equally to all partners across the ICS.

3.0 Planned Care

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

The Integrated Care Board (ICB) and system partners continue to address the backlog of patients on the elective waiting list with the ambition of treating all those waiting more than 65 weeks by the end of March 2024, in accordance with the national planning guidance. However, despite progress being made, the rate of improvement has been impacted by the ongoing Industrial Action by both junior doctors and consultants.

Significant work has been undertaken to eradicate 104-week breaches. Three patients breached at the end of December at University Hospitals of North Midlands NHS Trust (UHNM); one patient is requiring custom joint and is a carryover from November (this patient was treated on 16 January 2024), and there were two further patients who were identified in-month and breached due to capacity. There are also two patients forecasted to breach at the end of January, one due to capacity and one is a Paediatric Spinal patient. We continue our focus on eradication of 104-week breaches.

For patients waiting beyond 78 weeks for treatment, the number of breaches across the system at the end of December was 131 (118 at UHNM and 13 at Nuffield). The forecast position for the end of January is 149 (137 at UHNM and 12 at Nuffield), with a forecasted position of 125 breaches for February (123 UHNM and two at Nuffield), but a continued focus is required to ensure that we reduce this further.

Good progress is being made overall on the 65-week-wait cohort. Numbers have continued to improve with the potential cohort of patients breaching 65 weeks by the end of March now standing at c3,800 as of 21 January 2024. This is compared to over 37,000 at the start of the financial year. This is an improvement of c2,100 patients since 10th December. On the most recently submitted forecasted

position, as of 24 January 2024, there is a forecasted position for the end of February of 1,346 breaches (1,303 at UHNM, 42 at Nuffield, one at Ramsay). There is a forecast position for the end of March of 1,518 breaches (all at UHNM).

To accelerate delivery of the 65-week-wait target, NHS England issued a letter on 4 August asking that systems challenged themselves to ensure that all patients within the 65-week-wait cohort had received their first outpatient appointment by the end of October. UHNM had flagged this target would not be met and have completed their analysis to identify which specialties would deliver on the ask and which would not. As of 7 January, there were 983 patients in total who still require a first outpatient appointment, 327 already have one booked and 656 were still without an appointment booked. This has been an improved position of c550 since 10 December. The two main specialties without appointments booked are Neurology (406) and Gastro (196).

As a result of Industrial Action, we saw an increase in the 78-week-wait cohorts for Staffordshire and Stoke-on-Trent patients awaiting treatment from providers outside our system, this has now started to improve. The number has decreased from 102 on 6 November to 67 by 21 January. Similarly, Staffordshire and Stoke-on-Trent patients greater than 65-week-waits outside our system, has seen a reduction from 1,069 as of 26 November to 869 by 21 January.

3.2 Cancer Performance

University Hospitals of North Midlands NHS Trust (UHNM) have seen a continued steady reduction in the 62-day backlog since September but did see an increase during December. As of 21 January 2024, the 62-day backlog was 365 against a revised trajectory of 362, this is compared to a backlog position of 381, against a revised trajectory of 389, by 31 December. The 104+ day backlog has also seen an increase during December but has seen a steady reduction during January. As of 21 January, UHNM have reported 96 breaches against a fair share trajectory of 78. This is a reduction since the position as of 31 December, where UHNM reported 110 breaches against a fair share's trajectory of 78. The total Patient Treatment List (PTL) volume has continued to remain stable, and as of 21 January, it is currently at 3,201, compared to 3,783 at the end of October.

The position of 28-day faster diagnosis standard for cancer has again improved with a performance of 70.1% for November. December's current position is at 70%, but to note the completeness sits at 92. UHNM have drafted a forecast to improve performance against the FDS metric – to a point of achieving 79% against the standard by March 24, with the national target being 75%.

4.0 Urgent and Emergency Care (UEC)

Unvalidated 4-hour performance in January remained challenged, slipping for the fourth consecutive month, down to 63.4%, from 64% in December. Whilst this performance is identical to the same period last year, it was achieved whilst experiencing an 8.7% increase in attendances over last year, equally split between Type 1 and Type 3 attendances. Continual load balancing across sites resulted in a slight reduction in performance at County Hospital, reducing to 56.4% for January, down from 56.6% in December and significantly down on September's position of 73.9%.

12-hour unvalidated performance rose to 10.6% in January, from 9.4% the previous month and the highest level since December 2022 (11.8%). Royal Stoke Hospital reported an individual increase from 16.7% to 18.4% during the month, 0.6% below the same period last year. With load balancing in effect between sites, County Hospital also saw an increase from 3.3% to 5% which was 1.1% above last year.

Long Length of Stay (LoS) performance once again reported little variation over the previous month with each of the 7+, 14+, and 21+ measures indicating changes of less than 0.4%. However, each reported at a level significantly below the levels reported for the same period last year. This includes an average of 25 fewer patients per day in beds for the 7+ days measure, and 18 fewer per day for 21+ days.

Category 2 performance through January was significantly challenged, breaching the one hour mark for two out of the four weeks, and resulting in a four week average of 58m 20s.The latest weekly average response of 1hr 8½ minutes was just under 47 minutes greater than the same time period last year. This

saw the system remain in the lowest quartile both regionally and nationally, and 11th out of 11 regionally when comparing the latest 4-week average.

Medically Fit for Discharge (MFFD) has decreased at Royal Stoke Hospital during January, whilst County Hospital has seen increased levels throughout the majority of January, reflective of the increase in patients being diverted to the site. This combination of diverging positions resulted in little overall change at Provider level. The MFFD position remains strong with a consistently good flow of complex discharges managed by the Integrated Discharge Hub and South Transfer of Care Hub, minimising delays for our patients.

COVID-19 bed numbers at University Hospitals of North Midlands NHS Trust remained relatively level throughout January, averaging 115 beds for the month. Whilst this is the lowest reported level for the past four years, for this period, it is currently following the pattern of each of the previous three years. This would indicate a continuation of this level for at least another fortnight. Our Community Hospitals also continued to see the impact of COVID-19 on their beds, reaching a combined 34 during the first week in January. Staff absences due to COVID-19 were consistently around 0.5% of all staff for Providers within the system, indicating a low but sustained level of infection. Flu bed numbers continued their gradual increase, peaking at 38 in the final week of the month. Combined with the COVID-19 bed numbers,140-150 beds, approximately 10% of G&A bed base, were occupied continually throughout the whole month.

Call before Convey went live on 18 December. 312 patients have been referred to the service, of which 297 have benefited from clinical support to the Paramedics. Only 15 were not suitable to be discussed. This service continues to be encouraged by the system to increase the number further. Regionally our position on this is good with only two other ICBs having higher numbers of referrals.

5.0 Key figures for our population

*Please see appendix 1

6.0 Quality and safety

6.1 Maternity Assessment Unit (MAU) video for mothers and families

Staffordshire and Stoke-on-Trent Maternity and Neonatal Voices Partnership (MNVP) have been working with University Hospitals of North Midlands NHS Trust (UHNM) to coproduce a new patient pathway video for the Maternity Assessment Unit (MAU). The video is aimed at informing women/birthing people and their families about the MAU and the processes whilst using UHNM Maternity and Neonatal services. The MNVP worked with UHNM to review the recording and script and two Maternity and Neonatal Champions attended UHNM for an afternoon to record the voice over for the video. The MNVP are now working with the Digital Midwife at UHNM to look at ways the video subtitles can be translated into different languages, to promote inclusivity.

7.0 COVID-19

7.1 COVID Vaccinations:

The autumn/winter 2024 COVID-19 vaccination programme ended on the 31 January 2024. Final uptake for this campaign was around 12% lower than autumn/winter 2023. This is in-line with the national picture and is due to increased vaccine fatigue across groups but predominantly within health and social care workers. This will be a focus of future campaigns both nationally and locally. We are currently awaiting formal confirmation of plans for a spring 2024 COVID-19 vaccination programme.

Total COVID-19 vaccinations given in Staffordshire and Stoke-on-Trent = 276,196 (52.6% of the eligible population).

Staffordshire and Stoke-on-Trent uptake was above the national and regional average.

7.2 Flu Vaccinations:

Total Flu vaccinations given in Staffordshire and Stoke-on-Trent = 352,051 (52.8% of the eligible population).

Staffordshire and Stoke-on-Trent uptake was above the national and regional average. The seasonal flu vaccinations continue to be available until the end of March 2024.

8.0 Primary Care

The digital team have been supporting the move from Analogue to Cloud Based Telephony (CBT). The team have onboarded 40 practices in the last three weeks to meet NHS England's deadline of 2 Feb. 87% of practices are now contracted with an approved CBT supplier. The team have also been working with the NHS Ambassador programme to promote greater use and uptake of the NHS APP. The GP registration service target has been reached and exceeded, as 39% practices are now signed up.

A workshop was held on 31 January to set the future direction of the General Practice Workforce Strategy. The event was well attended and reviewed the vision and local delivery priorities. These will be pulled together into an action plan that will be overseen by the Workforce Implementation Group (WIG).

A programme of Protected Learning Time (PLT) events ran with practices in November and December with practice nurses focusing on improving childhood immunisations. In addition, three webinars have been delivered focusing on best practice and improving Severe Mental Illness (SMI) Physical Health Checks (PHC) with MPFT and NSCHT. There were over 70 attendees from local practices.

The Pharmacy First scheme went live on the 31 January 2024 with the seven common conditions scheme. Including in the scheme was a press release detailing a patient experience story from one of our Stone practices.

9.0 Summary of recommendations and actions from this report

ICB Board members are asked to note these updates.

David Pearson, ICB Chair

Peter Axon, ICB Chief Executive Officer

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

*Appendix 1

		This year:				Last year:		Comparison:		
		Sep-23	Oct-23	Nov-23	Dec-23	Nov-22	Dec-22	Comparison of the latest month with the same month last year		
*	111 calls received	30,021	35,316	32,553	40,198		52,748	-12,550	-23.8%	↓
	Percentage of 111 calls abandoned	5.8%	5.7%	6.3%	7.1%		35.0%	-27.9%	-79.7%	↓
	A&E and Walk in Centre attendances (UHNM)	20,502	21,360	19,592	19,877		22,180	-2,303	-10.4%	↓
	A&E and Walk in Centre attendances (other providers)	17,297	18,309	17,335	17,282		18,847	-1,565	-8.3%	↓
	Non elective admissions (UHNM)	7,462	7,947	7,640	7,660		7,022	638	9.1%	↑
	Non elective admissions (other providers)	5,563	5,952	5,970	5,764		5,384	380	7.1%	↑
	Elective and Day Case spells (UHNM)	6,592	7,168	7,272	6,561		5,952	609	10.2%	↑
	Elective and Day Case spells (other providers)	7,859	8,416	8,581	7,138		6,659	479	7.2%	↑
	Outpatient procedures (UHNM)	5,021	5,229	5,912	4,598		3,848	750	19.5%	↑
	Outpatient procedures (other providers)	9,387	10,019	9,597	7,374		6,457	917	14.2%	↑
#	GP Appointments (all)	580,922	621,388	562,056		560,193		1,863	0.3%	↑
**	Physical Health Community Contacts (attended)	129,825	140,975	139,780		141,355		-1,575	-1.1%	↓
**	Mental Health Community Contacts (attended)	42,225	46,070	46,465		46,995		-530	-1.1%	↓

*NHS 111 - latest month is provisional and subject to change
**Physical and Mental health contacts - latest month is provisional and subject to change and both datasets are sometimes one month behind the other datasets depending upon the publication dates
#GP appts - December data wasn't published in time for this update, due to technical issues

Most datasets are subject to change following refresh

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.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 06

Report to:	**Integrated Care Board**					
Date:	**07 February 2024**					
Title:	**ICB Board Feb 24**					
Presenting Officer:	Chris Ibell					
Author(s):	Chris Ibell / Sally Deacon					
Document Type:	Report	If Other: Click or tap here to enter text.				
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☒
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	Choose an item.				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Click or tap here to enter text.					

(1) Purpose of the Paper:
To inform and assure the Staffordshire and Stoke-on-Trent ICB Board as to ICS Digital Transformation progress against the Digital roadmap. To provide additional detail on the approach and status of the Integrated Electronic Patient Records (iEPR) Outline Business Case and system programme of work.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	**Date**
Drafted to update on Digital progress for information and assurance	05/02/2024
Reviewed / Updated by Chris Ibell	07/02/2024

(3) Implications:	
Legal or Regulatory	Digital solution design, selection and/or deployment has to take into account a range of legal and regulatory considerations including data privacy and security ie. UK GDPR, clinical validation, medical device regulation, telemedicine regulations, interoperability, cybersecurity, service user consent, and ethical considerations especially around the responsible use of artificial intelligence, the prevention of bias in algorithms, and ensuring equitable access to healthcare services.
CQC or Patient Safety	Digital solutions need to be risk assessed, including the production of hazard logs, of test evidence, of a Data Protection Impact Assessment (DPIA) and supplier assurance ie. DTAC compliance, supported by a Clinical Safety Officer, to provide assurance that the Digital solution is clinically safe and fit for purpose.
Financial (CFO-assured)	Each ICB should ensure that the levels of Digital investment are sufficient to ensure the safe, effective and uninterrupted delivery of clinical care, covering Digital infrastructure, cyber security, data and clinical applications.

Sustainability	Digital has a major role to play in the green agenda, reducing travel via telemedicine and telehealth, remote monitoring, optimising the utilisation of estates, using data analytics to optimise patient outcomes and reduce waste, optimise supply chains, early detection as part of preventative care to reduce admissions, and in research.
Workforce or Training	The Digital workforce does face some challenges around recruitment and retention, with an increasing imbalance between pay and conditions with the private sector.
Equality & Diversity	Digital solutions can support EDI through identification of inequalities in health and care provision, facilitating flexible working for workplace inclusivity, supporting populations with diverse linguistic needs, civic engagement, as well as training.
Due Regard: Inequalities	Click or tap here to enter text.
Due Regard: wider effect	Click or tap here to enter text.

(4) Statutory Dependencies & Impact Assessments:

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

(5) Integration with the BAF & Key Risks:

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

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

Click or tap here to enter text.

(7) Recommendations to Board / Committee:

N/A

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

ICB Board Brief
Digital Update

February 2024

Our digital initiatives are aligned with national aims, local need our collective ICS goals and ambitions

1 Digitise

Electronic Patient Record

Level up access to electronic records & converge on fewer EPR products across the system.

Cyber Security & support

Ensuring that the ICS Partners' cyber & support approach is robust and serves to uniformly protect the entire system.

Infrastructure Convergence

Converge hardware and software to reduce variation, moving towards common networks/wireless/connectivity across the ICS

Digital Learning

An individual budget to upskill staff and individuals to use digital in a way that is aligned to predefined skills pathways

Digitise Adult Social Care

Improving digital maturity of Adult Social Care throughout the ICS

2 Connect

One Health & Care

Digital One Health & Care, sharing data across NHS and local government organisations, and supporting collaboration at a system level.

Development of data access & BI

Comprehensive, system-level information asset management (aka Corporate DW) to drive evidence-based decision making and service improvement.

Population Health Management

Implement PHM to understand the population and thereby enable interventions to address issues that may relate to aspects such as diversity and/or inequality of service provision.

3 Transform

Citizen Digital inclusion

Offering greater digital choice for how citizens can access & manage health and care services

Remote Monitoring & Virtual Wards

Expand technology use to support treatment at home and prevent health issues escalating in vulnerable or at-risk groups.

Automation [RPA]

Expand the adoption to intelligently automate manual, time-intensive and repetitive tasks, reducing duplication and error

Collaborative ways of working and model for digital

Putting in place the right Operating Model, Standards and tools to foster collaboration

Integrated EPR: Drivers – The Case for Change

The Staffordshire and Stoke-on-Trent system represents a population with a complex set of health needs, creating a highly complex health service landscape. To serve the population effectively and achieve the ICS strategic priorities, it is essential that all health and care services are integrated with technology platforms that are fit for purpose.

Current State Challenges

Patient population and service landscape

- Health inequalities between demographic groups
- Double the England average for death from cardiovascular disease
- Highest infant mortality rate in the country
- High prevalence of smoking and obesity
- Large amount of patient flows across other local geographies

Digital Maturity

- Varying number of applications and degree of digital maturity per organisation
- UHNM has c.300 separate clinical applications and must replace the Careflow EPR by 2027
- UHNM, MPFT, and NSCHT all score low (2.7 or below out of 5) on the NHSE Digital Maturity Assessment
- One Health and Care shared care record is in use but not fully optimised

Key Themes to Address Challenges*

Joined-up Care

- Frictionless pathway management
- Easily accessible data

Patient Safety

- Single version of the truth and visibility
- Patient empowerment and ease of access

Operational Efficiency

- Reduced use of paper
- Seamless referrals

*Defined through broad engagement of 180+ stakeholders across the ICS

Integrated EPR: Options

The end state for each option is characterised as follows. The options appraisal examined strategic fit, risk and value for money. The resulting preferred option has been used to inform the programme delivery plan.

1. Do Minimum

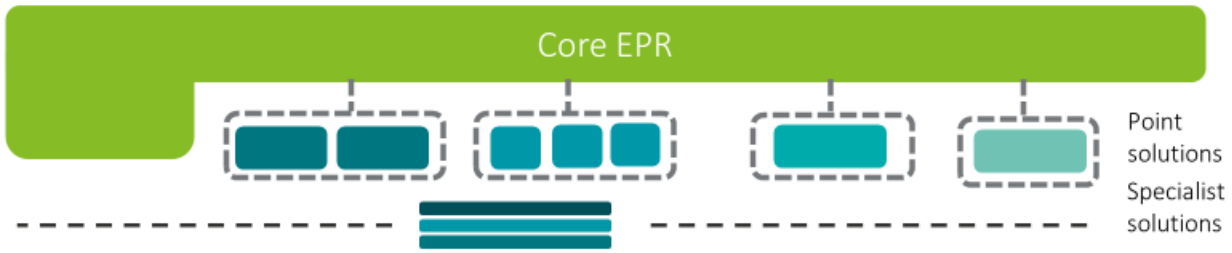
Retain and enhance current or equivalent EPR solutions aligned to organisations. Extension or replacement of existing acute EPR on a like for like basis.

2. Separate EPRs with enhanced interoperability ('Best of Breed')

Select best available EPR aligned to care settings, with enhanced interoperability to support integrated pathways and workflows across care settings.

3A. Core EPR with integrated strategic/specialist areas

Each provider adopts one core EPR with common function capabilities, integrated with point and specialist solutions (which are retained by choice to meet service strategies).



3B. Large core EPR across Health and Care settings

Deploy a large core EPR across all health and care settings, with minimal number of other solutions. Specialist solutions maintained only where mandated by regulations.

Preferred Option

Option 3A Core EPR with specialist areas

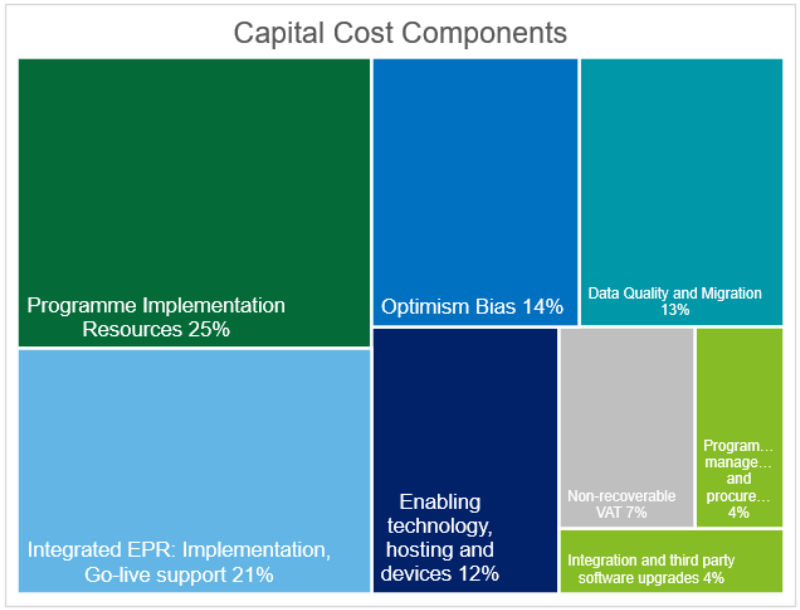
- Provides a balance of strategic return and risk profile
- Core EPR is fundamental to meeting service integration objectives.
- Objectives cannot be achieved through the current clinical application landscape (1) or with a Best of Breed approach (2)
- Supports access to system benefits, including building a core set of capabilities and functions for all partners
- Phased approach required with acute deployment first

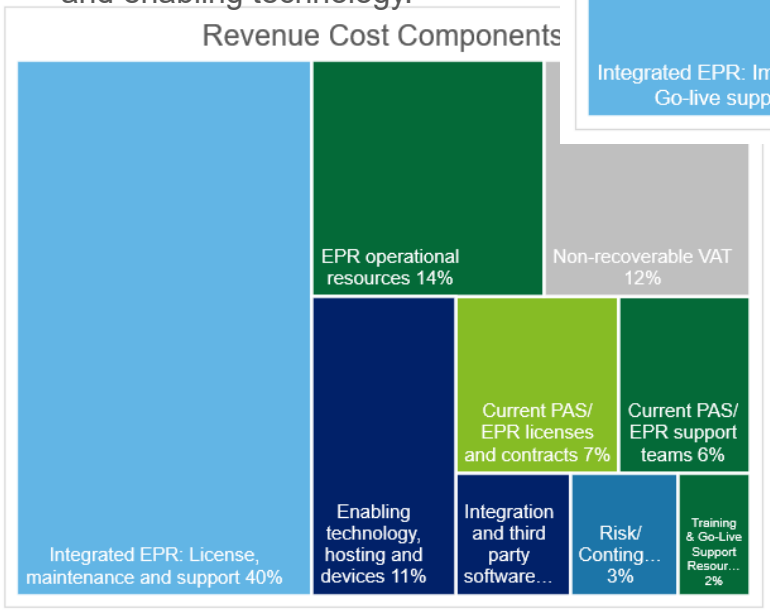
Integrated EPR: Economic Case Costs

The programme cost components are spread across several key categories, which emphasises the transformational nature of the proposals. The cost profile reflects the expected up-front investment in development and implementation.

