



Staffordshire and
Stoke-on-Trent
Integrated Care Board

Integrated Care Board Briefing

Staffordshire and Stoke-on-Trent
ICB Meeting

15 February 2024

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

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

ICB Chair and Executive update

- Peter Axon, Chief Executive Officer, presented the report. Peter acknowledged the pressure in the system, particularly at University Hospitals North Midlands who have declared a critical incident.
- Peter shared an update around the Specialist Commissioning Delegation work, that is currently ongoing with NHS England and other Midlands ICBs, on the proposed delegation of specialised services to ICBs from April 2024. The purpose of the delegation is around three key themes:
 - Quality: to enable ICBs and providers to have the freedom to design services and to innovate meeting national standards
 - Equity: to enable ICBs and providers to pool specialised and non-specialised budgets to meet the needs of their populations, tackle health inequalities and join up care pathways
 - Value: to enable ICBs and providers to use world class assets or specialised services to better support communities at home.
- It is recognised that quick progress needs to be made and Peter confirmed that there will be a further update to this work at the next Board meeting in March.
- Julie recognised the passing of Paul Draycott, Chief People Officer at North Staffordshire Combined Healthcare NHS Trust, at the end of January. Paul was a valued colleague, leader, and influence in the People community and wider. Paul will be sorely missed, and our thoughts are with his family, friends, and colleagues at this difficult time.

The Board thanked Peter for the report. The Board asked what could be done to increase the uptake of Covid-19 vaccinations as there had been a decrease compared to last Autumn/Winter. Paul Edmondson Jones, Chief Medical Officer, confirmed that it was disappointing that the uptake was low, however, we are above the national and regional update levels. Paul advised that there would need to be a piece of work both locally and nationally to increase the uptake. The Board also asked what work is being done to increase the uptake for measles vaccinations. Paul confirmed that there are weekly meetings taking place to discuss eliminating the breakout, as well as regular communication messages being sent to targeted groups and through General Practice. The Board asked how undertakings would be monitored and reported from a Board perspective. Peter confirmed that this would be monitored through the Finance and Performance Committee and would be included in reports brought to future Board meetings.

Electronic Patient Record (EPR) Programme Business Case

- Chris Ibell, Chief Digital Officer, presented the business case. Chris advised that there has been ongoing work over the last few months for the Electronic Patient Record (EPR).
- Chris confirmed that the EPR needs to be replaced by mid-2027 and wants to recognise that this will take significant time to procure and implement.
- Chris has been working on a business case for the costs and benefits of replacement and advised that through operating as a system, we can spread the requirements of the EPR more broadly. By doing so, we can implement an EPR system that not only supports our acute needs but also community, mental health, and primary care needs.
- Four options have been identified:
- Do minimum: Retain and enhance current or equivalent EPR solutions aligned to organisations.

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- Separate EPRs with enhanced interoperability: Select best available EPR aligned to care settings, with enhanced interoperability to support integrated pathways and workflows across care settings.
- Core EPR with integrated strategic and 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)
- 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.
- Chris confirmed the preferred option is a Core EPR with integrated strategic and specialist areas.
- The roll out of the EPR system would be a staggered approach starting with Acute services in 2027,
- For 2024/25 there is a net funding requirement of £892K however, funding for this work has already been received as part of the national Frontline Digitisation funding. University Hospitals of North Midlands NHS Trust will be using this funding in part for phases 3 and 4 for procurement.

The Board thanked Chris Ibell for the report. The Board asked what governance was in place and how potential overspend, and timelines will be managed. Chris advised that this piece of work does have a significant spend attached and that conversations have already taken place at ICB and Trust level to prepare organisations and to ensure that the appropriate governance is in place. The Board also asked how patients who are digitally excluded will be considered. Chris confirmed that there is ongoing work around patient engagement and how patients themselves and/or their carers are supported with their digital interactions with the NHS or other care providers. The Board asked how staff could be upskilled around digital literacy. Chris confirmed that as a system we have access to the Midlands Digital Skills network that has a variety of training courses for staff to enhance their digital skills. There is also a team of digital support workers at Midlands Partnership University Foundation Trust who work across the organisation to upskill and build confidence in staff digitally.

