NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

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

Friday 1 July 2022 14.00-16.00

Newcastle Suite, Stafford Education and Enterprise Park, Weston Road, Stafford, Staffordshire, ST18 0BF

[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** **Conflicts of Interest**	Prem Singh Prem Singh	Verbal Enc. 01	 S	14.00	 3
2.	**Minutes of the Meeting held on 21 April 2022 and Matters Arising** **Action Log** Progress Updates on Actions	Prem Singh Prem Singh	Enc. 02 Enc. 03	A D	14.05	4-11 12
3.	**Questions submitted by members of the public arising from the meeting**	Prem Singh		D	14.10	
4.	**Staffordshire and Stoke-on-Trent Workforce Staff Story**		Enc. 04		14.20	13-15
	Strategic and System Oversight					
5.	**ICB Chair and Chief Executive Update**	Prem Singh/ Peter Axon	Enc. 05	S	14.35	16-22
6.	**Delegation of Services from NHS England to ICB Boards**	Peter Axon	Enc. 06	A	14.50	23-30
7.	**Working with People and Communities Strategy 2022 - 2023**	David Pearson	Enc. 07	A	15.00	31-44
	System Governance and Performance					
8.	• **System Performance and Finance Report** • **Quality and Safety Update Report** • **ICS People Plan and Annual Report**	Paul Brown Heather Johnstone Alex Brett	Enc. 08 Enc. 09 Enc. 10	S S S	15.15 15.30 15.40	45-103 104-109 110-164
	Any other Business					
9.	**Items notified in advance to the Chair**	All		D	15.50	
10.	**Questions from the floor relating to the discussions at**	Prem Singh				

	the meeting					
11.	**Meeting effectiveness**	Prem Singh				
12.	**Close**	Prem Singh			16.00	
13.	**Date and Time of Next Meeting** To be confirmed					

NHS
Staffordshire and
Stoke-on-Trent
Integrated Care Board

CONFLICTS OF INTEREST REGISTER 2022-2023
INTEGRATED CARE BOARD (ICB)
AS AT 14 JUNE 2022

Key
Declaration completed for financial year 2022/2023
Declaration for financial year 2022/2023 to be submitted

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

Date of Declaration	Title	Forename	Surname	Role	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*
22nd June 2022	Mr	Peter	Axon	ICB Interim Chief Executive Officer	1. Interim CEO, NHS Staffordshire & Stoke-on-Trent ICB until November 2022. Substantive role - CEO, North Staffordshire Combined Healthcare NHS Trust (ongoing)	None	None	None	(h) recorded on CCG conflicts register.
21st June 2022	Mr	Chris	Bird	Chief Transformation Officer	None	1. Chair of the Management Board of MERIT Pupil Referral Unit, Willeton Street, Bucknall, Stoke-on-Trent, ST2 9JA (ongoing)	None	None	(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 April 2022	Mr	Paul	Brown	Chief Finance Officer	None	1. Previously an equity partner and shareholder with RSM, the internal auditors to the CCGs. 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)	None	None	(h) recorded on conflicts register.
21st June 2022	Ms	Tracy	Bullock	Chief Executive	None	1. Lay Member of Keele University Governing Council (November 2019 - November 2023)	None	None	(h) recorded on conflicts register.
15th June 2022	Ms	Alexandra	Brett	Chief People Officer	None	1. Chief People Officer for MPFT and member of the People Committee for the STW ICS (ongoing)	None	None	(h) recorded on ICB conflicts register.
6th June 2022	Dr	Paul	Edmondson-Jones	Chief Medical Officer	None	None	None	None	None required
31st May 2022	Mrs	Debbie	Everden	Executive Assistant	None	None	None	None	None required.
21st June 2022	Mr	John	Henderson	Non-Executive Director	1. Chief Executive Staffordshire County Council - 2015 - date. No direct financial relationship with the ICS, but SCC commissions services from NHS providers who are members of the ICS. (May 2015 - ongoing)	None	None	None	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
15th June 2022	Ms	Julie	Houlder	NED/Chair of Audit Committee	1. Owner/Director - Elevate Coaching Ltd (October 2016 - ongoing) 2. Associate - Charis Consultancy (January 2019 - ongoing) 3. Director/Chair of Finance and Performance - Windsor Academy Trust (January 2019 - ongoing)	1. Non-Executive Director /Chair of Audit and Assurance- Derbyshire Community Health Trust (October 2018 - ongoing) 2. Non-Executive Director/Chair of Audit/Vice Chair - George Elliot NHS Trust (May 2016 - ongoing) 3. Chair Sir Josiah Mason Trust (2014 - ongoing)	None	None	(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
6th June 2022	Mr	Chris	Ibell	Chief Digital Officer (CDO)	None	None	None	None	None required
7th June 2022	Mrs	Heather	Johnstone	Executive Director of Nursing and Quality	None	1. Visiting Fellow at Staffordshire University (March 2019 - March 2025)	None	1. Spouse is employed by UHB at Heartlands Hospital (ongoing) 2. Step-sister employed by MPFT as a nurse (ongoing) 3. Brother-in law works as an Occupational Health Nurse for Team Prevent at UHNM (ongoing) 4. Daugher is marketing executive for Voyage Care (LD and community service provider in Staffordshire) (August 2020 - ongoing) 5. Daughter-in-law volunteers as a maternity champion as part of the maternity transformation programme (ongoing)	(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.
8th June 2022	Mr	Shokat	Lal	NED/Chair of People Culture and OD Committee	None	None	None	None required	
21st June 2022	Mrs	Megan	Nurse	NED/Chair of Finance and Performance Committee	None	None	None	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company.	
16th June 2022	Mr	David	Pearson	Chairman - Reaseheath College, Nantwich / Parish Councillor - Bagnall Parish Staffordshire Moorlands	1. Elected Councillor for Bagnall Parish Staffordshire Moorland (2005 - 30th June 2022) Retiring from this post 30th June 2022	1. Non-Executive Chair Land based College linked with Chester University (2018 - ongoing) 2. Membership of the Royal College of Nursing (RCN) (1978 - ongoing)	None	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.
21st June 2022	Mr	Jon	Rouse	City Director	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)	None	None	None	(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.
4th April 2022	Mrs	Tracey	Shewan	Director of Communications and Corporate Services	None	None	None	1. Husband in NHS Liaison for Shropshire, Staffordshire and Cheshire Blood Bikes (ongoing) 2. Sibling is a registered nurse with MPFT (ongoing) 3. Daughter has commenced a a student paramedic at West Midlands Ambulance Service (WMAS) (February 2021 - ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on CCG conflicts register.
14th June 2022	Mr	Phil	Smith	Chief Delivery Officer (Designate)	None	None	None	None	None required
6th June 2022	Ms	Josephine	Spencer	NED/Chair of Quality and Safety Committee	1. Managing Director Josie Spencer Consultancy (November 2021 - ongoing)	None	1. Interim Chief Executive Coventry and Rugby GP Alliance (May 2022 - November 2022)	None	(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 ICB Conflicts Register.
7th June 2022	Mr	Prem	Singh	Independent Chair	None	1. Chair of Derbyshire Community Health Services NHS Foundation Trust (November 2013 - ongoing) 2. Independent Coach (October 2021 - ongoing)	None	1. Spouse holds position of Chief Executive at Rotherham, Doncaster and South Humber NHS Foundation Trust (June 2015 - 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.
5th April 2022	Ms	Sally	Young	Executive Director of Corporate Services, Governance and Communication	None	None	None	None	None required.