Capital and Revenue Cost Components

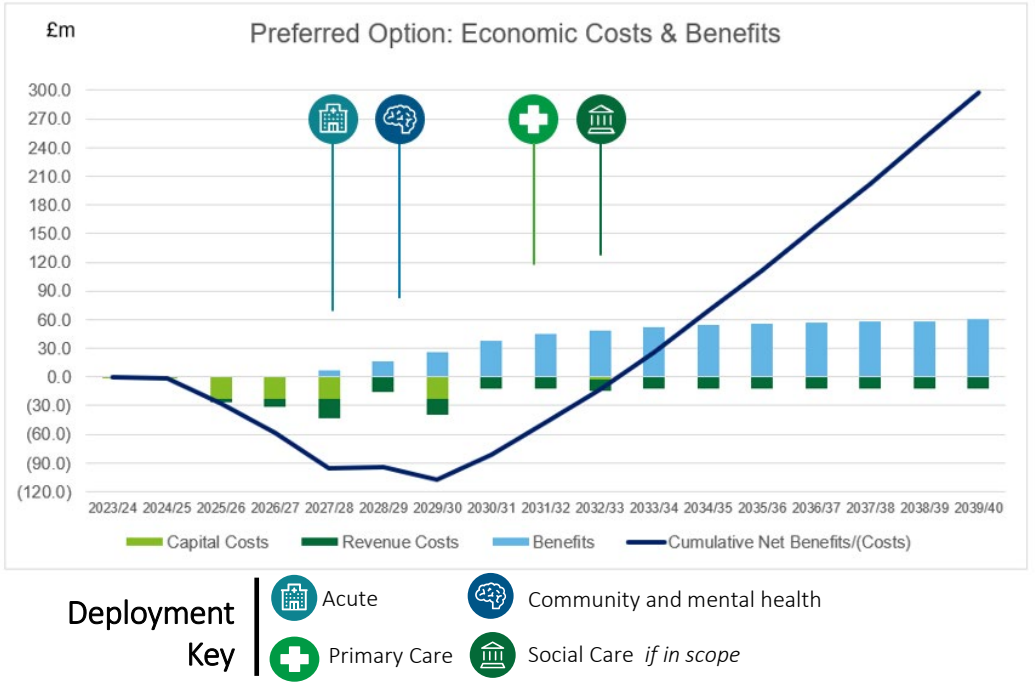
- EPR supplier costs (implementation fees, license, hosting and maintenance) account for a quarter of capital costs and around a half of revenue costs over the 15-year analysis period.
- Other material components include implementation resources, data quality/migration and enabling technology.





Capital and Revenue Cost Components

- Incremental programme costs over 15 years (against the 'do nothing' base case) are currently estimated at £277m. This supports the economic case, is based on deployment across the health system (exc. social care) and is estimated before financial adjustments such as VAT, inflation and depreciation.
- The Core EPR options also offer the best value for money compared to the other options, with a preliminary Benefit/Cost ratio of around 1.9 to 2.0, which is expected to be refined and enhanced as further potential benefits are identified.



Integrated EPR: Programme Funding

Preliminary cost to support further development (Phases 3 and 4) including procurement and FBC have been estimated. These costs will be apportioned across the partners on the same basis as the EPR estimates, with funding considered by the ICB.

UHNM UHNM MPFT/NSCT MPFT/NSCT P. Care

ICS

Component	Level	Yr-3 2023/24 £m	Yr-2 2024/25 £m	Yr-1 2025/26 £m	Yr0 2026/27 £m	Yr1 2027/28 £m	Yr2 2028/29 £m	Yr3 2029/30 £m	Total £m
ICS Integrated Programme									
Integrated EPR: Programme development, management and procurement	ICS	0.498	0.855	0.856	0.856	0.856	0.856	-	4.776
Adjustment for Financial Case Estimates		0.100	0.189	0.204	0.222	0.244	0.266	-	1.225
Global Estimate Total	**ICS**	**0.597**	**1.044**	**1.060**	**1.078**	**1.100**	**1.122**	-	**6.001**
ICS Activities and Granular Estimates									
Specialist Support: Strategy, OBS, OBC, FBC	ICS	0.547	0.152						0.700
Procurement Support	ICS	0.050	0.240						0.290
Legal Services	ICS		0.180						0.180
Programme Director	ICS		0.139	0.146	0.154	0.161	0.169		0.770
Programme Manager	ICS		0.082	0.086	0.091	0.095	0.100		0.454
Programme Communications Lead	ICS		0.082	0.086	0.091	0.095	0.100		0.454
Clinical Informatics Leads	ICS		0.150	0.150	0.150	0.150			0.600
Programme Team space	Local			0.375	0.375	0.375	0.250		1.375
Training space	Local				0.430	0.215	0.430		1.075
Contingency/reprofiling	ICS		0.018	0.216	(0.212)	0.008	0.073		0.103
Granular Estimate Total	**ICS**	**0.597**	**1.044**	**1.060**	**1.078**	**1.100**	**1.122**	-	**6.002**
Less: funded through Frontline Digitisation		(0.547)	(0.152)						
Funding requirement		**0.050**	**0.892**	**1.060**	**1.078**	**1.100**	**1.122**	-	

Integrated EPR: Request

- Endorsement of OBC v3.0 and proposal to continue into Phases 3 & 4, procurement (soft market test) and FBC finalization.
- Request for support for the 2024/25 costs of £892k (being £1m estimate less activities already funded).

Noting:

- A proportion of Frontline Digitisation capital for UHNM has been earmarked to support this, and subject to approvals, can fully fund this ask for Phases 3 & 4
- Further programme costs beyond 2024/25 have been projected on the same basis but will be subject to further development in the FBC before being presented for approval
- NHSE (Derm Ryan, Director of Frontline Digitisation) has confirmed that there will be no FBC approval by Treasury / NHSE prior to 2025/26 ie. until after next spending review however proposal is to proceed with Phases 3 & 4 in the interim

Key Achievements: Connect

One Health & Care (OHC)

- Engagement Utilisation continues to increase with over 2 million logins and 4,000 distinct users (doubled within one year)

Now Live

- ReSPECT (Technical).
- Shropshire Community data feed.
- NSCHT (Inpatient & Outpatient) real time data sharing.
- Docobo (Remote Care software).
- St Giles Hospice, now has access to view SSoT GP data.
- **OHC USER SURVEY :** Snap Surveys (welcomesyourfeedback.net)

Confidentiality Advisory Group (CAG)

- S251 (non-research) CAG Project is underway.
- The CAG aims to enable the ICS to access and link data for 'secondary' purposes.
- Alignment with Intelligence Draft Strategy

Analytics Direct Care - OHC

- Analytics & Intelligence Hackathon #2 delivered 25th Jan. Analysts in attendance from SSoT, Black Country & STW
- Direct care use cases are being processed to enable the ICS to further exploit OHC.
- Live use cases include Diabetes, Acute Frailty, Preparing for Adulthood and Weight Management.
- Data and Intelligence Strategy is under final review. It is planned to be presented at ICB Board for sign-off Feb 24

Key Achievements: Digitise

Infrastructure and security

- Security Operations Centre
  - S&SHIS, UHNM and SCC are now configured to share data with ANS (supplier)
  - Final tests and signoff for Staffordshire County Council and UHNM to be completed end of Jan 24.
  - Vulnerability Scanning (Rapid7) has been deployed at S&SHIS and is in progress at SCC.

- Cyber Strategy
  - ICS Cyber working group established to complete a draft strategy for May 24.
  - Expecting national funding Dec 23.

- Digitising Adult Social Care
  - 57 Care Settings have received funding for a Digital Social Care Record
  - 20 Care Settings are in the process of applying for funds
  - 9 Care settings are showing interest

- Midlands Digital Health Skills Development Network (MDHSDN)
  - 45 courses selected with 190 ICS staff attendees (Apr - Sep 23)
  - Training Needs Assessment completed by system partners to
  - System now finalising the arrangements for SDN next financial Year.

Key Achievements: Transform

Patient Engagement and Communication

Remote Care Programme

- Successful Strategy event 10th November with key objectives identified for the next 3-5 years.
- Strategy Development Underway

- Secured £697,440 **Health Tech Adoption and Acceleration Fund** (HTAAF) bid to scale existing digital system investments (Flo, COPD Predict, Docobo, MySense, MyHealthKits, SelfBack).

- Virtual Wards:
  - Docobo's cohort has expanded to include heart failure,
  - Development of PCN care homes pilot underway.
  - Team is working on increasing the utilisation.

- MySense remote monitoring - 100% of kits deployed.

- TEC Project: *Supporting digital learning and digital citizen engagement*
  - First engagement sessions took 16th Nov & 8th Dec with positive feedback.
  - More engagement sessions to take place in the south of the region in Q4

Key Achievements: Transform

Patient Engagement and Communication

Patients Know Best – UHNM and MPFT

- MPFT Adult Mental Health Live with
  - 22k records.
  - 3.8k patients registered.
  - 8k appointments available.

- UHNM Records & Registrations
  - 792k records
  - 151k patients registered.

Robotic Process Automation Centre of Excellence (RPA CoE)

- 1st HR process Live and signed off in MPFT.
- 2nd HR Process has been developed and demonstrated to DCF 11th Jan 24. Process 3 development has been completed ahead of schedule and planned for rollout late Feb 24.
- COE team now collaborating with system partners to share lessons.
- System RPA working group establishment underway.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 07

Report to:	**Integrated Care Board**					
Date:	**15 February 2024**					
Title:	**Quality and Safety Report**					
Presenting Officer:	Heather Johnstone, Chief Nursing and Therapies Officer					
Author(s):	Lee George, Associate Director – Quality Assurance and Improvement					
Document Type:	Report		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☐	**Discussion (D)**	☐	**Assurance (S)**	☒
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	YES				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Appendix A: Quality and Safety Report – Exceptions February 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**
Click or tap here to enter text.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

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

Due Regard: Inequalities	Update contained within the report.
Due Regard: wider effect	Quality Impact Assessment update supports the ICB, and system partners, having due regard to all likely effects decisions.

(4) Statutory Dependencies & Impact Assessments:

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

(5) Integration with the BAF & Key Risks:

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

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

The paper summarises any areas by exception, as the Quality and Safety Committee (QSC) and the System Quality Group (SQG) have not met during January 2024. Where appropriate, actions and oversight arrangements are identified within Appendix A.

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

- Stoke-on-Trent local area partnership inspection
- Staffordshire Children's Services Ofsted inspection
- Measles
- Paediatric Audiology
- Midlands Partnership University NHS Foundation Trust
- West Midlands Air Ambulance Charity

(7) Recommendations to Board / Committee:

Members of the Integrated Care Board are asked to:

- Receive this report and seek clarification and further action as appropriate.
- Be assured in relation to key quality assurance and patient safety activity undertaken in respect of matters relevant to all parts of the Integrated Care System.

Appendix A: Quality and Safety Report – Exceptions February 2024

1. Special Educational Needs and/or Disabilities (SEND) Inspection

1.1. Ofsted and Care Quality Commission (CQC) have announced that they are jointly inspecting the Stoke-on-Trent local area partnership to see how well they work together to improve the experiences and outcomes of children and young people with SEND. The ICB is fully engaged and supporting the process.

2. Staffordshire Children's Services Ofsted Inspection

2.1. Ofsted has published their inspection report following inspection during November 2023. The inspection identified the need "to improve children's access to dentistry and for children in care with more complex health needs to get timely assessment and support." Discussions are underway with the local authority to understand the issues that have been highlighted and support the improvements required. The ICB has been invited to participate in the associated improvement work.

3. Measles

3.1 There is an ongoing system response to the increasing measles concern. Although the ICS are not currently an outbreak area, we must remain vigilant. Cases reported around Staffordshire and Stoke-on-Trent are single isolated cases mainly affecting children. An ICS Measles Elimination Partnership Group formed with representation from the ICB, Staffordshire County Council, Stok-on-Trent City Council, UK Health Security Agency, University Hospital of North Midlands NHS Trust, Midlands Partnership University NHS Foundation Trust, and other stakeholder organisations. The ICS is looking to establish targeted MMR (Measles, Mumps and Rubella) pop up clinics reflecting intelligence on where we have low coverage communities. A joint communications plan is being developed, taking learning from the UK Health Security Agency's work in outbreak areas and developing a local communications plan that gives universal messaging to the population and key settings.

4. Paediatric Audiology

4.1 The ICS Bronze Cell, chaired by the ICB's Director of Nursing – Quality Assurance and Improvement, remains in place meeting weekly. Improvement plans, incorporating recommendations from the joint NHS England and ICB peer review site visits which took place in November 2023, are monitored to support the improvement of the quality of services, reduction of waiting times and workforce resilience. The ICB has full sight of the waiting list and waiting list clearance modelling has been undertaken to define clearance trajectories and associated capacity required. The ICB have secured funding from NHS England to support reduction of the waiting list, accepting the significant challenges around available capacity, sufficient estate and quality risk for those children whilst waiting for their appointment.

5. Midlands Partnership University NHS Foundation Trust (MPFT)

5.1 The CQC has rated 'Wards for older people with mental health problems' at MPFT as "Good" within the Safe, Caring and Well-Led domains. The CQC undertook a Focused Inspection of the core service and visited wards at St George's, Stafford and Redwoods in Shropshire during November 2023. The CQC highlighted that "Actions and areas for improvement from previous CQC inspections for the acute mental health wards had been shared with the older adult service, and changes had been made where necessary." Further, the CQC reported that people who use the service say that "Staff looked after them well, they were kind, supportive and helpful. Some patients said staff couldn't do enough for them. There were enough staff to aid them when required and keep them safe. There were lots of activities which they enjoyed. The wards were clean and generally felt calm." Two areas that the Trust should consider for improvement have been highlighted and the Trust are currently developing improvement actions which will be shared with the ICB.

6. West Midlands Air Ambulance Charity

6.1 The CQC has rated the Headquarters and Airbase, run by Midlands Air Ambulance Charity, as Outstanding following its first inspection in August and September 2023. Midlands Air Ambulance Charity is an independent health provider of pre-hospital emergency care and treatment by helicopter and rapid response car emergency medical services. It covers Gloucestershire, Herefordshire, Shropshire, Staffordshire, Worcestershire, the West Midlands, and the surrounding areas, serving a population of around six million people.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 08

Report to:	**Integrated Care Board**					
Date:	**15 February 2024**					
Title:	**Report to the ICB Board on Performance and Finance**					
Presenting Officer:	Paul Brown – Chief Financial Officer					
Author(s):	Colin Fynn – Head of Intelligence & Analytics Matt Shields – Head of System Finance					
Document Type:	Report					
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☒
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	NO				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Performance and Finance Report					

(1) Purpose of the Paper:
The purpose of this paper is to provide a summary of performance and finance received at the System Performance Group (SPG) and System Finance & Performance Committee (FPC).

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	**Date**
System Performance Group (D)	31/01/2024
System Finance and Performance Committee (S)	06/02/2024

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

Due Regard: wider effect	N/A

(4) Statutory Dependencies & Impact Assessments:

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

(5) Integration with the BAF & Key Risks:

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

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

The report was presented at the System Finance and Performance Committee (SF&PC) on 6th February 2024.

The report contains:

1. A headline summary of performance across our One Collective Aim, Urgent and Emergency Care (UEC), Tackle Backlogs (Planned Care), Diagnostics, Cancer, General Practice/Primary Care, Prevention and Health Inequalities, Children and Young People (CYP), Mental Health and Learning Disabilities.
2. Escalations presented and considered at SFPC, along with exception reporting against our One Collective Aim and 4 system priorities at programme and performance level.
3. An overview on finance at month 9 where at a system level we are reporting a year-to-date deficit position of £83.3m, which is a £64.2m adverse variance against the £19.1m deficit plan (Month 8 –year to date deficit £79.5m; variance to plan £62.7m).
4. An overview of delivery of £120.7m of efficiency as of December 2023, 90% of plan.

(7) Recommendations to Board / Committee:

The Integrated Care Board is asked to:

- Note the headlines, escalation and exceptions highlighted in the performance and programme elements of the report.
- Note the year-to-date deficit position and efficiency delivery.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Performance and Finance Report

ICB Board 15th February 2024

Prepared by the Transformation Delivery Unit and

ICB Finance & Intelligence Team

Overview

The report was presented at the Finance and Performance Committee (F&PC) on 6th February 2024.

This report contains:

1. An executive summary outlining key headlines and escalations.
2. A placemat that demonstrates at a high-level key metrics and deliverables within the 2023/24 operating plan.
3. Exception reporting against our One Collective Aim and 4 system priorities.
4. A finance summary including a month 9 position
5. An update on efficiency delivery.

Headline Summary

Headlines	Points to note
One Collective Aim	• WMAS data for December indicates a 7.6% increase in Category 2 incidents over the previous month, which equates to 11 incidents more per day. This is 7.8% up on the same period last year and the 3-month average is reporting 2% higher than last year. Chest Pains showing a clear jump of 27.7% over last year and breathing problems and Medical calls also up on last month. Category 3 incidents surged by 46.7% on the previous month and reported 124% up on the same period last year, with the difference showing through the reduction in Category 5 incidents on last year. Medical and Fall related incidents jumped by 61% and 22% respectively on the previous month and were up over 150% on the same period last year.
Urgent and Emergency Care (UEC)	• 4hr Emergency Department (ED) has seen a 5.7% improvement in performance over the same period last year but remains consistently below plan for 23/24. University Hospital of North Midlands NHS Trust (UHNM) continue to struggle with Type 3 performance which has deteriorated since New Year reporting as low as 95.2%, instead of the expected level of [over] 98.5%. County Hospital has impacted performance also, at 53.6% last week compared to the 2023 average of 68.7%. 12hr Performance continued to report above the 23/24 mean (or 9.55%) for the last 10 weeks, despite a reduction to 8% for the weeks either side of Christmas. Category 2 Response times remain compromised whilst below plan through most of December, with the week ending 14th January seeing a reduction from 1hr 9mins to 37mins 15s.
Tackle Backlogs (Planned Care)	• Eliminating 104+ and 78+ week waiters (ww) remains a system focus; one patient remains in the 104ww category at ICB level in November. UHNM data for December (as at w/e 31st) reports two 104ww and 94 78+ ww (with IA). UHNM have exceeded monthly targets in 52+ ww (at ICB level), 65ww have increased.
Diagnostics	• Diagnostic performance against the 7-core test plan (of 78.9% of patients to be seen in <6 weeks in November) was 77.8%, the seventh consecutive month below the plan. The activity count increased in four of the seven tests. Of the seven tests, the plan was exceeded in Gastroscopy and MRI only.
Cancer	• The number of patients whose treatment started after 62 days (at UHNM in month) is below plan in November but above plan in December provisional data. • The ICB 28-day faster diagnosis pathway saw 66.9% of patients told within 28 days (across all providers), below the plan of 74% in M8 and below the national standard of 75%. The percentage of Lower GI referrals with a faecal immunochemical (FIT) result remains below plan, unchanged from last month. However, the number of referrals this month and the number with a FIT test have both increased by 82.1% - a huge surge of 5,323 from last month.
General Practice/Primary Care	• GP appointments for November 2023 fell marginally short of the monthly plan by 246 appointments (0.04%). However, remains well above plan overall for 2023-24 • Additional appointments commissioned for winter commenced 4th December 2023.
Prevention and Health Inequalities	• The national objective to increase the percentage of appropriate patients on lipid lowering therapies; the national target of 60% has not been met in November 2023 with 53.5% achieved.
Children and Young People (CYP)	• Reduce emergency admissions for Long Term Conditions (LTC), including diabetes, epilepsy and asthma in the under 18-year-old population. Admission rates for epilepsy and diabetes in November, exceeded the equivalent period in 2019/20. Year to Date (YTD) rates of diabetes and asthma admissions remained below the equivalent period in 2019/20, whilst the rate of epilepsy admissions was slightly raised (63.9 v 61.4).
Mental Health and Learning Disabilities	• Inappropriate adult acute Out of Area Placement (OAP) bed days are over plan by 180 this year to October. A local PICU options appraisal is being developed to go through ICB governance in Q4. • Autism assessment waits for CYP increased by two weeks at Midlands Partnership University Foundation NHS Trust (MPFT) and by two weeks at North Staffordshire Combined Healthcare Trust (NSCHT). • Access to NHS Talking Therapies increased in November, however year to date (YTD) performance is 14% below the [YTD] trajectory and only 57% of the activity planned for the year has so far taken place.