Quality and Safety Report

- Heather Johnstone, Chief Nursing and Therapies Office, presented the report.
- Heather advised that Ofsted and the Care Quality Commission (CQC) are jointly inspecting Stoke-on-Trent local area partnership to see how well they work together and to improve the experiences and outcomes for children with Special Educational Needs/Disabilities (SEND).
- Heather advised that there has been a backlog of records for Learning Disability deaths, and this was previously outsourced. Due to the backlog, Heather and other members of the team are undertaking training to reduce the backlog and are looking for long term support.
- Following a recent CQC inspection, MPFT have been rated 'Good' for the 'Wards for older people with mental health problems.' West Midlands Air Ambulance Charity have also had a CQC inspection where they rated 'Outstanding'.

The Board thanked Heather for the report. The Board asked how the Ofsted report in Children services would be reflected in portfolio planning. Heather confirmed that there would be strong links around the work that is undertaken for safeguarding and an Improvement board would take place.

Finance and Performance Report

- Paul Brown, Chief Financial Officer, Hayley Allison, Portfolio Director, and Megan Nurse, Non-Executive Director, introduced the report.
- Paul advised there are a few risks that are being managed as per the budget including additional costs from the recent Industrial Action. Paul confirmed that the additional costs from the Industrial Action would be funded from the Centre, but this has not been received yet.
- There is also a National issue around Band 2 staff who have put in a claim to be re-banded to a Band 3. Paul advised that this might be a liability to our position for the current year.
- Hayley advised that there are ongoing challenges with planned care and there is a cohort of patients awaiting treatment within the 78-week category.
- There was a plan in place to reach zero by the end of March but is likely to be impacted due to the upcoming Industrial Action.
- NHS England have confirmed that the deadline for the 78-week category will be extended into April and work is ongoing with providers to see what impact the Industrial Action will have.
- Hayley advised there has been a challenging few weeks with Urgent Care.
- University Hospital of North Midlands have declared two critical incidents and have seen extended delays and increased attendances.
- Category 2 response times have deteriorated and mutual aid across the system is decreased.
- Our regional position has improved, and we are tracking below predictions for our Medically Fit to Discharge.
- There is also a programme of work being undertaken with UHNM discharge process which will bring improvement.
- Winter Surge Schemes are operational and will remain in place. There is a review in place for de-escalation however, it is not intended to switch things off before the Easter Holiday period.
- Megan advised that the main priority of the system is reduce Category 2 and 3 calls. There has been an increase on all metrics; on the previous month, previous year and 3 month rolling average.
- The committee has asked for analysis which will be discussed at the next meeting.

The Board thanked Paul, Hayley and Megan for their reports. The Board asked whether the additional cost from the Industrial action was a result of backfilling. Paul confirmed that this was the case but also there is also an effect from the elective recovery fund. The Board asked if Winter Surge plans would stop before or after Easter. Hayley confirmed that they are looking at a plan to reduce capacity and will be managed in a careful way.

2024/25 Planning

- Paul Brown, Chief Financial Officer presented this report.
- Paul advised that we are still waiting for Operational Planning Guidance this is not delaying the planning process.
- There was an Executive event held on 24 January with the aim of further developing plans from a clinical perspective. Opportunities for substantial saving programmes were discussed and it was agreed further recovery action plans will be required.

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The Board thanked Paul for the report. The Board asked if we can transform and improve performance at the same time as making a saving. Paul confirmed this is a challenge however we can do this and there is an opportunity for improved efficiency. For example, we have recruited workforce as we need more clinical staff, and this has increased productivity. The Board asked if there is a target operating model against the expectations of productivity and how significant this gap is. Paul advised that there is work ongoing for a system resolution rather than acute orientated which will include performance indicators.

Board Assurance Framework Q3

- Clare Cotton, Associate Director of Corporate Governance, University Hospitals of North Midlands NHS Trust, presented this report.
- Claire thanked Tracey Shewan, Director of Corporate Governance, and her team for helping to collate the report.
- Claire advised that there will be a workshop in March that will explore what the strategic risk is for us as a system.

The Board thanked Clare for the report and there were no questions raised.

Committee Assurance Reports

People, Culture and Inclusion Committee: Shokat Lal, Non-Executive Director shared that the committee had a lengthy discussion about the financial framework and the operational workforce plan that is taking place.

The Board received the reports and thanked Shokat for the update.

Date and time of next meeting in public: 21 March 2024 at 12.30pm held in Public – via Microsoft Teams