Ctrl and click on any underlined text for further detail.

Escalation Summary

Headlines	Escalation detail
One Collective Aim	• Immediate actions are being taken to ensure stability of the Acute Care At Home service in the short term, and to support a response through the Call Before Convey initiate with WMAS. This includes the provision of mutual aid from MPFT, the utilisation of the People Hub for additional staff, and support from the GP Federation over weekends.
Urgent and Emergency Care (UEC)	• Redirection of patients into Enhanced Primary Care offer within ED during last week of December yielding a 40% increase from w/c 18th December 2023. • The System Surge (Winter) Plan expected January to have a deficit of -24, given the removal of the End of Life (EOL) hospice provision, the best-case scenario has been adjusted to -33 bed deficit. Extraordinary actions above plan have stood up 187/190 beds within the plan, taking the Trust-wide medicine deficit to -27. All acute planned capacity is open. • Additional actions include MPFT standing up 20 spot purchase discharge to assess (D2A) beds, 21 additional beds open via Orthopaedic ward to mitigate surge (15 beds utilised as at 4 Jan), GP Federation continuing to deliver of North Acute Visiting Service (AVS) service to release capacity back to the Community Rapid Intervention Service (CRIS), additional GP Federation support within ED to mitigate surge.
Planned Care	• The underlying 78ww position is improving, however UHNM are currently forecasting (with Industrial Action (IA)) 130 78ww breaches in December and 101 in January 2024 (as at w/e 31st December, from the UHNM weekly forecast). • UHNM are achieving the PIFU (Patient Initiated Follow Up) target, but this is not resulting in a reduction in follow-ups to the national target. Analysis of new to follow up ratio's (November 22/23 compared to November 23/24) shows 19 specialities (33%) having a greater first to follow-up ratio and 37 with a reduction (67%).
2023/24 Financial Position	• The system has an approved control total of a deficit of £91.4m. We remain on track to achieve this target. • A review of the system's 'grip and control' has been completed by Price Waterhouse Coopers and we are currently in the process of implementing their recommendations where agreed.

Ctrl and click on any underlined text for further detail.

Overview of key underpinning deliverables

Ctrl and click on the portfolio heading box for further detail on programme delivery and performance.

Children and Young People / Maternity

- Design and Implement Long Term Conditions Programme:
  - Asthma
  - Epilepsy and Diabetes
- Implement Children with Complex Needs Project
- Implementation of the national delivery plan for maternity and neonatal care

Planned Care, Diagnostics & Cancer

- Ongoing implementation of Patient Initiative Follow Up (PIFU)
- Trajectory for eliminating 65 week waits delivered
- Meeting 85% /theatre utilisation
- Meeting 85% day case utilisation
- Introduce Community Diagnostic HUBs
- Optimal use of lower GI 2 week pathway

Improving Population Health

- Systematic implementation of the Core20 approach
- Implement NHS Long Term Plan prevention programmes
- Utilise population health management techniques

Urgent and Emergency Care

- Implement Capital Investment Case
- 76% of patients seen within 4 hours in A&E
- Bed occupancy 92% or below
- Full review and priority setting for virtual wards.
- Enhance provider collaborative offer to include the Clinical Assessment Service.
- Deliver a fully integrated discharge "hub"

Mental Health, Learning Disability and Autism

- Improve the crisis pathways including 111 and ambulance response
- Undertake a Psychiatric Intensive Care Unit (PICU) Options Appraisal
- Minimise waiting times for autism diagnosis
- Improving Access to Talking Therapies
- Increased number of people with a Serious Mental Illness (SMI) having annual physical health check

Primary Care

- % Appointments within 14 days of booking
- Patient Experience (GPPS & FFT positive responses)
- Deliver Additional Roles Reimbursement Scheme (ARRS) – Budget utilisation %
- Direct Patient Care FTE per 10,000 pop. vs. National
- Digital Pathways
- GP Referrals to Community Pharmacy Consultation Service (CPCS).
- Deliver recovery of dental activity (UDA's)

End of Life, LTCS and Frailty

- The creation of a Palliative End of Life Care (PEoLC) strategy
- Identification of Patients in the last 12 months of life recorded on Palliative Care Registers in Primary Care
- The creation of a Long Term Conditions (LTC) strategy
- Transformation programme around Cardiovascular (CVD), Respiratory and Diabetes
- Delivery of the frailty strategy

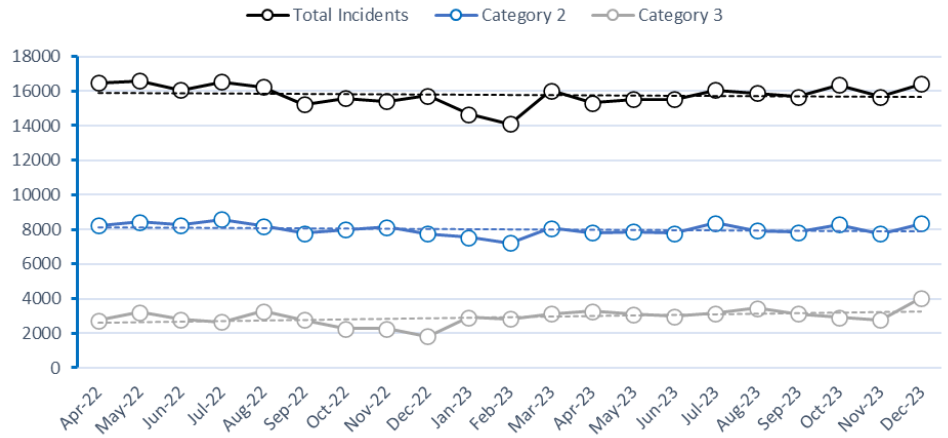
TRAFFIC LIGHT KEY:

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

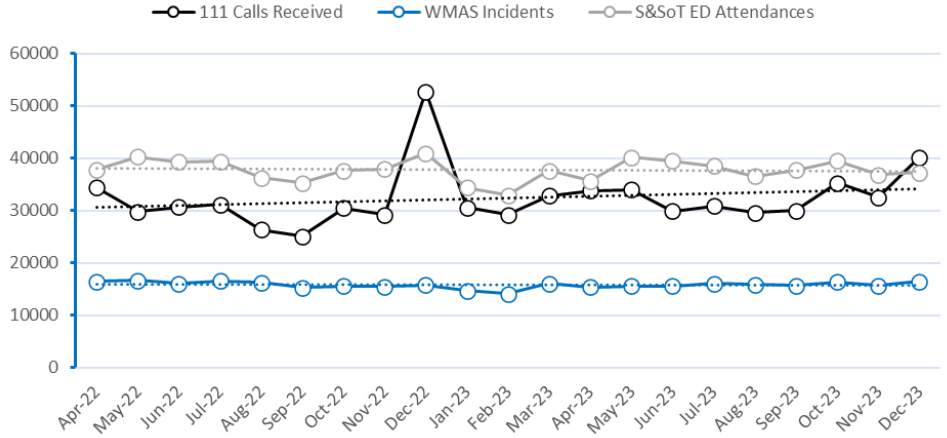
Exception reporting against our One Collective Aim

One Collective Aim	Points to note
Reduce the number of Category 2 and 3 ambulance calls *The data provided here are the incidents derived from calls to West Midlands Ambulance Service (WMAS) for our ICB only.* *Charts run from April 2022.*	• WMAS data for December indicates a 7.6% increase in Category 2 calls over the previous month, which equates to 11 incidents more per day. This is also 7.8% up on the same period last year and the 3-month average is reporting 2% higher than last year, with Chest Pains showing a clear jump of 27.7% over last year and breathing problems and Medical calls also up last month. • Category 3 calls surged by 46.7% on the previous month and reported 124% up on the same period last year, with the difference showing through the reduction in Category 5 calls on last year. Medical and Fall related calls jumped by 61% and 22% respectively on the previous month and were up over 150% on the same period last year, although this was a low month. • Emergency Department (ED) Attendances increased by 0.9% on the previous month but were down 9.2% on the same period last years as Minor Injury Units reported reduced attendance within the UHNM footprint. • The total number of 111 calls during December 2023 rose by 23.5% on the previous month due to increases in Flu in the community but was 23.8% lower when compared to the same period in 2022/23. • UHNM are in segment 3 of the NHS Oversight Framework with 5 exit criteria in place in relation to UEC with challenged performance in Ambulance Handover Delays and > 12-hour waits undergoing continual monitoring to gauge progress. • Monitoring against contractually agreed trajectories for Category 2 Response times continues with the latest 4-week average of 51m 45s significantly above the 30-minute target, placing us last out of 11 in the Midlands region, and 41 out of 42 nationally.

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



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



Please note: A WMAS incident could have multiple calls and not all incidents result in a conveyance.

Exception reporting against our 4 system priorities

System Priority	Key points this month or actions and observations for the coming months
1. Urgent & Emergency Care **Focus on prevention, hospital avoidance and appropriate and timely discharge**	• In hospital – The 4hr A&E performance target at UHNM slipped a further 0.4% to 64% for December, 8.5% better than the same period last year. The number of patients waiting 12+ hours (~64/day) rose by 0.5% in December and was 30% down on the same period last year. • Surge – The Bed occupancy rate in December decreased by 3.3% to 88.6% from November, reflective of the additional focus placed on early discharge during a pressured month. • Outlying patients co-located across 2 surgical wards- selected & monitored by IDH, Significantly fewer discharges outlying compared to 2023 and post plan review indicated increased numbers of patients through the allocated beds - maintaining 30+ Complex discharges daily. • Acute Care @ Home - Mutual aid from MPFT with deployment of community staff (3 staff), utilisation of the People Hub (2 x triage nurses and 5 x admin), GP Federation support over the weekends plus 10 hours clinical support a day, agency and agreement to escalate bank rates for this service only until end of January. • Call before you Convey in conjunction with WMAS has seen average calls to AC@H go from an average of 140/week to highs of 275/week. • Surge Planning – The Surge (Winter) Plan expected January to have a deficit of -24, given the removal of the EOL hospice provision, the best-case scenario has been adjusted to -33 bed deficit.
2. Tackle Backlog (Planned Care) **Backlog reduction**	• Follow-up attendances are at a higher level of activity than planned this month. Achieving the national target of a 25% reduction is challenging and remains the focus of outpatient transformation schemes. • 65+ week waits at UHNM were 1,038 in November, above the plan of 940 - impacted by Industrial Action (IA). • 78+ week waits; 94 at UHNM with IA, as at w/e 31st December (weekly recovery pack), below their forecast of 130 (at the end of December). 101 are forecast at the end of January (latest forecast reported w/e 31st December). • 104+ week waits: Two at UHNM as at w/e 31st December; UHNM forecast (with Industrial Action) for there to be zero 104+ ww in January (latest forecast w/e 31st December). • Diagnostic activity was below plan in November (across the 7 core tests) by 4.9%. MRI and Gastroscopy the only tests to exceed the plan again. The percentage of patients seen in <6 weeks (at 77.8%) increased (from October) but was below the monthly plan (of 78.9%). • The latest UHNM position (31st December) shows the [Cancer] 62-day backlog has increased to 381, below their revised trajectory of 389. • The 104-day Cancer backlog at UHNM has increased across the latter half of December to 110 (as at w/e 31st December); this total remains below the revised trajectory (of approximately 130 for this period). • The 28-day faster diagnosis standard (FDS) was below plan and below the National Standard of 75% in November, at both UHNM (64.9%) and across the ICB (66.9% for all Providers).

Exception reporting against our 4 system priorities

System Priority	Key points this month or actions and observations for the coming months
3. General Practice / Primary Care **Ensuring that residents have appropriate, timely and equitable access to services**	• The November 2023 Did Not Attend (DNA) rate was 4.7% - a decrease of 1.1% from October, in-line with previous seasonal trends. • The number of completed referrals to Community Pharmacist Consultation Service (CPCS) from General Practice further decreased during December 2023 falling short of the Q3 target. The over-performance during Q1 and Q2 means the overall YTD target is still being exceeded by 571 referrals (April to December). • The Scheduled Units of Dental Activity (UDAs) increased in November but remains below the contracted number. A delay to the ability to rebase UDAs is an issue in terms of timeframes to lever change to dentistry provision. The ICB is impacted by corporate contract UDAs. Nationally contract changes to allow unilateral re-basing of UDAs within the contract term have been proposed however there will be a delay to the implementation of the changes as the regulatory changes required to enact this have not yet gone through parliament. A delay to the ability to rebase UDAs is an issue in terms of timeframes to lever change to dentistry provision. • Additional Roles Reimbursement Scheme (ARRS) stands at 473.7 Full Time Equivalent (FTE) for November and remains below plan however the FTE continues to increase month-on-month as PCNs continue to deliver their revised plans.
4. Complex Individuals **Improving access to high quality and cost-effective care for people with complex needs, which requires multi-agency management.**	• Access to Children and Young People (CYP) community mental health services has dropped over 1,000 (rolling 12-month) this year so far, from 14,735 in April to 13,495 in November. A formal update is awaited from NSCHT following their investigation into the data and methodology used by NHS England (NHSE). • Mental Health - The Dementia diagnosis rate at 72.3% in November, continues to exceed the national target of 66.7%. • Learning Disabilities & Autism – Patients with Learning Disabilities and Autism (LD&A) with an Annual Health Check (AHC): the December position is 51.1%, 1.92% below the Q3 target trajectory. The gap to the plan trajectory is closing and there is an expectation end of year targets will be met after using outputs from a half year deep dive analysis. • Access to NHS Talking Therapies increased in November. Year to date (YTD) performance is 14% below the [YTD] trajectory and only 57% of the activity planned for the year has so far taken place. 12,918 contacts need to be reported over the next 4 months to achieve the annual target of 30,318. Forecasting based on local intelligence data (which is up to December) indicates an anticipated shortfall of around 8% at year-end (approximately 2,500 contacts). • The number of people with Severe Mental Illness (SMI) having an annual physical health check in Q3 was 27% below the Q3 plan target of 6,092 (a shortfall of 1,637 patients).

Finance Summary

- Following the H2 planning process completed in late November and early December, a revised control total of £91.4m deficit was agreed by NHS England. As a result the system has been allowed to move its forecast outturn to reflect this deficit. In addition, we are reporting the additional forecasted costs of industrial action from December to March which amounts to £1.9m. As a result the forecast deficit as at month 9 was £93.3m. This is in line with the revised control total.

- At month 9, at a system level we are reporting a year-to-date deficit position of £83.3m, which is a £64.2m adverse variance against the £19.1m deficit plan (Month 8 –year to date deficit £79.5m; variance to plan £62.7m). The year-to-date variance to plan sits within the ICB (£61.7m) and UHNM (£3.5m) with NSCHT and MPFT slightly better than plan. The main drivers behind this variance remain consistent with prior months, being:
  - Continuing Healthcare (CHC) and prescribing costs being over and above the inflationary assumptions used within the system plan submission (£42.9m)
  - Slippage on efficiency programmes within the plan (£8.1m)
  - Retention of escalation beds longer than initially planned due to the ongoing UEC demands within the system (£7.0m)
  - Other adjustments including allocation clawback (£6.2m)

- All organisations are increasingly confident of delivering their risk adjusted forecast and managing the residual risks. However, we still need c£3m to secure the position, and whilst we are fairly confident that this can be covered by the improving CHC run-rate, to go further at this stage is not possible. On this basis, as a system, we still believe that a deficit of £91.4m is our most likely position. We will endeavour to improve upon this, but we want to offer a position that we will deliver rather than put in an aspiration that we won't.

- The position includes risks around the fixed and variable aspects of the Elective Recovery Fund (ERF), and we hold firm on our assumptions and bills related to overperformance associated to UEC, (Non-Elective (NEL) and A&E attendances) amounting to £8.1m. These bills have been disputed on the basis the claim is outside the contracting guidance regarding the fixed element of the contract being based on provider cost base. Finally, forecast does not include any provision for band 2/3 retrospective payments as reported in month 8.

- Our capital plan remains overcommitted as expected, although mitigations have brought the overcommitment down significantly, we have an overspend regarding Project Star which are known to region and which we are managing as a system.

Month 9 Position

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

	Month 9			Month 8		
System	£m			£m		
	Plan	YTD	Variance	Plan	YTD	Variance
Income	3,312.2	3,341.9	29.7	2,951.9	2,977.7	25.9
Pay	(899.3)	(888.3)	11.0	(797.8)	(786.6)	11.2
Non Pay	(466.5)	(516.4)	(49.9)	(414.6)	(460.4)	(45.8)
Non Operating Items (exc gains on disposal)	(21.5)	(14.7)	6.8	(19.1)	(13.2)	5.9
ICB/CCG Expenditure	(1,944.0)	(2,005.7)	(61.7)	(1,737.1)	(1,797.0)	(59.9)
Total	(19.1)	(83.3)	(64.2)	(16.8)	(79.5)	(62.7)
			-1.9%			-2.1%

	Month 9			Month 8		
ICB	£m			£m		
	Plan	YTD	Variance	Plan	YTD	Variance
Allocation	1,922.1	1,922.1	(49.9)	1,716.4	1,716.4	(45.8)
Expenditure	(1,944.0)	(2,005.7)	0.0	(1,737.1)	(1,797.0)	0.0
TOTAL ICB Surplus/(Deficit)	(21.8)	(83.5)	(61.7)	(20.8)	(80.6)	(59.9)
			-3.2%			-3.5%

	Month 9			Month 8		
UHNM	£m			£m		
	Plan	YTD	Variance	Plan	YTD	Variance
Income	797.9	830.5	32.6	708.9	736.7	27.8
Pay	(490.7)	(494.1)	(3.4)	(434.9)	(437.9)	(3.0)
Non-Pay	(284.5)	(320.6)	3.5	(253.0)	(284.1)	(31.0)
Non Operating Items (exc gains on disposal)	(20.9)	(17.5)	3.5	(18.6)	(15.5)	3.1
TOTAL Provider Surplus/(Deficit)	1.8	(1.7)	(3.5)	2.4	(0.8)	(3.2)
			-0.4%			-0.4%

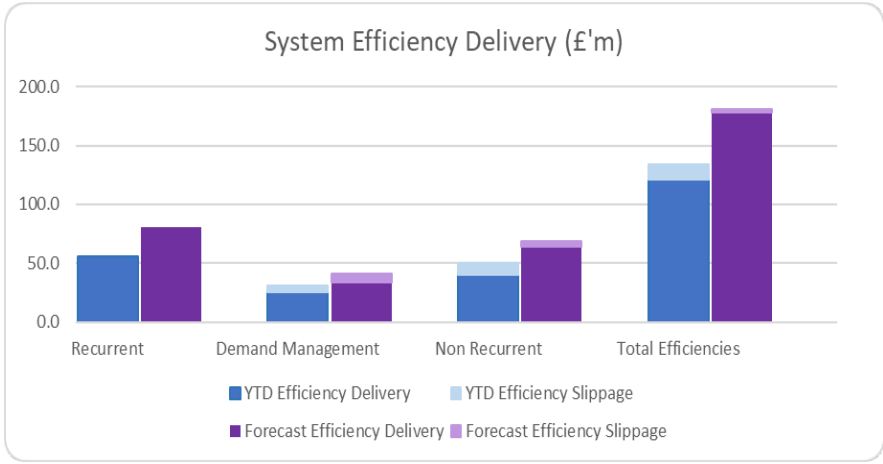
	Month 9			Month 8		
MPFT	£m			£m		
	Plan	YTD	Variance	Plan	YTD	Variance
Income	467.9	469.6	1.8	416.1	415.4	(0.6)
Pay	(338.3)	(324.5)	13.8	(300.4)	(286.9)	13.5
Non-Pay	(130.6)	(147.5)	(16.9)	(115.9)	(130.4)	(14.6)
Non Operating Items (exc gains on disposal)	2.0	3.9	1.9	1.8	3.5	1.6
TOTAL Provider Surplus/(Deficit)	1.0	1.5	0.5	1.6	1.6	0.0
			0.1%			0.0%

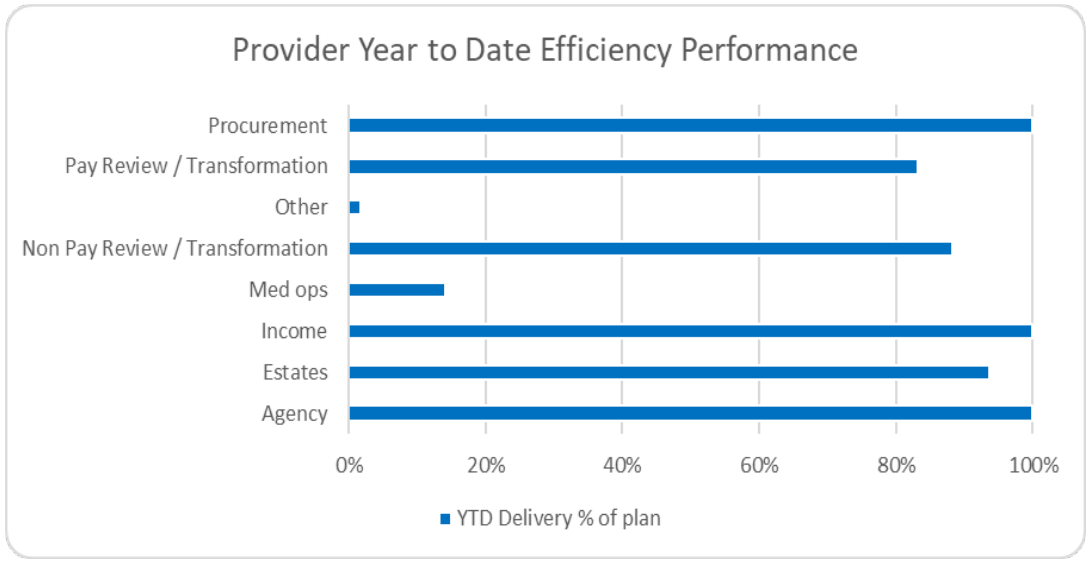
	Month 9			Month 8		
NSCHT	£m			£m		
	Plan	YTD	Variance	Plan	YTD	Variance
Income	124.3	119.6	(4.7)	110.6	109.2	(1.3)
Pay	(70.3)	(69.7)	0.6	(62.5)	(61.8)	0.6
Non-Pay	(51.4)	(48.3)	3.0	(45.7)	(45.9)	(0.2)
Non Operating Items (exc gains on disposal)	(2.6)	(1.2)	1.5	(2.4)	(1.1)	1.2
TOTAL Provider Surplus/(Deficit)	(0.0)	0.4	0.4	0.0	0.4	0.4
			-0.4%			-0.3%

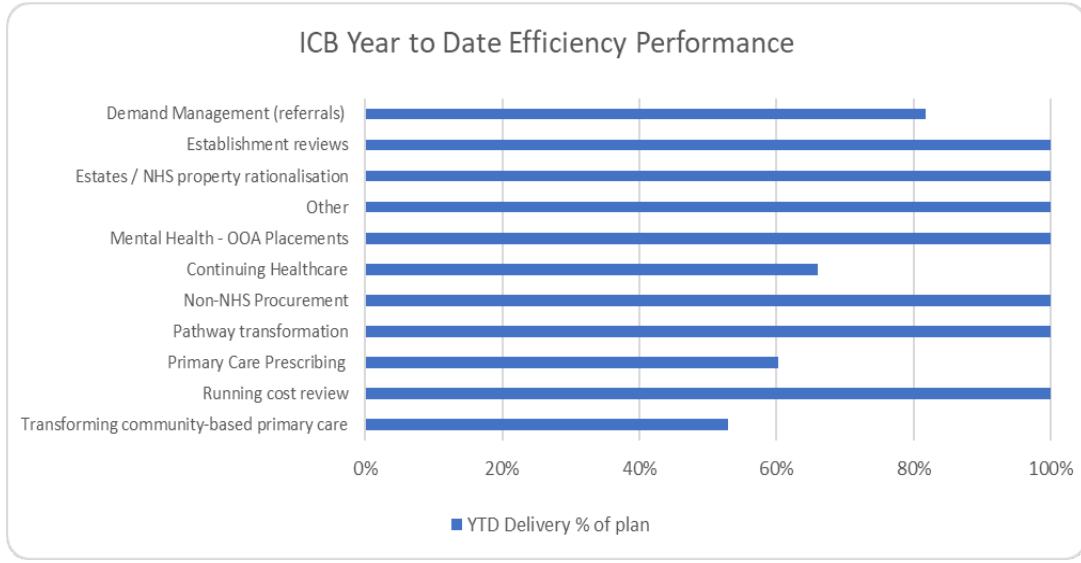
Efficiency Delivery

- The system has delivered £120.7m of efficiency as of December 2023, 90% of plan. Forecasts project the system to reduce to £2.5m behind their total efficiency plan by year end, and there remains a level of risk within this forecast due to the size of the efficiency target within the plan.

- Key challenges remain to deliver recurrent efficiency within the current environment. We are currently forecasting a to hit planned level of recurrent schemes at year end. All organisations have been ramping up assurance of Full Year Effect (FYE) delivery into 2023/24 and the previously identified actions continue.







NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Enclosure No: 09

Board Committee Summary and Escalation Report

Report of:	Finance and Performance Committee
Chair:	Megan Nurse
Executive Lead:	Paul Brown
Date:	6 February 2024

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
PART A		
Integrated System Performance and Programmes Highlight Report	The Committee noted the Month 8 performance position against the key metrics in the Operating Plan. The Committee received escalations from five Portfolios, including the ongoing risk regarding Acute Care at Home. Mitigants include mutual aid from MPFT and support from the GP Federation over weekends. Action is being taken to address waiting times for Autism assessments, but any impact will take time.	Portfolios will continue to monitor areas of escalation. The Committee requested further analysis on performance data for 'One Collective Aim' in light of a rise in Category 2 and 3 incidents by 7.8% and 124% on the same period last year.
Themes and proposals to take forward from 24 January	The report set out the context, key themes and a summary of the group discussions generated from the System Executive event held on 24 January. System Strategy Directors presented the 'next steps' which will take ideas from 24 January; current projects; Portfolio delivery plans; national guidance; Providers / ICS / ICB and recommend a short list for recovery and transformation. Collective resource will be aligned behind the big ticket items.	System Strategy Directors will lead on the prioritisation process for Trusts and Portfolios over the next 4 weeks and the Health & Care Senate will provide recommendations. The final agreement will be discussed at the April Finance and Performance Committee and brought to April Board.
Elective Care/Elective Recovery Plan	The Committee discussed the current position for 104ww, 78ww and 65ww and the actions being taken to mitigate the position noting that despite progress being made, the rate of improvement has been significantly hampered by industrial action. The report also provided details on the long-waiters who receive elective care outside of the Staffordshire and	Three patients have breached 104ww at UHNM as at the end of December with a further two patients breaching at the end of January. A Route Cause Analysis is conducted for every breach.

	Stoke-on-Trent System. The Committee noted: • The good progress made in respect of 65ww breaches with an improvement of c1,700 patients since 10 December. There has also been an improvement in the number of patients in this cohort receiving their first outpatient appointment. • A revised route to zero by the end of March for the 78ww cohort has been drafted and discussed with NHSE. The current plan includes risks for two specialties for which a plan continues to be developed including exploration of mutual aid. • UHNM continue to focus on resolutions for challenged specialties.	
System Finance Month 9 Report	At Month 9, we are reporting a year-to-date deficit position of £83.3m which is a £64.2m adverse variance against the £19.1m deficit plan. A revised control total of a £91.4m deficit was agreed by NHSE and, as a result, the System has been allowed to move its forecast outturn to reflect this deficit. The additional cost of industrial action from December to March is forecast at £1.9m. As a result, the forecast deficit as at Month 9 was £93.3m. This is in line with the revised control total. Our capital plan remains overcommitted as expected. Although mitigations have brought the over-commitment down significantly, we have an overspend regarding Project Star. Region are aware and this is being managed as a System.	A deficit of £91.4m is believed to be our most likely position and all organisations are increasingly confident of delivering their risk adjusted forecast and managing the residual risks. However, we still need c£3m to secure the position and are fairly confident that this can be covered by the improving CHC run-rate. The position includes risks around the fixed and variable aspects of ERF but does not include any provision for Band 2/3 retrospective payments which could have a significant impact.
System Recovery Plan Update	The paper provided an update on how the System Recovery Programme is being implemented. It included: • Performance against the overarching metrics for the System Recovery Programme • A storyboard for each of the seven priority areas, reflecting on achievements to date, ongoing challenges to delivery, a review of the data and what this might mean for	.

	2024/25 planning • An overview of how the various 'products' are being implemented	
System Surge Winter Plan Update	The report provided an assessment against the plan, the mitigations and escalated risks. The Committee noted the following escalations: • Golden Park EoL beds remain underutilised, touchpoints are in place to maximise use • Golden Park Step up beds are delayed due to Acute Care at Home concerns, go live remains anticipated at the end of January • Acute Care at Home workforce remains fragile • Local Authority UEC bids money pass through remains unresolved	The Committee recognised the significant challenges within the system, and the dedication and commitment by System COOs and Surge MDT to mitigate the risks and manage system performance.
Social Care Report	The Committee received an update on the Assessment Framework for Local Authority Assurance and a paper detailing the financial challenge at the City of Stoke-on-Trent specifically: • 2024/25 Budget consultation update • The 'ask' for government support • Adult Services savings initiatives 2024/25 • System-wide risks and opportunities	
Digital Transformation progress update and Integrated Electronic Patient Record (EPR) Outline Business Case	The report provided the quarterly update on the progress of ICS digital transformation in line with the Digital Roadmap. The Committee discussed the EPR Outline Business Case and noted: • UHNM needs to re-procure their current EPR by mid-2027 and this has provided the opportunity to explore the viability of an integrated EPR that may support the broader needs of the System • The 2024/25 costs of £892k for Phases 3 and 4 can be funded from Frontline Digitisation capital for UHNM • Further programme costs beyond 2024/25 have been projected but will be subject to further development in the FBC before being presented	The Committee approved the proposal to continue into Phases 3 and 4, procurement (soft market test) and FBC finalisation for ratification at this Board meeting.

	for approval • The OBC was supported at the SPG meeting on 31 January	
System Transformation and Service Change Update	The paper provided the monthly overview of the clinical areas included within the System Transformation and Service Change Programme and the latest version of the monthly service change return to NHSE. Details of the new power for the Secretary of State to intervene in service reconfigurations was included in the report. Key updates for the Committee focused on UTCs, maternity and the Cannock Transformation Programme.	The Committee discussed the Cannock Transformation programme and noted that RWT are to provide a formal written statement outlining their strategy for elective care provision in Cannock which will inform the future plans for the wider Primary Care estates plan in the area.
System Risk Register	There are 27 risks on the System Risk Register of which 18 are high scoring (12 and above) and there are 8 medium risks and one low risk. The Committee approved: • New Risk 1246: Capital Funding for IFRS16 Lease Costs and new Risk 1251: EDDI (Emergency Department Digital Integration Service) • The increase in risk score from 20 to 25 for Risk 1196: UEC Workforce/Staffing • The increase in risk score from 12 to 16 for Risk 1233: UHNM/MPFT NHS 111 Booking System (EDDI) • The increase in the inherent risk score from 16 to 20 for Risk 1234: Acute Care at Home Workforce and Capacity Pressures The Committee has good sight of the top risks for finance, performance and transformation.	The Committee noted the risk around workforce issues in the Acute Care at Home service and the actions being taken.
Q3 BAF Update	The report presented the refreshed Board Assurance Framework for Quarter 3 2023-24	The Committee noted that further work will be undertaken, in particular around the Assurance Mapping against the Committee Business Cycles, and the completion of action plans/progress report.
Staffordshire and Stoke-on-Trent ICB Draft Undertakings	The Committee noted the Draft Undertakings received from NHSE.	The Draft Undertakings are being presented to a private session of this ICB Board meeting for approval.
Finance and Performance	The paper provided the results of the Committee Effectiveness Survey	The Committee approved increasing the current length of

Committee Effectiveness Survey Results	completed by Members in November 2023 and the proposed actions being taken in response to the feedback provided. The results will be considered in detail at the March Audit Committee (together with the results from the other Committees) and areas of feedback examined further in conjunction with the Governance review of the Committee structure.	the Part A meeting by 30 minutes to ensure there is sufficient time allocated for each agenda item.
PART B		
Risk Register	There are 10 risks on the ICB Risk Register of which 6 are high scoring (12 and above) and there are 3 medium risks and one low risk. The Committee approved new risks: Risk 1260: Wheelchair Service and Risk 1251: EDDI (Emergency Department Digital Integration Service).	
ICB Efficiency Performance	The paper reported on the achievement to date and the remedial actions being taken to manage any gaps in the delivery of the ICB's 2023/24 efficiency programme.	The Committee was pleased to note the improvement in the forecast outturn from £3.3m in Month 8 to £2.3m this month. The Committee noted the areas of focus for Q4 in order to implement the actions and recommendations from the internal audit of the 2023/24 ICB Efficiency Programme.
ICB Finance Report (Month 9)	The paper reported an ICB year-to-date deficit position of £83.5m against a planned deficit of £21.9m, creating an adverse variance to plan of £61.7m. The ICB formally moved its forecast to a £91.4m deficit at December 2023 reporting to NHSE and there is confidence that this will be delivered. The paper reported that the key risks to achievement of the forecast are ERF allocation and contract agreements. The Committee approved the ICB's Month 9 forecast position of a £91.4m deficit and noted that it is managing a gap of £3.2m to enable delivery of this forecast and the mitigating actions taking place.	
ICB Recurrent Budget Update (2023/24 Exit)	The paper sought approval from the Committee to formally agree the updated recurrent budget/underlying position based on previously discussed developments during the 2023/24 financial year. The ICB brought forward a £95.3m deficit	

	underlying position and despite the success of the efficiency programme, particularly the CHC recovery plan, has been unable to mitigate the deterioration from excess inflation and activity growth. This has resulted in the ICB's current underlying exit position to 2023/24 deteriorating by £67.8m to a deficit of £163.1m. The Committee approved the updated ICB underlying deficit position.	
All Age Continuing Care Update	The report provided an update on the following areas: • National/Local Metrics • CHC System Collaborative • CHC/FNC Caseload • ABI Caseload • Fast Track • Reviews • High Cost Packages • 1:1's • Eligibility • PHBs • Care Assurance • Section 117 • Financial Position	The Committee noted the improved forecast outturn position of £245.9m against the annual budget of £203.2m. The forecast overspend to date of £42.7m remains a significant concern and risk. The Committee thanked MPFT and the wider Provider Collaborative for the significant progress made in improving the management and delivery of continuing care, which is improving the patient experience and delivering an improvement in the forecast overspend.
ICB Procurement Operations Group Highlight Report	The paper reported the key activities being co-ordinated by the Procurement Operations Group and in particular the actions being taken to ensure the ICB is able to implement the new Provider Selection Regime regulations.	The Committee noted that the Primary Care Portfolio have enacted the 6 month extension to the 5 AVS contracts whilst a fuller analysis and competitive process is carried out for a new system-wide service from October 2024. The Committee will receive regular updates on the procurement process for the new service.
Delegation of Specialised Services from NHSE to ICBs	The paper provided an update on the delegation of Specialised Services to the ICB from April 2024.	The Committee will receive information and assurance reports throughout the delegation process.
Primary Care Portfolio Highlight Report	Following a request from the Committee, a Primary Care Portfolio highlight report will now be presented each month. The report provided an update for each of the Portfolio Programmes, showing key actions, milestones and risks/escalations. The Outwoods Outline Business Case is progressing. There is concern regarding delays with Cannock and further discussions are underway with RWT. The Committee noted that the Prevention Programme needs to be	

	strengthened to meet Fuller requirements and to achieve national ambition rates.	
Primary Care Forum Report	In order to have governance oversight, FPC received a summary report of the meeting that took place on 9 January. This reported on the discussions on Primary Care finances, General Practice and Pharmacy, Optometry & Dental (POD).	
Terms of Reference – CSU Contract Performance Review	The Committee noted the updated Terms of Reference for the Midlands and Lancashire Commissioning Support Unit (MLCSU) contract performance review meetings and that escalations by exception will be reported.	

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.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 10

Report to:	**Integrated Care Board**					
Date:	**15 February 2024**					
Title:	**2024/25 Planning Update ICB Board**					
Presenting Officer:	Paul Brown – Chief Finance Officer (Operational Plan) Chris Bird - Chief Transformation Officer (Joint Forward Plan0					
Author(s):	ICB Planning Team					
Document Type:	Report		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☒
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	YES				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Appendix 1: Planning Update ICB Board					

(1) Purpose of the Paper:

1. A recap on the core planning documents required.
2. A high-level summary of the national planning guidance that has been received to date
3. A summary of the JFP guidance received and the approach to the development of the document (strawman)
4. An overview of progress so and the next steps for 2024/25 Operational Planning and Joint Forward Plan
5. The high-level timeline.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
N/A - elements of the slides have been through a range of meetings during January and February.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.

(3) Implications:

Legal or Regulatory	The system priorities are central to the ICB meeting its legal duty to plan local services to improve health and reduce inequalities. Nine legislative requirements are highlighted in the JFP summary guidance as key areas to update in 2024/25.
CQC or Patient Safety	The System Plan Priorities, and operational plan priorities (especially priorities for Urgent & Emergency Care (UEC), Elective Care and Primary Care Recovery), are key areas that CQC monitor as part of their regulatory framework, in terms of effective, responsive and well-led services.

Financial (CFO-assured)	A sustainable financial plan is central to the proposed Operational Plan Priorities set out in the System Plan Priorities.
Sustainability	Sustainability is a theme which runs throughout the system operating plan.
Workforce or Training	The system operating plan has multiple workforce and training requirements within it, which will also be monitored by the People Committee.
Equality & Diversity	Optimising health and wellbeing and ensuring fair and equal access for all is an overarching principle of the ICP Strategy and national planning ambitions.
Due Regard: Inequalities	Making best use of resources and targeting those in greatest need, or with greatest ability to benefit is an overarching principle set out in the ICP Strategy. Duty to reduce inequalities is a legislative requirement highlighted in the JFP summary guidance as a key area to update in 2024/25.
Due Regard: wider effect	System Plan Priorities will support broader social and economic development

(4) Statutory Dependencies & Impact Assessments:

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

(5) Integration with the BAF & Key Risks:

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

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

A recap is provided on the core planning documents required and how they link together, including an overview of the local and national planning documents for 2024/25. The report outlines the national planning guidance and a high-level overview of the national planning guidance published to date. There is still a range of guidance which has not been published including formal Operational Planning Guidance, confirmed submission timelines, finance guidance & allocations and Workforce high level templates.

An overview of the content (strawman) for the Joint Forward Plan, reflecting the further guidance received during January 2024 is outlined. This has been developed through discussion with partners across the system and in particular the Health and Well Being Boards.

Progress to date and the next steps for 2024/25 Operational Planning and Joint Forward Plan is outlined. The high-level timeline, some elements of which will be dependent on NHSE publication of formal national timelines, is set out but will be reviewed as submission dates are set out formally.

(7) Recommendations to Board / Committee:

1. Note the recap of the core documents.
2. Note the summary of the additional JFP Guidance
3. Note the outline of the JFP strawman
4. Note the progress to date and next steps.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

2024/25 planning round

ICB Board Meeting 15th February 2024

Executive Summary for ICB Board

This report contains:

1. A recap on the core documents required
2. A high-level summary of the national planning guidance that has been received to date.
3. A summary of the Joint Forward Plan (JFP) Guidance received and the approach to the development of the document (Strawman).
4. An overview of what we have done so far and next steps for the 2024/25 Operational Planning and Joint Forward Plan.
5. The high-level timeline

ICB Board are asked to:

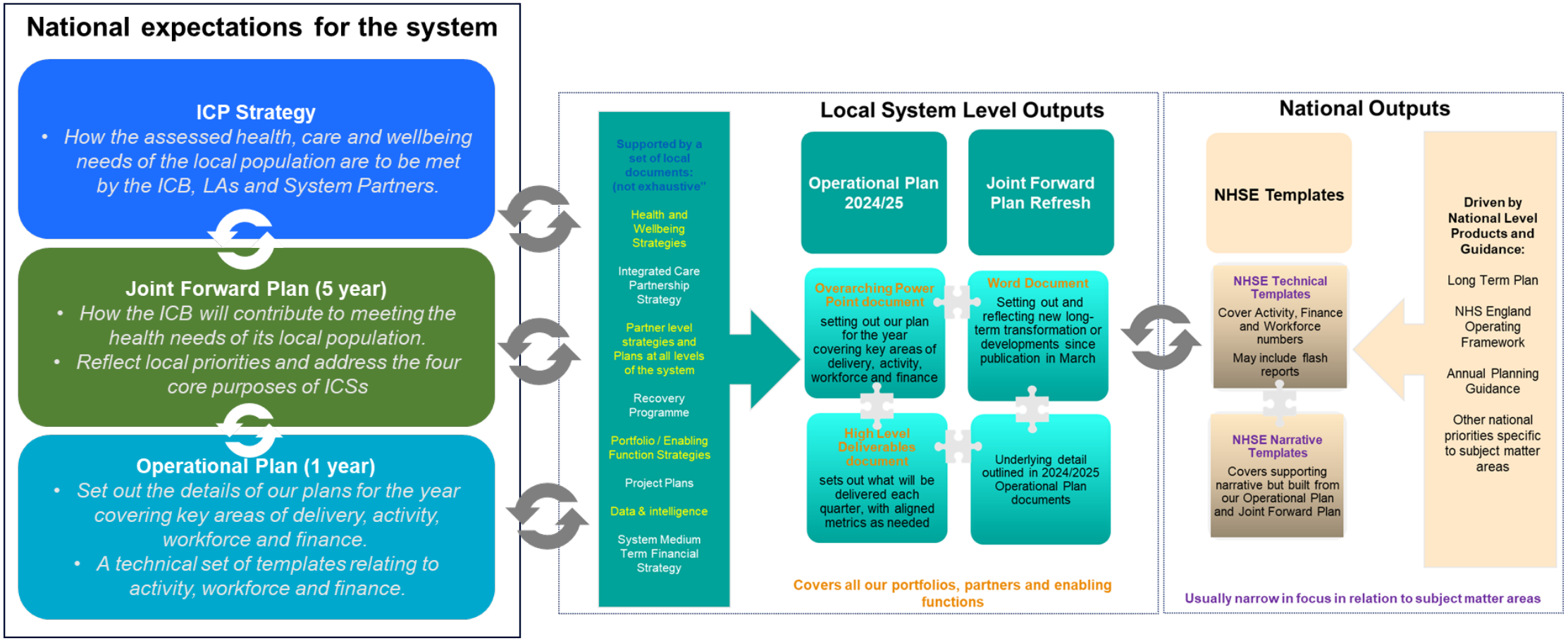
1. Note the recap of the core documents
2. Note the summary of the additional Joint Forward Planning Guidance published on the 17th of January 2024.
3. Note the outline of the JFP strawman.
4. Note progress to date and next steps.

By clicking any underlined text, you will be taken to the relevant slide.

NHS
Staffordshire and Stoke-on-Trent Integrated Care Board

National Planning Guidance and Development of Joint Forward Plan

Strategy and Planning - A Recap



National Planning Guidance Key Messages

Documents and guidance published since December include:

- Additional guidance for the Joint Forward Plan (JFP) for 2024/25 was published on the 17th January 2024 providing further recommendations and suggestions for content in relation to the statutory duties and content. The guidance does not require any change to our agreed approach to developing our JFP.
- Non-functional activity templates have been published and distributed to providers.

Yet to be published:

- Discussions are still ongoing with Treasury which has delayed formal 2024/25 Operational Planning Guidance and confirmed timelines for submissions.
- On that basis we are continuing to develop plans as indicated in the letter received from Amanda Pritchard in December.
- Finance guidance and allocations and workforce high level templates are yet to be published.

By clicking any underlined text, you will be taken to the relevant external link.

National Guidance on updating the Joint Forward Plan for 2024/25 - Overview

National Guidance

- The JFP is a five-year plan, which is a statutory requirement. It should set how we will exercise our functions and statutory requirements over the next five years.
- Systems will continue to have the same level of flexibility to determine how the JFP is developed and structured.
- The JFP should be reviewed and revised as appropriate before the start of each financial year.
- The JFP must include a statement of the final opinion of each Health and Wellbeing Board (HWB).
- The guidance published on the 22nd December 2023 provides an opportunity to further develop and / or revise the JFP first published on the 30th June 2023, for the financial year 2024/25.
- A further set of supporting information was published on 17th January providing further recommendations and suggestions for content in relation to the statutory duties and content. These have been reflected in the suggested local content.

Local Approach

- Our first JFP was published in June 2023.
- Given the level of work and depth of detail outlined in the plan we published in June 2023 we will be developing an addendum to that plan covering the suggested key areas outlined in the following slide.
- The JFP content will be co-developed and shared as it progresses, with our partners including the Health and Wellbeing boards.
- The JFP addendum will be published on the Integrated Care Board website.

By clicking any underlined text, you will be taken to the relevant external link.

Overview of proposed JFP content (straw man)

Introduction to the addendum and system context

- Productivity (organisational)
- System improvement (pathway)
- Place / locality / neighbourhood working with our partners
- Provider collaboratives / voluntary, community or social enterprise (VCSE) Alliance
- Refreshed supporting statement from each HWB

Structure of main part of addendum

- To reflect work that has developed locally since initial JFP publication
- To reflect any guidance that has been released after the initial JFP publication
- Involvement – summary of JFP survey outputs and ongoing plans through portfolios

Appendix

- Legislative requirements – no changes to statutory duty requirements but need to include, within annex of document reference to how these are met.
- Links to Existing strategies or plans to reference eg Primary Care Access Plan, Infrastructure strategy, Long-term Workforce Plan, Capital plans.
- Underpinning plans that set out priority, deliverable and delivered through and where possible over 5 years (JFP 5 year rolling plan).
- Tables for ICP strategy and life course approach to strengthen links between documents.

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What we have done so far and next steps

2024/25 Operational Planning and Joint Forward Plan

What we have done so far and next steps - Operational Planning 2024/25

What we have done so far

- Portfolios have reviewed their draft operational priorities and delivery plans for 2024/25 against other plans and developed them further.
- NHS providers have continued to develop their internal operational planning which will be aligned with system level plans support working with provider planning, analytical, workforce and finance leads.
- An Executive event was held on 24th January 2024 with the aim of further developing plans that are focused from a clinical perspective and are the best they can be within the financial envelope we have available to us. The event focused discussion around 7 areas; capacity, non-NHS contracts, productivity, digital, clinical workforce, back office and prioritisation of services. Opportunities for a substantial savings programme in these areas were discussed and it was agreed that for this scale of challenge, traditional cost improvements will not be sufficient. Therefore, further recovery actions will be required, at a significant scale. It was agreed that we need a small number of large programmes.
- Although allocations are still awaited, system Chief Finance Officers have modelled the impact of the current year position on the underlying position, and assessed the level of savings that are likely to be required. This indicates that a very substantial savings programme of approaching 10% will be needed.
- The outputs of the 24th January will support prioritisation, building the System Recovery Plan further for 2024/25, the agreed 5 system level operational plan priorities & 2 key aims and over longer term the 5-year Joint Forward Plan.

Next Steps

- A high-level overview of the ideas generated, and discussion have been drawn out and were discussed at System Finance and Performance Committee on 6th February 2024. Proposals on next steps will be discussed and agreed at the Health and Care Senate on 9th February 2024 but will include an outline approach to filtering and designating opportunities/objectives into three broad areas (Recovery 2024-25, Transformation and Business as Usual).
- System leaders are working up the options to reduce the cost base of the system. The options for recovery are being worked through and will be taken through the system Finance and Performance Committee and then ICB Board for scrutiny in March.
- Work will continue with portfolio / leads / providers to develop local operational plan priorities and delivery plans for 2024/25 and progress the detail that will be required for NHSE submissions which include (once released) activity plans incorporating provider-level and commissioner level breakdowns; workforce plans to include system and provider-level plans; Finance plans to include system and provider financial planning templates; Joint capital resources use plan; Supporting narrative template.

What we have done so far and next steps - Joint Forward Plan

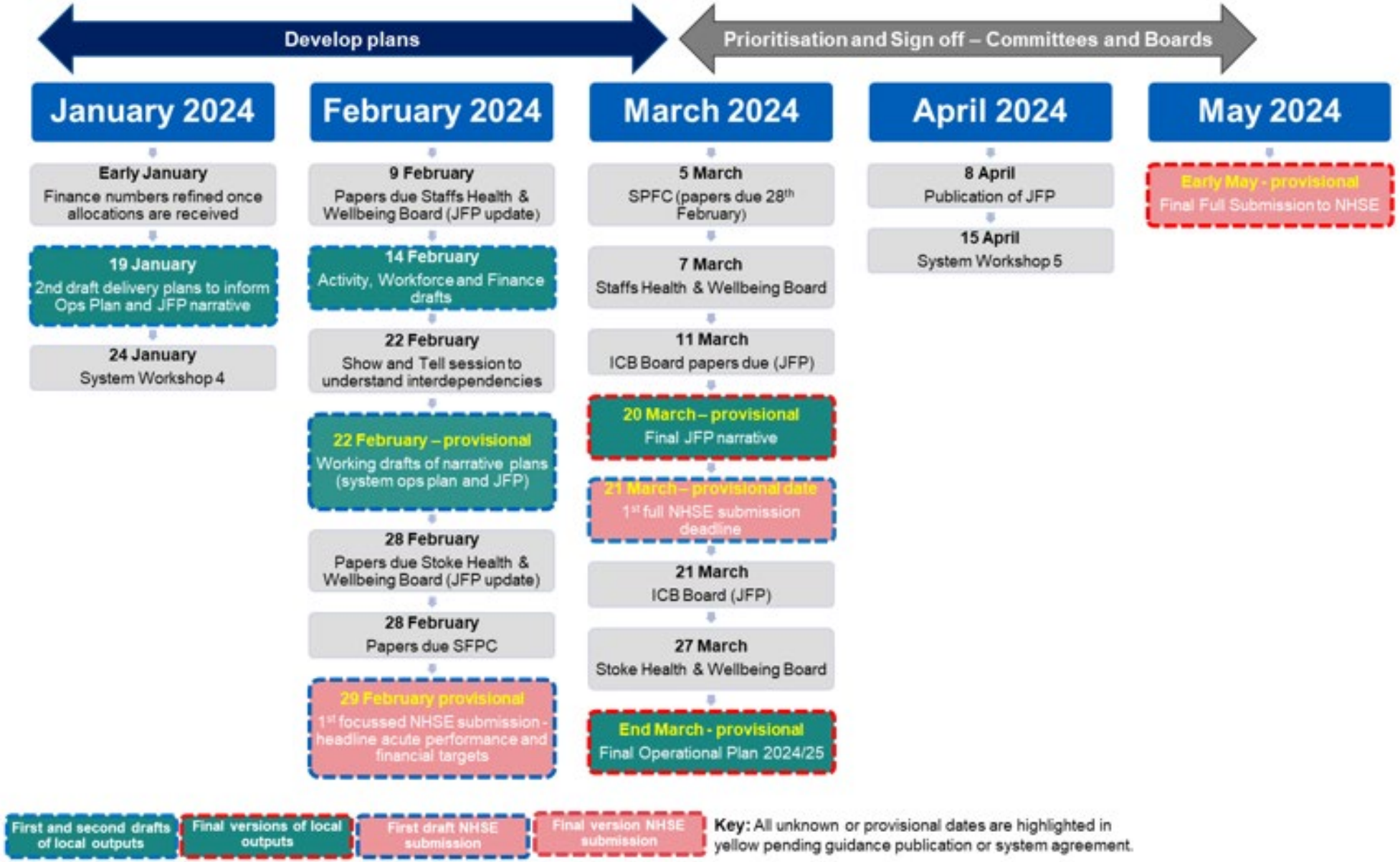
What we have done so far

- The strawman of the JFP has been developed to reflect the guidance published on the 17th of January and has included feedback from partners including the VCSE sector.
- Discussed approach for JFP refresh at the Staffordshire HWB on the 7th December 2023 and preliminary meeting with Staffordshire HWB Officers group on 1st February to support discussions at the Board due to be held on the 7th March 2024.
- Discussed approach and strawman with Stoke-on-Trent HWB development session on 1st February where feedback was obtained to support development of the JFP addendum.

Next Steps

- Develop addendum to the JFP.
- Continue to engage with partners and share the draft addendum to the JFP, with our partners including the two local HWBs.
- Present the JFP refresh to the ICB Board on the 21st March for approval and seeking agreement for delegated Chairs action for any further feedback provided at the Stoke-on-Trent HWB on 27th March 2024.

Planning Timeline – Key Dates



Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 11

Report to:	**Integrated Care Board**					
Date:	**15 February 2024**					
Title:	**Board Assurance Framework Report – Quarter 3**					
Presenting Officer:	Claire Cotton, Director of Governance, UHNM					
Author(s):	Tracey Revill, Interim Deputy Head of Governance					
Document Type:	Report		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☐	**Discussion (D)**	☒	**Assurance (S)**	☐
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	YES				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Board Assurance Framework Report					

(1) Purpose of the Paper:

To provide the Board with a progress update against delivery of the ICB's Strategic Objectives, for which it is responsible. The focus is on the progress this quarter, the controls and assurances in place to manage the risks and the actions that are being taken to mitigate the risks.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
Finance & Performance	06/02/2024
Quality and Safety	06/02/2024

(3) Implications:	
Legal or Regulatory	Demonstrates to regulators how the ICB manages its strategic objectives
CQC or Patient Safety	Monitoring delivery of Strategic Objective related to patient safety
Financial (CFO-assured)	Monitoring delivery of Strategic Objectives related to financial control & use of resources
Sustainability	Considered and not applicable
Workforce or Training	Monitoring delivery of Strategic Objective related to workforce
Equality & Diversity	Considered and not applicable
Due Regard: Inequalities	Click or ta Monitoring delivery of Strategic Objective related to reducing inequalities
Due Regard: wider effect	Monitoring delivery of Strategic Objectives related to development of services

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☒	☐	*If N, why Does not use PID* *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☒	☐	Does not propose changes to services or staff conditions
	QIA	☐	☒	☐	*If N, why Does not propose changes to services* *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☒	☐	As this is a report engagement is not applicable

(5) Integration with the BAF & Key Risks:

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

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

The Q3 report presents a more mature assurance map which will assist the Board and Committees to agree its level of assurance. Reports to be presented can and will be linked to the Board and Committee's business cycle

Highlights for the Board:
BAF1 – The risk score for has been increased in Q3 to 20 from 15 in previous quarters due to challenges with flow in the UEC system. The Finance and Performance Committee aproved the increase at the 6th February meeting.
BAF6 F&P Committee were advised that it is highly unlikely that the target score of 12 will be achieved.
BAF7 – The risk score has increased in Q3 to 16, from 12 in Q2 when it was reduced, again the increase back to 16 was approved by F&P on the 6th February.

There will be a review of the BAF in March 2024 at development session.

The 'most threatened' Strategic Ambitions remain
SA2: Address inequalities in access, experience and outcomes from health and social care services and
SA3: Achieve a sustainable and resilient integrated care system

(7) Recommendations to Board / Committee:

The Integrated Care Board is asked to:
Consider whether the Quarter 3 risk scores and assurance assessments are an accurate reflection of the current position.

Be assured that the Committees have oversight of the BAF where they are the lead committee.

Consider whether the actions identified are sufficient to either reduce the risk score towards target or to provide additional assurance.

Agree if there are any procedural or other changes required to the way the committee conducts its business: e.g. Terms of Ref amends etc".

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Integrated Care Board

Integrated Care Board

Board Assurance Framework (BAF)

Quarter 3 2023/24

1. Introduction and High-Level Overview

Situation

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

Background

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

To develop the ICB BAF for 2023/24, strategic risk 'headlines' were identified by lead directors in February 2023. In doing this, they brought forward six risks from the 2022/2023 BAF, although each has been reviewed and amended to reflect the current position. Two additional risks were also identified for inclusion (BAF 3: Proactive and Needs Based Community Services and BAF 7: Improving Productivity).

Those 'headline' Strategic Risks were approved by the Board April 2023 and it has been agreed that the first full BAF would be presented in July 2023 and quarterly thereafter.

The BAF is a dynamic, ever evolving document which will continue to be developed and improved in terms of format and function throughout the remainder of 2023/24 and beyond.

Assessment

	Two risks have seen an increase in risk score during the quarter; BAF 1 Responsive Patient Care – Urgent and Emergency and BAF 7 Improving Productivity.
	All Assurance Ratings have remained the same as the previous quarter.
	**SA2:** Address inequalities in access, experience and outcomes from health and social care services and **SA3:** Achieve a sustainable and resilient integrated care system remain the 'most threatened' Strategic Ambitions

Recommendations

Committees are asked to:

- Consider whether the Quarter 3 Risk Scores and Assurance Assessments are an accurate reflection of the position.
- Consider whether the actions identified are sufficient to either reduce the risk score towards target or to provide additional assurance.
- Note that further work is to be undertaken on Committee Business Cycles to ensure full alignment with the BAF.

Additional Information

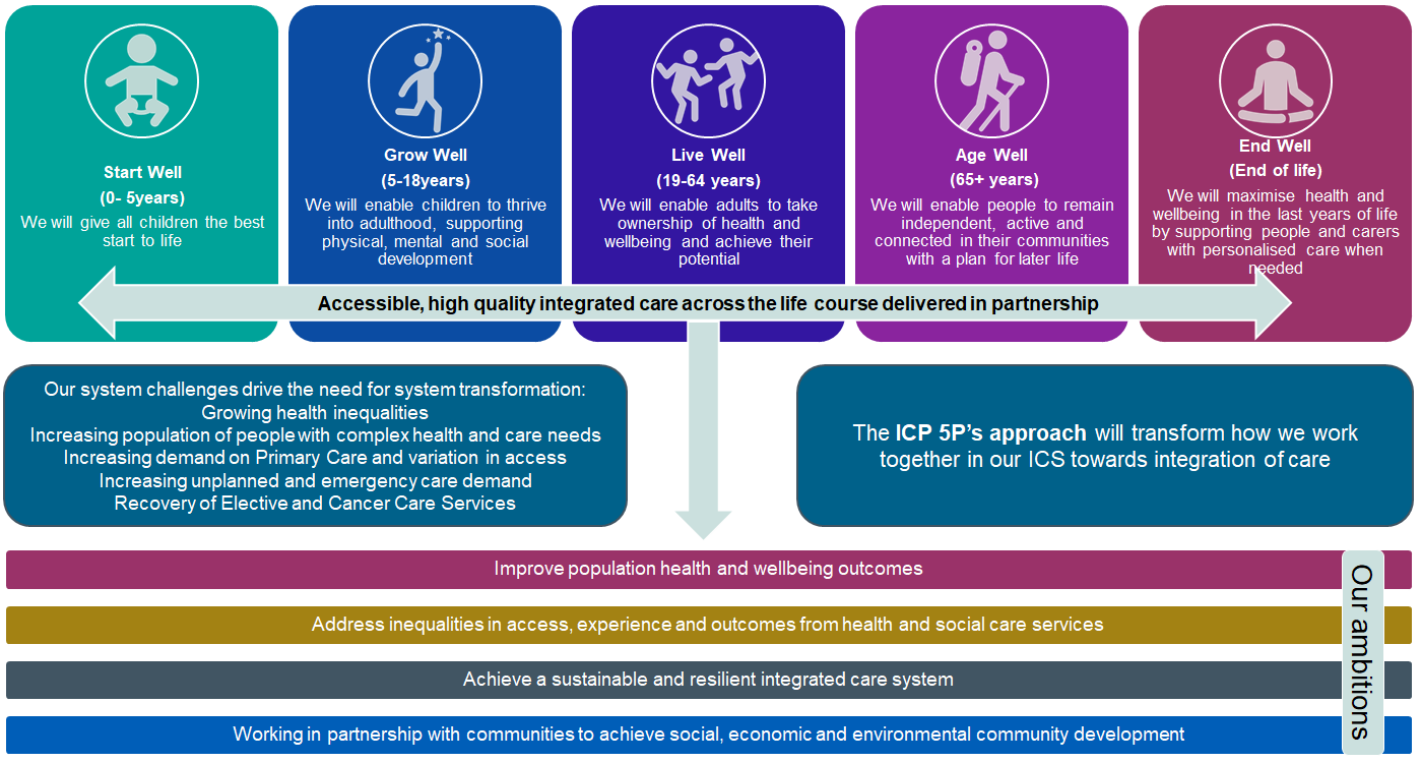
- The BAF can be viewed on SharePoint: ICB BAF Q3 Oct - Dec V1 CC.docx
- The following tables set out the keys used within the BAF for Action Plans and Assurance Assessment Ratings

BAF Action Plans – Key to Progress Ratings	
Complete / BAU	Action completed, now business as usual
On Track	Improvement on trajectory, on track, or completed
Problematic	Delivery remains feasible, actions not completed, awaiting further interventions
Delayed	Off track / trajectory / milestone breached. Recovery plan required.

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

2. Strategic Framework

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



3. Board Assurance Framework on a Page

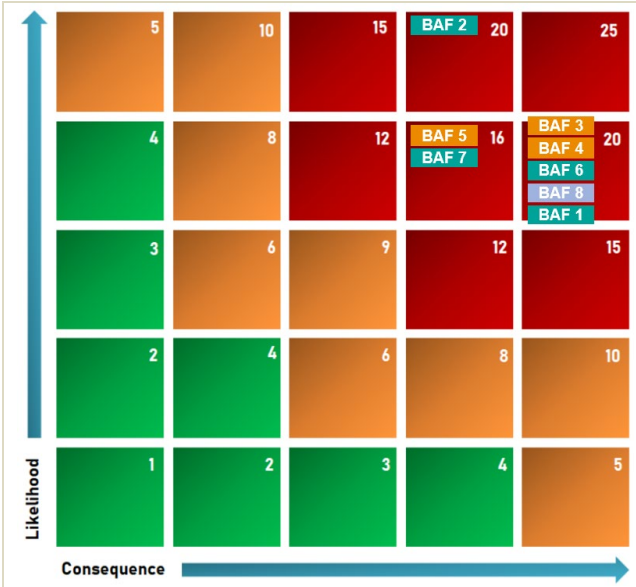
This provides a high-level overview of our BAF, setting out the Strategic Risks which pose a threat to our Strategic Ambitions, overlaid with Quarter 3 Risk Scores, Assurance Ratings and Responsible Committees.

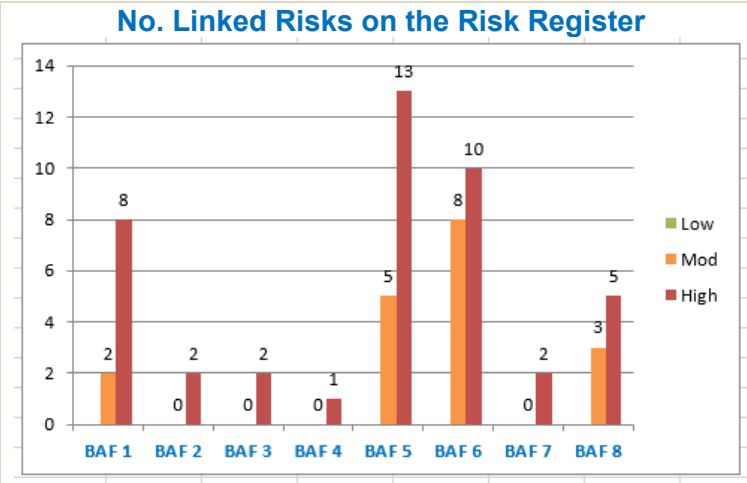
4. Summary Board Assurance Framework – Risk Movement

The below summary demonstrates the movement of risk scores throughout 2023/24 as they progress towards their target:

No.	Strategic Risk Title	Q1			Q2			Q3			Q4			Target			Risk Change	Assurance Assessment	Threat to Ambitions
		L	C	S	L	C	S	L	C	S	L	C	S	L	C	S			
BAF 1	Responsive Patient Care - Urgent & Emergency Care	3	5	High 15	3	5	High 15	4	5	High 20				3	5	High 15	↑	Partial Assurance	SA2
BAF 2	Responsive Patient Care - Elective	5	4	High 20	5	4	High 20	5	4	High 20				2	3	Mod 6	→	Partial Assurance	SA1, SA2, SA3
BAF 3	Proactive and Needs Based Community Services	4	5	High 20	4	5	High 20	4	5	High 20				2	4	Mod 8	→	Acceptable Assurance	SA4
BAF 4	Reducing Health Inequalities	4	5	High 20	4	5	High 20	4	5	High 20				2	2	Low 4	→	Partial Assurance	SA1, SA2, SA4
BAF 5	High Quality, Safe Care Outcomes	4	4	High 16	4	4	High 16	4	4	High 16				3	3	Mod 9	→	Acceptable Assurance	SA1, SA2
BAF 6	Sustainable Finances	4	5	High 20	4	5	High 20	4	5	High 20				4	3	High 12	→	Partial Assurance	SA3
BAF 7	Improving Productivity	4	4	High 16	3	4	High 12	4	4	High 16				3	3	Mod 9	↑	Acceptable Assurance	SA3
BAF 8	Sustainable Workforce	4	5	High 20	4	5	High 20	4	5	High 20				4	4	High 16	→	Acceptable Assurance	SA3

5. Strategic Risk Heat Map





- All strategic risks within the BAF are in the 'High' category
- 7/8 have at last 2 'High' linked risks on the Risk Register

Finance & Performance Committee | Quality & Safety Committee | People, Culture & Inclusion Committee

6. Board Assurance Framework (BAF)

BAF 1: Responsive Patient Care – UEC

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Ambitions		
Cause (likelihood)	**Event**	**Effect (Consequences)**
If the UEC system does not have sufficient capacity across the entire pathway to meet demand and support flow	Then should demand outstrip capacity, there will be pressure points within the UEC system	Resulting in poor outcomes and experience for patients, increased pressure for our workforce and consequently poor performance

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

Responsibility for Risk			
Committee:	Finance & Performance	**Lead Director:**	Chief Delivery Officer

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	3	3	4		3	31/01/24	The consequence of not having capacity in the UEC system will inevitably result in domino effect where patients are not able to timely access the urgent and/ or emergency care they require. The biggest risk is having long waits for emergency ambulances.
Consequences	5	5	5		5		
Risk Level	High 15	High 15	High 20		High 15		

Rationale for Risk Score and Progress Made in the Quarter:

Within Q3 there have been challenges with flow in the UEC System resulting in an increase in ambulance handover delays which has subsequently impacted our average category 2 response time. The 23/24 average currently sits at 36m24s, it was expected that the December performance would deteriorate, however our year-to-date average is not where is needs to be to ensure the year end position hits the 30m target.

As part of Surge Planning, we have built our plans using the SSOT bed model. The SSOT predicted bed model demonstrates that the SSOT system always requires a level of escalation open, this is due to historically not having sufficient core capacity. The bed model utilises a robust evidence base and is supported by all partners. The Surge Plan has been through all partner organisational Boards for sign off and it is well recognised that there is an expected bed deficit throughout all Q3 and Q4 in 2023/24. As part of the Surge Plan, the system has a System Escalation Plan in place, which received formal sign off through the UEC Board on the 13th of December 2023. The System Escalation Plan outlines the system's agreement and commitment to manage risk during times of pressure.

The plan was built to mitigate the bed deficit to agreed manageable levels, however, due to staffing constraints of registered and qualified staffing groups in UEC and late confirmation of funding aligned to the Local Authority bid process, there has been a delay in some schemes onboarding. December had an expected planned -24 bed deficit, given removal of expected EOL hospice provision, the best-case scenario has been adjusted to -33 bed deficit, which will be reflected going forward. As of 14th December 2023, we have been able to stand up 143/190 (143/181 new metric) acute beds/acute bed equivalent in line with the plan, taking medicine deficit to -71. County sat with -3 deficit due to WD7 Annex not being fully open, resulting in a total deficit position of trust -74.

As part of the national operational plan SSOT had submitted a Short Form Business Case to the national team to increase the Royal Stoke acute bed capacity by 45 beds to meet demand during 23/24 peak surge. The additional bed capacity was imperative to the delivery and compliance of the national operational plan. Whilst further core capacity has opened by baselining escalation capacity, the modular build remains incomplete and will not be available to support 23/24 surge.

The System Control Centre alongside the System Escalation Plan oversees flow and takes necessary action to ensure risk across the UEC system is distributed.

	Q3 22/23	Q3 23/24	Q3 variance on previous Year (Q3)
4hr ED Performance	60.80%	69.30%	**+14.0%**
12hr ED Performance	10.30%	8%	**-27.2%**
Hours Lost due to Ambulance Handovers*	17229	13205	**-23.4%**
Category 2 Response Times**	01:42:05	00:51:48	**-49.3%**

** time lost rebased to use 15 minute threshold*
***data only available up to 10th December at present*

Please note that for 4hr, 12hr and Hours Lost the data is up to and including the 19th of December, whilst for Category 2 Response Times we have not yet had the latest weeks data through.

12 Hour ED performance remains a key priority focus area within Tier 2 reporting, surge planning and the UEC Improvement Plan.

Q2 demonstrated improvements within UEC, however Q3 has brought significant challenges. The UEC Portfolio recognises that the UEC Improvement plan required an in-year refresh within the In-Hospital programme given the expected benefits of the plan were not coming to fruition. The plan has been refreshed and continues to form part of the wider system UEC plan, which will be carried forward and evolve as part of 24/25 planning.

Key Controls Framework

Key Controls:	• Daily System Control Centre & Daily System Calls Daily • Regional Capacity Calls attended by System Control Centre • System UEC Priority Plan/Operational plan – the system has agreed a 7-point focused plan to drive improvements across the UEC system. As part of the national operational plan SSOT has submitted a Short Form Business Case to the national team to increase the Royal Stoke capacity by 45 beds to meet demand during 23/24 peak surge • System UEC 23/24 Surge Plan has been developed through a multidisciplinary approach and has been signed off through an extension governance route including all partner organisational Boards. • System Control Centre – The SCC was mobilised in December 22 and shall remain until March 24 as a minimum. The SCC proactively manages the daily capacity and demand across the system and leads daily system COO calls to manage pressure. • System Escalation Plan –the refreshed system escalation plan has been developed with system partners. Following consultation with regional NHSE colleagues, the UEC Board signed off the revised System Escalation Plan on 13th December to ensure there is an appropriate framework for managing risk and escalation across the ICS. • System UEC Strategy – whilst outlining longer term plans of improvement, the UEC Strategy development ensures that the UEC Portfolio has a clear vision for UEC development, any in year improvements will be striving to meet the improvements set out in the long-term System UEC Strategy • ICB F&P Committee + System Performance Group –These groups are tasked with being assured on delivery and offer good-strength controls into the decision-making processes, supporting the other principal controls outlined. Surge reports monthly to these forums.

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1st Line (Organisation)					
2nd Line (System)	System Performance Report to Finance & Performance Report to F&P Committee and ICB Board				
	Monthly updates to System Delivery Group				
	Monthly updates to Finance and Performance Group				
	Monthly update to System Performance Group				
	Monthly update to Finance and Performance Committee				
	Fortnightly SLT update				
	Surge Plan Assurance by: UEC Board CYP Programme Board UEC Clinical Advisory Group Finance & Performance Committee UHNM Trust Board Clinical Senate SOTCC Operational Business Meeting MPFT Trust Board SCC Health & Care SLT Staffordshire Health OSC System Quality Committee ICS People, Culture & Inclusion Committee				

3rd Line (External / Independent)	Tier 2 UEC Improvement framework – exec weekly oversight				
	Surge Plan Assurance				
	NHS England - Surge Plan Assurance Template				
	NHS England Regional Assurance Visit				

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

Gaps in Control or Assurance

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

- Residual Bed Capacity gap
- Workforce deliverability across all areas of UEC pathway
- Industrial action
- Surge beyond the predicted peak
- COVID restrictions applied in Care Home market
- Unforeseen demand due to major incident
- Individual organisation risk management

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

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	23/24 Surge Plan to be agreed ICB Board	Agreed trajectory to increase capacity	Chief Delivery Officer	18/11/23	Surge Plan developed. There remains a residual bed gap.	
2	National capital bid submission for increased G&A capacity	45 additional acute beds available at RSUH	Chief Delivery Officer	01/12/23	Funding agreed, however due to delay in approval the additional beds through the modular build will not be available for 23/24. On the 1st of December, there was an increase in the beds above core to demonstrate increased bed base.	
3	Delivery of System UEC Improvement Plan against trajectory	Achieve Operational Plan requirements Bed occupancy – 92% Cat 2 response – 30 mins	Chief Delivery Officer	31/03/24	Delivery underway. Improvements have been seen, however off track in line with trajectory.	
4	System Escalation Plan	Plan to cover risk arising from • Bed capacity gap • Surge beyond predicted peak • Covid restriction in Care Homes	Chief Delivery Officer	30/10/23	Agreed and signed off by UEC Board 13th December following consultation with NHSE regional colleagues	
5	Industrial action	There are plans in place to deal with each incidence of industrial action	Chief Delivery Officer	31/03/24	This remains a risk as the level and frequency of the industrial action are unknown	
6	Workforce deliverability across all areas of UEC pathway	Overarching workforce plan, underpinned by workstream & service level plans including transformation, supply, training and OD	Chief Delivery Officer/ Chief People Officer	31/03/24	In progress. Approach to workforce plan agreed, scoping underway within workstreams and services to identify workforce requirements, risks and plans to mitigate	

No. Linked Risks on Risk Register		
Low (1-4)	Mod (6 – 10)	High (12 – 25)
1	3	12

		ICS	✓

BAF 2: Responsive Patient Care – Elective

ICB ✓

Risk 2 Responsive Patient Care – Elective		
Cause (likelihood)	**Event**	**Effect (Consequences)**
If the system fails to deliver on the specific expectations set out in the 23/24 (and earlier) planning guidance relating to waiting time recovery	Then waiting times will not reduce in line with national expectations	Resulting in potential patient harm and reputational damage to the ICS in addition to a potential claw-back of ERF funding

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

Responsibility for Risk			
Committee:	Finance & Performance	**Lead Director:**	Chief Delivery Officer

Risk Scoring and Tolerance							
Quarter / Score	**Q1**	**Q2**	**Q3**	**Q4**	**Target**	**Target Date**	**Risk Tolerance Statement**
Likelihood	5	5	5		2	31/3/24	The tolerance to failing to deliver against this risk should be low- as underachievement will have a knock-on effect to subsequent milestones. All efforts must therefore be focussed on delivery.
Consequence	4	4	4		3		
Risk Level	High 20	High 20	High 20		Mod 6		

Rationale for Risk Score and Progress Made in the Quarter:

UHNM have failed to deliver on the milestones associated with 104 and 78 week wait, also impacted by Industrial Action. There is an expectation that 65ww will be cleared by March 2024, and whilst plans have been developed to achieve this, the execution is in its infancy.

Key Controls Framework

Key Controls:

- Weekly tier 1 accountability meetings with NHSE
- 23/24 operational plan delivery and reporting
- Portfolio performance steering group (reporting to portfolio Board)
- Weekly meetings in place to ensure maximisation of Independent sector capacity and tracking of long wait patients
- Regular monitoring backlogs of Staffordshire and Stoke-on-Trent patients in other systems to ensure equitable access to recovery milestones.
- Portfolio Board oversight of plans to monitor utilisation of additional capacity
- Weekly meeting with UHNM to review specialty level challenges, to support transfer of long-waiters to alternative providers. Including focus on rescheduling/reprioritising listed patients to achieve the milestones.
- UHNM improving productivity through GIRFT review and best practice adoption
- NHS-E supporting provision of mutual aid monitored through weekly meetings
- Opening of tier 3 community Gynae service in Stafford & Cannock (~40% acute activity)
- New Independent Provider is supporting long waits in Gastro-Colorectal and other medical pathways

Assurance Map					
Defence Line	**Sources of Planned Assurance**	**Q1**	**Q2**	**Q3**	**Q4**
1st Line (Organisation)	Weekly performance updates via tier 1 meeting providing ”live” sitreps against trajectory and mitigations				
2nd Line (System)	System Performance Report to Finance & Performance Committee & ICB Board				
3rd Line (External / Independent)					

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

Gaps in Control or Assurance

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

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

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

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1.	Opening of tier 3 community Gynae service in Stafford & Cannock (~40% acute activity)	Reduce demands on UHNM to enable recovery	Chief Delivery Officer	30/06/23	Service was open to referrals in July and new clinics in operation in August. To increase referrals information to be shared at GP Engagements.	
2.	Harmonised Tier 3 gynaecology service to be procured.	Reduce demands on UHB and UHDB supporting recovery	Chief Delivery Officer	01/07/24	SSOT procurement plan is being development and will be published in November.	
3.	Extension of Community Dermatology contract to cover East Staffs	Reduce demands on UHDB supporting recovery	Chief Delivery Officer	31/10/23	Proposal discussed at POG and supported by FPC. UHDB undertaking impact assessment and therefore not yet agreed. Community provider costs still under negotiation	
4.	Commissioning Virtual Outpatient services - Gastroenterology	Reduce demand on UHNM and reduce UHNM Backlog	Chief Delivery Officer	31/10/23	Proposal discussed at POG and supported by FPC. Single tender waiver approved; Contract signed and service is live	
5.	Ophthalmology: IS providers contracted to deliver the SSOT Cataract pathway	Reduce costs within the system and ensure informed patient choice is delivered	Chief Delivery Officer	31/10/23	Contracts have been signed by 3 of the 4 providers.	

No. Linked Risks on Risk Register

Low (1-4)	Mod (6 – 10)	High (12 – 25)
1	3	12

BAF 3: Proactive and Needs Based Community Services

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Ambitions

Cause (likelihood)	Event	Effect (Consequences)
If we do not have the capacity and capability to assess the needs of the population to develop targeted, proactive services	Then services will remain reactive and won't meet the needs of the population or change outcomes	Resulting in an increasing demand for health and care services and widening health inequalities

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

Responsibility for Risk

Committee:	Quality and Safety	Lead Director:	Chief Medical Officer

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	4	4	4		2	31/03/2026	Risk tolerance is medium (8). The consequence of not mitigating this risk and moving to a more proactive needs-based community model of care is that our system will remain reactive and reliant on services, particularly secondary and urgent and emergency care. This will not meet the needs of our population, will challenge the sustainability of services and is not in line with our strengths-based strategy for our population.
Consequence	5	5	5		4		
Risk Level	High 20	High 20	High 20		Mod 8		

Rationale for Risk Score and Progress Made in the Quarter:

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

Delays to Digital and PHM Programmes regards the secondary use of data has led to a review of the PHM programme to scale, spread and sustain a PHM approach across SSOT at all levels. The programme has moved up plans to influence the culture of the system and has commenced the PHM Culture Compact work, whilst the Data and Information Governance issues are worked through. During Q3 the PHM Programme has undertaken an options appraisal and procurement exercise to enable bulk extracts of GP data into a linked dataset. Procurement has concluded and extraction implementation will commence in Q4.

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

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

Whilst much work has continued during 32 these are foundations; therefore, Risk Scoring has cautiously remained unchanged.

Key Controls Framework

Key Controls:	• PHM Partner contracted to support scale, spread and sustain of PHM approach for SSOT • Portfolio governance heavily partnership based with District/Borough Council (community) leadership in role of CE Sponsor • People and Communities is one of the 5P's of the ICP Strategy • Place Development Boards have agreed the construct of 'Place' • IPH Team (manage the implementation of the PHM Programme to scale, spread and sustain a PHM approach across SSOT)

	• IPH Portfolio Programmes (cross working to ensure health inequalities and preventative actions are considered during intervention design) • Other Portfolios (matrix working with other portfolios to design interventions and deliver transformational change) • H&CS (provides a system health and care viewpoint on any PHM processes being implemented and interventions being designed) • IPH Portfolio Board (provides strategic oversight and is the portfolio aligned with this risk) • ICP (has ICS partnership wide oversight) • Establishment of IPH Portfolio Board • Defined scope of IPH Portfolio and all incumbent programmes and projects • CSU Procurement guidance to ensure procurement exercise is robust • Report procurement exercise outcome to ICB EWT

Assurance Map					
Defence Line	**Sources of Planned Assurance**	**Q1**	**Q2**	**Q3**	**Q4**
1st Line (Organisation)	**IPH Team Meetings** MS Planner reviewed to assure programme actions are on track for delivery (weekly)				
	Quality & Safety Committee IPH Portfolio Progress update provided to assure committee of progress (bi-monthly)				
	F&P IPH elements of Quarterly Stocktake to provide assurance against LTP and 1YOP delivery				
3rd Line (External / Independent)	**Regional HI Programme** IPH Portfolio Progress Reports for progress assurance against LTP				
	Regional Prevention IPH Portfolio Progress Reports for progress assurance against LTP				
	NHSE IPH elements of Quarterly System Review provided to assure progress against LTP and 1YOP delivery				

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

Gaps in Control or Assurance
What are the gaps to be addressed in order to achieve the target risk score or to improve adequacy of assurance?
• Data and Information Governance issues regards the sharing of data for the purpose of secondary use • Formalising arrangement regards Place and localities

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						
No.	**Action Required**	**Outcome of Action**	**Lead Director**	**Due Date**	**Quarterly Progress Report**	**BRAG**
1	Establishment of IPH Portfolio Board	Additional control through governance	Chief Medical Officer	30/06/2023	First IPH Portfolio Board was held on 26/06/2023.	
2	Defined scope of IPH Portfolio and all incumbent programmes and projects	Additional control through governance and clarity of scope	Chief Medical Officer	30/06/2023	IPH Portfolio Blueprint approved at first Portfolio Board meeting on 26/06/2023.	
3	Develop HI Strategy	Additional control through shared strategy for SSOT	Chief Medical Officer	31/03/2024	Delivery date moved end Dec 2023 to end March 2024 development of Place and speed with which foundations for Improving population	

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						
No.	**Action Required**	**Outcome of Action**	**Lead Director**	**Due Date**	**Quarterly Progress Report**	**BRAG**
					health have been able to be laid	
4	Establishment of PHM Steering Group	Additional control through governance	Chief Medical Officer	31/07/2023	PHM Programme Plan reviewed and now being led out by PHM Culture Compact whilst Data and IG issues are resolved.	
5	Develop a detailed plan to scale, spread and sustain a PHM approach across SSOT	Additional control to manage progress and delivery	Chief Medical Officer	31/07/2023	PHM Programme Plan developed and reviewed to enable progress in areas not constrained by Data and IG issues	
6	Resolve data and information governance issues regards GP data extraction	Additional control through secure and legal basis to extract data	Chief Medical Officer	30/11/2023	EWT decision to undertake procurement exercise. Procurement concluded and recommendation to award being discussed 21/12/2023	
7	Work with the Digital Programme to resolve data and information governance issues regards the sharing of data for the purpose of secondary use	Additional control through secure and legal basis to use data	Chief Digital Officer	31/03/2024	Working with Digital Programme, section 251 being reviewed	
8	Co-develop plan to implement localities with Partners	Additional Control	Chief Medical Officer	31/03/2024	New Action	

No. Linked Risks on Risk Register		
Low (1-4)	**Mod (6 – 10)**	**High (12 – 25)**
0	**5**	**5**

BAF 4: Reducing Health Inequalities

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Ambitions

Cause (likelihood)	Event	Effect (Consequences)
If we are unable to work together as an integrated care system across organisation and sector boundaries	Then we will have less (or no) impact on reducing health inequalities of the population of Staffordshire and Stoke-on-Trent	Resulting in sustained or increased health inequalities, worsening health and wellbeing of the population, potentially increased cost of health and care and worsened quality of service experienced

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

Responsibility for Risk

Committee:	Quality & Safety Committee	Lead Director:	Chief Medical Officer

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	4	4	4		2	31/03/2028	Tolerance is low (4) as reducing health inequalities and working in partnership impacts on 3 of 4 SO's.
Consequence	5	5			2		
Risk Level	High 20	High 20	High 20		Low 4		

Rationale for Risk Score and Progress Made in the Quarter:

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

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

Key to improving health inequalities of the SSOT population is the development of Place and localities in partnership. Through PHM led discussions at both Staffordshire and Stoke-on-Trent Place Development Boards, there is now agreement of the localities that make-up the two Place's aligned with UTLAs:
Staffordshire – District and Borough Council alignment (8)
Stoke-on-Trent – Geographies alignment (4)

The IPH Portfolio Board has committed to the co-development of a System Health Inequalities Strategy by end March 2024. The approach to develop this strategy has been agreed and a system workshop is being planned for 30/01/2024.

Whilst much work has continued during Q3 these are the foundations, therefore Risk Scoring has cautiously remained unchanged.

Key Controls Framework

Key Controls:

- ICP Strategy approved with a focus on 5P's across the life course which all centre on reducing health inequalities across SSOT
- Place Development Boards have agreed the construct of 'Place'
- ICB impact assessment and business case templates include consideration of HI
- IPH Team (manage the implementation of the HI Programme to reduce inequalities across SSOT)

	• IPH Portfolio Programmes (cross working to ensure work to reduce health inequalities is led by intelligence) Other Portfolios (matrix working with other portfolios to design interventions and deliver transformational change) • H&CS (provides a system health and care viewpoint that will always consider HI impact) • ICP (has ICS partnership wide oversight) • Clarity of governance and delegated authority to Place and Portfolio • Defined scope of IPH Portfolio and all incumbent programmes and projects • Bi-monthly assurance reporting to Quality & Safety Committee (accountable for BAF 4)

Assurance Map					
Defence Line	**Sources of Planned Assurance**	**Q1**	**Q2**	**Q3**	**Q4**
1st Line (Organisation)	**IPH Team Meetings** MS Planner reviewed to assure programme actions are on track for delivery (weekly)				
	Quality & Safety Committee IPH Portfolio Progress update provided to assure committee of progress (bi-monthly) IPH Portfolio – Health Inequalities Deep Dive				
	F&P IPH elements of Quarterly Stocktake to provide assurance against LTP and 1YOP delivery				
3rd Line (External / Independent)	**Regional HI Programme** IPH Portfolio Progress Reports for progress assurance against LTP				
	Regional Prevention IPH Portfolio Progress Reports for progress assurance against LTP				
	NHSE IPH elements of Quarterly System Review provided to assure progress against LTP and 1YOP delivery				

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

Gaps in Control or Assurance

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

- Maintaining stakeholder relationships, engagement, involvement and commitment to ICP Strategy aims by all ICP partners
- Shared understanding and development of delivery vehicles that ICP Strategy priorities can be owned
- HI Strategy (developed using same approach as that taken for the ICP Strategy)

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

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Continued ICP Strategy engagement plan to maintain stakeholder relationships, engagement, involvement and commitment to ICP Strategy aims by all ICP partners	Additional Control	Chief Medical Officer	31/12/2023	Continuous engagement plan to be formalised – delivery moved to Q4 to take reflect progress and formalisation of Place and localities	
2	Clarity of governance and delegated authority to Place and Portfolio to ensure a shared understanding and development of delivery vehicles that ICP Strategy priorities can be owned through	Additional Assurance	Chief Executive	30/09/2023	Portfolio TOR finalised and approved on 27/6/23. PHM led discussions at Place have resulted in the agreement of 12 localities aligned with SSOT UTLAs.	

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						
No.	**Action Required**	**Outcome of Action**	**Lead Director**	**Due Date**	**Quarterly Progress Report**	**BRAG**
3	Establishment of IPH Portfolio Board	Additional Control	Chief Medical Officer	30/06/2023	First IPH Portfolio Board meeting held on 27/6/23.	
4	Defined scope of IPH Portfolio and all incumbent programmes and projects	Additional Control	Chief Medical Officer	30/06/2023	IPH Portfolio Blueprint approved at first Portfolio Board on 27/6/23.	
5	Develop HI Strategy	Additional Control	Chief Medical Officer	31/03/2024	Delivery date moved end Dec 2023 to end March 2024 development of Place and speed with which foundations for Improving Population Health have been able to be laid	
6	Develop a detailed plan to reduce HI across SSOT	Additional Control	Chief Medical Officer	31/07/2023	HI Programme Plan currently focusses on delivery of NHS statutory deliverables. Detailed plan will be led by HI Strategy to be co-developed.	
7	Co-develop plan to implement localities with Partners	Additional Control	Chief Medical Officer	31/03/2024	New Action	

No. Linked Risks on Risk Register		
Low (1-4)	**Mod (6 – 10)**	**High (12 – 25)**
0	**5**	**5**

BAF 5: High Quality, Safe Care Outcomes

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Ambitions

Cause (likelihood)	Event	Effect (Consequences)
If we cannot maintain high quality, equitable & safe patient care	Then we will be unable to maintain high standards of quality and safety and deliver our statutory quality duties	Resulting in actual or potential harm to patients, loss of reputation, intervention from regulators and increased costs associated with poor standards of care

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

Responsibility for Risk

Committee:	Quality & Safety Committee	Lead Director:	Chief Nursing & Therapies Officer

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	4	4	4		3	31/03/24	Tolerance is medium (9) as the system will prioritise quality & safety over performance and finance to prevent patient harm but will tolerate medium risk levels resulting from system pressures
Consequence	4	4	4		3		
Risk Level	High 16	High 16	High 16		Mod 9		

Rationale for Risk Score and Progress Made in the Quarter:

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

- Maternity Induction of Labour (IOL) continues to be an area of concern. UHNM are reviewing and revising processes to support a more proactive response and review all breaches for potential harm.
- Maternity staffing has improved. Fluctuating levels of maternity and neonatal activity result in periods of escalation.
- Recent CQC visits to providers have identified areas of improvements which need to be monitored through governance process to ensuring actions are implemented and changes embedded.
- FMBUs are still not open due to workforce capacity issues. The deliberation events have commenced looking at options for FMBUs.
- The Quality Strategy has been approved at QSC and due to be ratified at ICB board in December 2023.
- Patient Safety Incident Response Framework (PSIRF) training has been rolled out since June 2023. Implementation of PSIRF commenced 1st December 2023
- Following a national review of all Paediatric Audiology services, an implementation plan is in place for UHNM, MPFT and QHB to improve service provision and manage identified backlogs. This is monitored through QSC & the National Silver/Gold incident framework.
- QIA process is currently under review as per agreement – anticipate changes aligned to feedback themes will be presented to QSC and implemented during Q4
- Work has commenced with providers to address the current delays in undertaking Review Health Assessments (RHA) and Initial Health Assessment (IHA) within the ICS, effectiveness of this intervention is being monitored through the CYP Board with an update being received by QSC.

Key Controls Framework

Key Controls:

- Quality Impact Assessment agreed and implemented (Policy and Procedures)
- ICS Quality Strategy with agreed outcomes
- Quality features as an enabler to all portfolios and all have allocated quality links
- Quality Improvement Group/network established and sharing best practice
- System Maternity Oversight and Assurance Group meeting
- Local Maternity and Neonatal Service Partnership Board and Quality and Safety Oversight Forum (sub-group) and attendance at relevant internal UHNM meetings
- Strong maternity transformation plan
- Established system wide Safeguarding arrangements – Second Stage of Provider collaborative agreed and first meeting taken place

	• Portfolio groups/boards or other meetings • CQC and LA information sharing meetings • Health watch attendance at SQG • Reporting to and attendance at NHSE meetings • Nursing Home Quality Assurance and Improvement Group (NHQAIG) – system partner attendance • Care Home quality framework monitoring • LeDeR group including system partner attendance and shared learning as well reporting into LDAP board • PSIRF training has been agreed using a system wide approach and we continue to meet the planned Autumn 2023 deadline. Additional training sessions have been made available to the system • Health Economy Infection Prevention meeting as well as weekly informal IPC Leads meetings • Midlands IPC BAF • Independent hospital quality quarterly assurance meetings • Bronze, silver and gold cell meetings – Paediatric Audiology Improvement Programme • Progress report and impact received by CYP and QSC regarding RHA & IHA delays

Assurance Map					
Defence Line	**Sources of Planned Assurance**	**Q 1**	**Q 2**	**Q 3**	**Q 4**
1st Line (Organisation)	Monthly Quality Assurance report to ICB Board				
	Bi Monthly Assurance paper and Chair Update from QSC to ICB Board				
	Bi-Monthly LMNS report to QSC				
	Bi Monthly Assurance paper from SQG to QSC				
	Monthly Assurance paper to SQG				
	Bi Monthly Safeguarding Adults & Children Report to QSC				
	Bi- Monthly People & Communities Assembly				
2nd Line (System)	Quarterly QIA Assurance report to QSC				
	Quarterly LeDeR Assurance Report to SQG				
	Monthly Assurance report to QSC - Paediatric Audiology Improvement Programme				
	Assurance report re: IHA/RHA received by QSC (Ad hoc)				
	Monthly Provider Update/Assurance reports to SQG				
	Quarterly Nursing Home Quality Assurance & Improvement Group Report to SQG				
	Bi Monthly Patient Safety & Serious Incident Report to SQG				
	Quarterly Soft Intelligence/Complaints report to SQG				
	Monthly Provider CQRM Quality & Assurance reports				
	Monthly Provider Update and Assurance report to SaSoT LMNS Partnership Board				
	Monthly Provider Update and Assurance reports to Staffordshire and Stoke-on-Trent Integrated Care System Health Safeguarding Forum				
	Monthly Provider Update and Assurance report to SaSoT SMOAG				
	Deep Dive Report SQG & QSC (ad hoc)				
	Infection Prevention Control (Health Economy Group) Update/Assurance report to QSC				
	Monthly Assurance report to SQG - Paediatric Audiology Improvement Programme				
3rd Line (External / Independent)	Quarterly Update and Assurance report to Regional Quality Group – NHSE led				
	CQC Assurance Reports (across all providers)				
	Monthly NOF Assurance Report (UHNM)				
	Quarterly System Review Meeting Assurance Report				
	Quarterly NOF Assurance Report (NSCHT/MPFT)				
	Monthly update/assurance report to NHSE regional/national Paediatric Audiology Improvement Silver & Gold cells				

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

Gaps in Control or Assurance

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

- Quality Strategy was approved November 2023 at QSC and is due to be ratified at ICB board in December 2023
- Portfolio working is progressing and quality is being embedded within the structure of the workstreams
- Progression of the maternity transformation programme is being impacted upon by current workforce/operational challenges which are key to maintaining safety within this speciality. Agreement that the 0.5WTE lead Midwife can be appointed to.

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

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Develop a collaborative Quality Strategy that meets ICS requirements and NHSE guidance	Additional Control	Chief Nursing & Therapies Officer	31/11/23	**Q2 –** Quality Strategy approved November 2023 with board ratification due in December 2023. Implementation plan due to be approved at QSC in February 2024 and ratified at ICB board in March 2024	
2	LMNS Board and maternity team continue to drive up improvements in maternity services including clarity on all aspects of the choice agenda.	Additional Control	Chief Nursing & Therapies Officer	31/03/24	**Q2 –** IOL programme resulting in some improvements. Maternity providers considering strategic direction re: closure of FMBUs and decision to reopen Home Birth services by Q4. Target date changed due to FMBU transformation timeline impacting on expected date of outcome. Progression of the maternity transformation programme is being impacted upon by current workforce/operational challenges which are key to maintaining safety within this speciality. Agreement that the 0.5WTE lead Midwife can be appointed to.	
3	Establish strong systems and processes and reduce duplication of effort in portfolio working on quality	Additional Control	Chief Nursing & Therapies Officer	31/07/23	**Q2 –** Although progressing well, more work is required to standardise our approach to best utilise the team's resource. Portfolio working is progressing and quality is being embedded within the structure of the workstreams	

No. Linked Risks on Risk Register

Low (1-4)	Mod (6 – 10)	High (12 – 25)
0	2	6

BAF 6: Sustainable Finances

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Ambitions

Cause (likelihood)	Event	Effect (Consequences)
If financial pressures are not controlled	Then we will not achieve our statutory financial duties	Resulting in financial intervention from the NHSE including reduced local discretionary decisions, reduced opportunities to apply for additional funds, impact on services and waiting lists

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

Responsibility for Risk

Committee:	Finance & Performance	Lead Director:	Chief Finance Officer

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	4	4	4		4	31/03/2024	Tolerance is high (12) as costs related to maintaining patient safety and workforce issues may cause additional financial demand.
Consequence	5	5	5		3		
Risk Level	High 20	High 20	High 20		High 12		

Rationale for Risk Score and Progress Made in the Quarter:

Likelihood and consequence are being scored the same in Q3 as for Q1 &Q2. The Financial Plan for 2023/24 was a break-even plan but we defined it as high risk and required best case outcome in terms of a range of assumptions. A number of the risks have crystalised and we are now reporting that the System will not achieve financial balance in 2023/24. However, a comprehensive System-wide Recovery Plan has been designed and agreed by the System leadership, and so the financial risks continue to be managed at a System level.
Given the forward look paper for the 2024/25 finances it is highly unlikely we will reach the target score of 12.

Key Controls Framework

Key Controls:

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

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1st Line (Organisation)	Monthly System finance reports articulating risk / mitigations				
2nd Line (System)	System Finance Report to Finance & Performance Committee				
	Monthly Recovery Programme report to F&P Committee				
	System Performance Report to Finance & Performance Committee				
3rd Line (External / Independent)	Value for money assessments completed by external auditors				
	Internal audit review of efficiency programme				
	PwC reviewing grip & control of financial management				

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

Gaps in Control or Assurance

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

- The Financial Plan is a best-case scenario and consequently the System is working towards a Financial Plan for the year to ensure all risks are understood and mitigated wherever possible.

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

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Agreed System Recovery Plan to be implemented and overseen by System Performance Group (Recovery Board)	Improvement to financial trajectory	Chief Finance Officer	31/03/24	Reported to System Finance and Performance Committee and SPG.	
2	At M6 a number of the risks identified in the financial plan have crystallised. Outturn plan to be agreed with regulators	Agreement to a deliverable outturn	Chief Finance Officer	31/12/23	System Finance and Performance Committee in January 2024	
3	Notified regulators of the likely financial outturn of £141m deficit which has been improved to £91m deficit as a result of the Recovery Plan. We are awaiting feedback from the national team as to whether this is an acceptable outturn.	Agreement to a deliverable outturn	Chief Finance Officer	31/01/24	Reported to System Finance and Performance Committee and SPG.	

The Financial Plan is a best-case scenario and consequently the System is working towards a Financial Plan for the year to ensure all risks are understood and mitigated wherever possible.

No. Linked Risks on Risk Register		
Low (1-4)	Mod (6 – 10)	High (12 – 25)
0	6	8

BAF 7: Improving Productivity

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Ambitions

Cause (likelihood)	Event	Effect (Consequences)
If the ICB and provider partners are unable to develop/deliver recurrent productivity gains in 2023-24 which will be needed to help address our recurrent deficit of c.£160m	Then we will fail to achieve the operational improvements which underpin our performance targets and fail to deliver the recurrent efficiency requirements which underpin delivery of our statutory financial target of breakeven	Resulting in financial intervention from the NHSE including reduced local discretionary decisions, reduced opportunities to apply for additional funds, impact on services and waiting lists

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

Responsibility for Risk

Committee:	Finance & Performance	Lead Director:	Chief Finance Officer

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	4	3	4		3	31/03/24	Productivity improvement is an essential ingredient of the System plan and so a lower risk appetite target has been set.
Consequence	4	4	4		3		
Risk Level	High 16	High 12	High 16		Mod 9		

Rationale for Risk Score and Progress Made in the Quarter:

It has been agreed by SPG that work on productivity will be delegated to providers. Progress has not yet been reviewed at SPG or Finance and Performance Committee and consequently the higher likelihood of this risk occurring is currently assessed.

The Finance and Performance Committee received an update from UHNM on the Trust's approach to productivity improvement at its meeting in August 2023, and took assurance that actions are underway to continually improve productivity in the delivery of acute services.

Key Controls Framework

Key Controls:

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

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1st Line (Organisation)	Monthly System finance reports articulating risk / mitigations				
	Responsibility for acute productivity improvement to be taken forward by UHNM. Progress to be reported to System Finance and Performance Committee.				
2nd Line (System)	System Finance Report to Finance & Performance Committee				
	System Performance Report to Finance & Performance Committee				
	Productivity Report to System Performance Group				
3rd Line (External / Independent)	Value for money assessments completed by external auditors				
	Internal audit review of efficiency programme				

Assurance Assessment

Significant Assurance	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable Assurance	General confidence in delivery of existing mechanisms / objectives	✓

Partial Assurance	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	
No Assurance	No confidence in delivery	

Gaps in Control or Assurance
What are the gaps to be addressed in order to achieve the target risk score or to improve adequacy of assurance?
• The national team look at productivity through an acute lens. The System will need to widen this to include all other elements of productivity.

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

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Finance and Performance Committee to conduct a more detailed review of the productivity work undertaken by UHNM	Additional Assurance	Chief Finance Officer	31/07/23	Responsibility for acute productivity improvement to be taken forward by UHNM. Progress to be reported to System Finance and Performance Committee.	
2	Finance and Performance Committee to review progress over the reminder of the financial year	Additional assurance	Chief Finance Officer	31/03/24	To be reported to the Finance and Performance Committee quarterly.	
3	Financial framework paper for 2024/25 is being discussed at the Finance and Performance Committee on 2 January 2024. This proposes a greater focus on productivity in both the acute sector and other parts of the health system.	Additional assurance	Chief Finance Officer	31/03/24	Progress to be reported to Finance and Performance Committee	

No. Linked Risks on Risk Register

Low (1-4)	Mod (6 – 10)	High (12 – 25)
0	**6**	**8**

BAF 8: Sustainable Workforce

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Ambitions

Cause (likelihood)	Event	Effect (Consequences)
If we are unable address the current national shortfall of staff in health & social care in Staffordshire and Stoke-on-Trent	Then there is a risk of increased vacancy rates in key services	Resulting in insufficient capacity to deliver current services, transformation & the Winter Plan and further increase staff sickness & burnout

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

Responsibility for Risk

Committee:	People, Culture & Inclusion	Lead Director:	Chief People Officer

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	4	4	4		4	31/03/24	Tolerance is high (16) in recognition of the workforce pressures and financial position in health & social care. It may not be possible to secure a robust future pipeline, retain people in the current climate and deliver the demand within the workforce constraints. The work programmes will focus on reform, collaboration, productivity, maintaining safe staffing levels, and developing operational & innovative approaches to reduce the impact.
Consequence	5	5	5		4		
Risk Level	High 20	High 20	High 20		High 16		

Rationale for Risk Score and Progress Made in the Quarter:

- The risk level has remained the same for 2023/24 to date. January 2024 PCI Committee undertaking a risk deep dive, underpinned by work with partners to review and map organisational level risks and scores to system.
- The risks to delivery of the strategic People objectives are well known and managed through the People Culture and Inclusion Committee. The risk scores remain high in view of the continuing workforce pressures and the ability to effectively deliver mitigating actions at present (strike action, continuing COVID-19 and Flu cases, staff availability and recovery)
- The ICS People Function continues to work with partners to explore and implement innovative approaches and solutions to workforce supply.
- Overall delivery of the ICS People Plan and Long-Term Workforce Plan is led by the ICS People Function and programme delivery across all schemes is currently on track. The plan covers a number of schemes and programmes which seek to improve supply, retention, the experience and health & wellbeing of the workforce, belonging and our approach to OD, culture and leadership. The system EDI agenda is a crucial element of the plan and all programmes.
- Increased scrutiny and processes introduced, driven by national requirements and system financial deficit including agency usage and spend, vacancies, system financial deficit, and productivity.

Key Controls Framework

Key Controls:

- A number of strategies and plans provide direction and a framework including ICS People Plan and strategic delivery plan, ICS Operational Workforce Plan Awaiting publication of National Long Term Workforce plan published - translated locally and plans reviewed to respond to the ambitions and targets.
- ICS People Hub and Reserves - contingent workforce
- ICS People Team members of COO call/process in operation during incidents and significant pressure periods. Robust escalation process in place for contingent workforce and mutual aid.
- Systems scrutiny around recruitment activity and agency spend in line with the operational workforce plan and financial strategy – inc vacancy control review group with NHS partners
- System CPO Forum and joint CPO/CFO forum to align, agree and work in partnership
- System CPO and CNO forum
- System People report to system FS&P and SPG

	• System Workforce Planning Group including collaboration on strategic, portfolio and operational planning • System Resourcing and Recruitment Groups • System Education, Training and Development Group – strategy, and delivery plans on track • System Retention Steering Group, strategy and delivery plans on track • NHSE support and review meetings • NHSE funding to support workforce solutions and programme delivery

Assurance Map

Defence Line	Sources of Planned Assurance	Q 1	Q 2	Q 3	Q 4
1st Line (Organisation)	**Trust People Committees (Review and assurance)** • People Metrics, Key performance indicators and assurance reporting • People Risk Register and Board Assurance Framework				
2nd Line (System)	**ICS People Culture and Inclusion Committee** • People Metrics, Key performance indicators and assurance reporting presented • Deep drive review of high scoring risks driving the BAF risk – Feb 2024				
	ICB Board • ICS People Culture and Inclusion Committee highlight report • People Deep dive planed for February 2024				
	FPC People Metrics Report presented inc agency, vacancies and staffing position				
	SPG People Metrics Report presented inc agency, vacancies and staffing position				
3rd Line (External / Independent)	NHSE - Quarterly System Review - People Metrics and KPI report presented to assure progress against Operational plan, JFP and LTWP				
	NHSE – Regional Workforce Transformation and Development teams • Quarterly review meetings to report and assess the progress of workforce development funding spend • Monthly review meetings for national/ regional programmes (inc T-Levels and retention) to assure progress of programme activity and funding				
	NHSE - Monthly Provider Workforce Return and Agency reporting				
	NHSE Monthly Provider Workforce Return and Agency reporting				

Assurance Assessment

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

Gaps in Control or Assurance

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

- Capacity to meet additional reporting requirements from NHSE
- Workforce development funds limited from NHSE and other sources to support innovative future workforce supply solutions and programmes. High level local data and intelligence analysis against the long-term workforce plan projections.

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

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Collaboratively review and update the ICS People Plan in line with the National Workforce Strategy	Additional Assurance	Chief People Officer	31/03/2024	• National Long-Term Plan translated locally, • Identified priority activities to address the immediate and future workforce risks in line with the local JFP	

					• Commenced work on compiling annual report to reflect on 2023/24 activities • Commenced partner committee	
2	Establish CPO and CNO/CMO forum to join up and agree actions to address critical workforce challenges	Additional Assurance	Chief People Officer	31/03/2024	CPO and CMOs to agree collaboration focus and alignment of activities. CNO and CPO discussions ongoing.	
3	Horizon Scanning for alternative workforce development funding sources	Additional Assurance	Chief People Officer	31/03/2024	No additional funding secured in Q3. Continue to source alternatives	
4	Further mapping and alignment of long-term workforce plan trajectories against the local position and our gap.	Additional Assurance	Chief People Officer	31/03/2024	Further data and intelligence analysis required to understand the local position and projections currently underway Work commenced to map professional group requirements and implications locally	

No. Linked Risks on Risk Register		
Low (1-4)	Mod (6 – 10)	High (12 – 25)
1	2	5

Enclosure No: 12

Board Committee Summary and Escalation Report

Report of:	People, Culture and Inclusion Committee
Chair:	Shokat Lal, Non Executive Director
Executive Lead:	Mish Irvine, Chief People Officer
Date:	Wednesday 10th January 2024

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Staff Story	The Committee heard from the ICS Staff Psychological Wellbeing Hub Service Manager, Richard Bagnall, who described the service offered to the whole Staffordshire and Stoke on Trent workforce. Richard provided an overview of the services offered including conversations, workshops and signposting to support and counselling services. The Committee also heard from a service user who shared their experiences of the Hub and how they benefited from the support offered. Committee members welcomed the update on the Hub and the positive feedback around what a difference the Hub has made to individuals across the system. YouTube video link: https://youtu.be/wFWUas6qKWw	
Strategic People, Culture and Inclusion Update	Committee members received an update regarding the 'System and Financial context for People' which included the current context regarding planning, risks, Workforce Controls, and People Programme Priorities. - The Financial Framework was shared and committee members were updated on the underlying challenge, how the system is addressing and responding to the challenge, considering the workforce impact and risks associated. - The Committee was provided an update on the current Operational Workforce Plan position and also advised that the 2024/25 Planning guidance is yet to be released nationally, however planning preparation is underway locally. Workforce Controls focussed on delivering a reduction in costs, Agency usage and Vacancy Control are currently in place as a result of the financial position and the PWC rapid assessment. - A review of delivery plans associated with the Long Term Workforce Plan, programme work	

	and core business has been undertaken and activities realigned to support the financial framework and operating plan aims. The key principles and aims of this approach will be to: Reduce spend, increase reform, create efficiencies**.** The Committee acknowledged the risks associated with delivering Operational Plans and Long Term Workforce Plan against the financial position. The Committee was assured that the People programmes were focussed on supporting the Financial position, Recovery, Grip and Control, whilst ensuring delivery of the Long Term Workforce Plan and People Plan. *Appendix 1: Strategic People Update*  Appendix 1_Strategic People Update_ICB Bc	
Portfolio / Profession/ Provider spotlight	System Recovery Plan: Committee members received an overview of the Recovery Plan, noting the particular emphasis around the workforce elements. They were assured by the fact the ICS People team have been fully embedded into the process for delivery of the programmes within the plan.	
People Culture and Inclusion Programme Assurance	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 we on track and being monitored via the People Collaborative Board. Committee members welcomed the proposal to review the assurance reporting and to reflect the updated People Programme focus.	
People Culture and Inclusion Risk Deep Dive	Committee members noted that there are nine risks on the Risk Register of which, five are high scoring (12 and above) and four medium risks (5-10). The total number of risks have reduced from ten since the last report. The Committee also noted the People Risks Review document which outlined the assessment and mapping exercise undertaken via the People Collaborative Board to support the deep dive into risks at the Committee. Committee members reviewed the current risks and scoring, and alignment to current workforce challenges and organisational risks; Risk appetite and considered Risks vs Issues. The Committee	

	agreed the risks should reflect the current System and Financial context for People and that the mitigation reflected should be strengthened to include all system and organisational activities.	
ICB Board Deep Dive – People	The Committee discussed and agreed the approach to the ICB Board Deep Dive scheduled for February.	
PCI Committee Review	Agreement reached by members to hold a review and development session for the Committee in March 2024. The session will bring Executive and Senior leads together from across the system to focus on profile, membership, relationships and engagement with other Committees and Portfolios – in line with eh governance review already ongoing within the ICB. The Committee agreed to CPOs taking forward recommendations and to design the session.	Attendance required at the PCI Committee Review Session being held in March 2024

Risk Review and Assurance Summary

The following points were highlighted by the Committee:

- Review of People programme activities in line with system and financial context
- Risks associated with delivering Operational Plans and Long Term Workforce Plan against the financial position
- People Risks Deep Dive undertaken with clear actions regarding review and mitigation agreed
- Workforce metrics, risks and interdependencies to be discussed in depth at ICB Board

Appendix 1

Current Workforce Position – September 2023

Staffordshire and Stoke-on-Trent Integrated Care System

Vacancy (%)	Staff in Post (substantive wte)	Bank Usage (% of total staff)	Agency Usage (% of total staff)	Turnover (%)	Sickness (%)
Sep 23	Sep 23	Sep 23	Sep 23	Sep 23	Sep 23
11.6%	21,121	6.1%	2.3%	9.6%	5.2%
Sep 22	Sep 22	Sep 22	Sep 22	Sep 22	Sep 22
12.0%	19,824	6.6%	2.1%	11.7%	6.0%
12 Month Change	12 Month Change	12 Month Change	12 Month Change	12 Month Change	12 Month Change
-0.4%	+1,297	-0.6%	+0.2%	-2.1%	-0.8%

Vacancy

- Our vacancy position has periodically improved since the highest 12m position which was in Apr-23 (currently 400 wte lower).
- Supporting interventions are in place, e.g. SSoT system bank, system wide retention programme, new roles, to ensure impact of vacancies is minimised.

Staff in Post & Ops Plan

- Total workforce is currently above operating plan by +387 wte, due to being over plan for bankand also agency.
- **However total workforce remains below the budgeted establishment (Mar-24) by -567 wte**
- Winter plan adjustments will be reflected from Nov23.

Bank Usage

- SSoT to reduce reliance on agency.
- Bank workforce is currently above plan by +150 wte predominantly in Registered Nursing and Support to Clinical.
- Have a system wide agreement on escalated bank rates, evidence demonstrates positive impact will be repeated this year.

Agency Workforce

- Agency spend is currently 0.6% above 3.7% target (agency of total pay spend).
- Areas of sustained use relate to medical and registered nursing.
- Work is underway to ensure full compliance with the agency rules.

Turnover

- Turnover is an improved position.
- Significant activity is underway at system level to continually address the levers that impact retention. Including a clear understanding of the data position and enabling flexi-working and flexi retirement options for staff.

Sickness

- Sickness is an improved position.
- Activity is underway to support the health and wellbeing improvement offer.
- Oversight of sickness in the forthcoming months Q3 and Q4 will be critical.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Board Committee Summary and Escalation Report

Report of:	People, Culture and Inclusion Committee (Part B)
Chair:	Shokat Lal, Non Executive Director
Executive Lead:	Mish Irvine, Chief People Officer (Interim)
Date:	Wednesday 10th January 2024

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Vacancy Control Process	Committee members received an overview of the ICB's new Vacancy Control Process which is intended to enable decision-making in line with the ICS's strategic business context, team context and financial context. Committed members noted the revised process.	
ICB Health, Safety, Fire and Security Annual Report 2023/24	Committee members received an overview of the ICB Health, Safety, Fire and Security Annual Report 2023/24, which summarised the annual programme delivered by MLCSU on behalf of the ICB to ensure a robust approach to Health, Safety, Fire & Security. Committee members concluded it was important to receive assurance that the health, safety, fire and security of ICB staff at the Branston Hub GP Practice is appropriate. The committee members noted the ICB's statutory and mandatory training module compliance was greater than detailed in the report. Committee members received assurance about the health, safety, fire and security of staff who work from home and Agile Working.	
Terms of Reference, Terms of Membership and Frequency of Meetings	Committee members received an overview of the PCI Part B Terms of Reference, Terms of Membership, frequency of the meetings and the connection to the PCI Part A meeting. The committee noted that the PCI Part A meeting cannot be a committee of the ICS and must be an emanation of the ICB. Therefore, the ICS must meet to provide the ICB Board with assurance. Committee members agreed it would be appropriate to consider the governance of PCI Part A and B, with a view to move PCI Part A to a legal entity.	Governance of PCI Parts A and B in the upcoming Board discussion.

Retirement Policy	The committee received an overview of the updated Retirement Policy (Retire and Return) that had been updated following some recent changes in the ICB's practice on the gap between retirement and return to work. The committee sought assurance that the revised policy aligned to recent changes made by the NHS Pension Scheme and agreed to approve the policy if it is in line with the scheme.	Ensure Policy is line with NHS Pension Scheme and notify the ICB Board of the revised policy through the Charman's Summary Report**.**
Managing Conflicts of Interest Training Module	The committee noted the national requirement to ensure compliance with the new on-line Conflict of Interest training module, available through ESR. The committee agreed the ICB delay advertising the new training module until the national guidance is launched and the ESR training module is fully functional and can be used to generate reports.	

Risk Review and Assurance Summary

Staffordshire and Stoke-on-Trent Integrated Care System

Strategic People Update

Financial Recovery, Operating Plan, workforce Controls (Vacancy and Agency), LTWP 2024/25 delivery

Mish Irvine, Helen Conway, Gemma Treanor

Helen Dempsey

System and Financial context for People

Planning:
- Operating plan 2024/25
- Joint Forward Plan (inc ETD duty)
- Recovery plan - Acute Care at Home, CHC, CHIST, EOL, IDH

Grip & control:
- PricewaterhouseCoopers rapid assessment.
- Reducing costs
- Agency spend and usage reduction
- Increasing bank
- Vacancy Control
- Workforce growth and reconciliation
- Productivity & efficiency

SSOT People risks:
- Grip and Control, Financial Deficit
- Agency usage and spend
- Workforce growth required (Operational Plan and LTWP) and supply pipeline
- Registered workforce availability and pipeline
- Employee Health Wellbeing and Retention
- Industrial Action

NHS Long Term Workforce Plan –

7 Priorities:
- **Clinical expansion** (inc. nursing and midwifery and enhanced and advanced practice)
- **Apprenticeships** (inc. apprenticeship funding approach)
- **Medical expansion and reform** (inc. shortened undergraduate courses, increase in clinical placements)
- **Retention** (inc. nursing staff, locally employed doctors & SAS doctors)
- **Clinical reform** (inc. shortened courses, new roles/skill mix)
- **Medical reform** (inc. accelerating shift to generalism)
- **Productivity** (focused on the workforce-specific actions that contribute to productivity)

Staffordshire and Stoke-on-Trent Integrated Care System

Operating Plan

Helen Conway

Current position and challenge

Staffordshire and Stoke-on-Trent Integrated Care System

Current position, FY23-24 leading into FY24-25:

- Leading in to FY24-25 operational planning, we know/need:
  - **System deficit is sizeable** in FY23/24, however all partners are committed to the 'Financial Framework for 24/25 plan' which details that we won't compromise safety.
  - **Unlikely to be any more funds and need to plan within our financial envelope.**
  - Plan needs to be developed within the capacity we have now, within financial assumptions agreed by all to deliver the priorities safely.
- In **Dec-23 the operational plan (as submitted to NHSE May-23) was adjusted** to reflect the revised operational plan for the period Nov-23 to Mar-24. As off Nov-23 the budgeted establishment is 24,177 wte. The majority of this adjustment to plan relates to commissioner based funding activity. Our total actual workforce in post was 23,618 wte (substantive, bank & agency) which is 559 wte below establishment, and 37 wte above planned staff in post.
- In parallel, **PWC have reviewed our workforce controls, which has confirmed appropriate controls are in place**, not withstanding some opportunities for improvement – action planning/delivery in progress.

The challenge (FY24-25):

- A need to **ensure the right people, with the right skills, are in the right place at the right time** to provide high quality care, improved outcomes and a better experience for all, therefore the opportunity.
- **Affordability of current establishment**, any recruitment will contribute to financial deficit but will follow QIA process in vacancy control to ensure we offset clinical risk and potential for agency cost increases (see workforce controls)
- **NHSE requirement to increase capacity** in priority areas (e.g.. UEC, Elective, MH)
- **NHS Long-Term Workforce Plan** (Jun-23) is expected to potentially impact the system with increases in the range of 5,200 to 6,800 wte based on national modelling under the domains of 1) Train, 2) Retain, and, 3) Reform. It outlines the **biggest training increases/recruitment drive in history** but also an ongoing programme of strategic workforce planning. SSOT will evaluate our position to skill mix the registered roles where appropriate and increase training number for non-registered roles/career pathways.
- In FY24-25 integrated planning will be essential to:
  - Where possible reduce demand on services, including but not limited to, what potentially stops.
  - Ensure that the current workforce is effectively utilised and what transformation is needed to deliver this – Productivity will be key.

FY24-25 Operational Planning – For agreement & consideration

- Application of integrated planning principles.
- Baselines revised in Dec-23 for Mar-23 plan to form the basis for plan.
- Opportunity for further considerations to be discussed/raised at this stage.

Staffordshire and Stoke-on-Trent Integrated Care System

SSOT Long Term Workforce Plan

Gemma Treanor

SSOT Long Term Workforce Plan Delivery 2024-26

Staffordshire and Stoke-on-Trent Integrated Care System

Existing plans and delivery of activities were mapped against the National Long Term Workforce Plan, with gaps identified and plans reviewed in Summer 23. To further support and deliver the reduction in spend and reform required across the system, the SSOT plan has been reviewed and specific areas identified for delivery in the next 6 – 12 months (highlighted in blue) and set out in the following infographic.

TRAIN

- Medical and Dental education
- 'New 2 Care' – entry level and access into health and care careers
- Engage seldom heard communities
- Reduce International Recruitment
- Clinical Education / training commissions (METIP)
- Grow Education provider partnerships
- Clinical Placement Capacity
- Alternative training / education models
- Trainee pipeline intelligence & planning
- Alternative workforce development funding sources
- Apprenticeship reform and expansion

RETAIN

- Health and Wellbeing offers
- Staff Psychological and Wellbeing Hub long-term funding
- Experience & wellbeing data and intelligence
- Employee Value proposition
- Expansion of Flexible Working practice inc e-rostering
- Equality, Diversity & Inclusion activities
- Health Inequalities focus in activities
- Culture, Leadership and Talent activities
- Digital Staff Passport

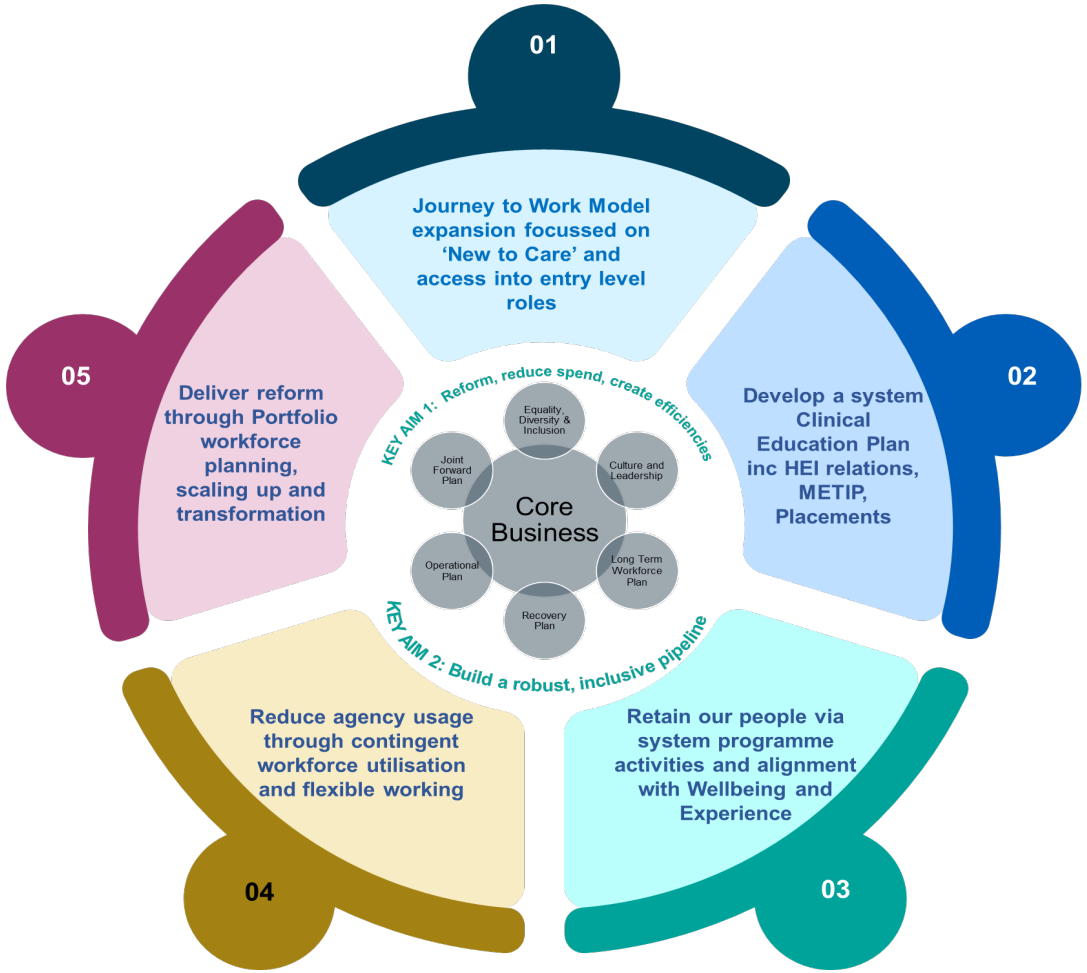
REFORM

- Reduction in agency – linked to flex working, supply and e-rostering
- Increase contingent workforce
- Delivery of ICS People Digital Plan: Upskilling workforce; Attraction of digital workforce; Future workforce for digital and AI
- Delivery of People Services at Scale
- Engage Professional bodies
- ICS Portfolio workforce planning
- Transformation inc new roles & skills
- Cultural and Leadership for reform
- ICS career pathway & rotational offers

SSOT People Priorities 2024/25

2024/25 Operational Plan Priorities

2024/25 People Programme Priorities



Next Period Actions January – June 2024

- Long Term Workforce Plan growth review with Professional Group data / intelligence collation and mapping
- Professional group focused workshops to determine local pipeline position and activities, inc unregistered an skill mix
- Implementation of professional outcomes - delivery of highest risk / challenging area plans
- Commence delivery of identified projects to deliver reform e.g. Clinical placement, Delivering people Services at Scale
- Continued Provider/Partner mapping to identify opportunities to align activities at system level
- Delivery and monitoring through established working and steering groups
- Oversight, monitoring and review via ICS People Collaborative Board
- Regular review of activities in line with changing system and financial position