ANY CONFLICT DECLARED THAT HAS CEASED WILL REMAIN ON THE REGISTER FOR SIX MONTHS AFTER THE CONFLICT HAS EXPIRES

Together We're Better Integrated Care System Board
IN PUBLIC
21 April 2022
14.00-15.30
Via Microsoft Teams

Members:	18.02.2021	15.04.2021	17.06.2021	19.08.2021	21.10.2021	16.12.2021	20.01.2022	17.02.2022	21.04.2022		
Integrated Care System (ICS)											
Prem Singh (PS), Independent Chair	√	√	√	√	√	√	√	✓	√		
Peter Axon (PA), Interim Chief Executive Officer	N/A	N/A	N/A	N/A	N/A	√	√	✓	√		
David Pearson (DP) Vice Chair	√	√	√	√	√	√	√	✓	√		
Tracey Shewan (TS), Director of Communications and Corporate Services CCG/STP	√	√	√	√	√	√	√	✓	√		
Staffordshire County Council											
John Henderson (JH), Chief Executive		√	√	√	x	√	x	✓	√		
Alan White (AW), County Councillor and Leader	√	√	√	x	√	x	√	✓	√		
Stoke-on-Trent City Council											
Jon Rouse (JR), City Director			√	x	x	√	√	✓	x		
Ally Simcock (AS), Councillor	√	√	x	x	x	x	√	✓	x		
Clinical Commissioning Groups (CCGs)											
Dr Alison Bradley (AB), Chair, North Staffordshire CCG	√	x	√	√	√	√	√	√	√		
Marcus Warnes (MW), Accountable Officer	√	√	√	√	x	√	√	x	√		
Dr Rachel Gallyot (RG), Chair, East Staffordshire CCG/Chair STP Assembly		√	√	x	√	√	√	✓	x		
Heather Johnstone (HJ), Executive Director of Nursing and Quality/ Interim ICS Quality Lead	N/A	N/A	N/A	N/A	√	√	x	✓	x		
North Staffordshire Combined Healthcare NHS Trust											
Buki Adeyemo (BA), Interim CEO	N/A	N/A	N/A	N/A	N/A	√	√	✓	√		
David Rogers (DR), Chair	√	√	√	√	√	√	√	✓	√		
Midland Partnership NHS Foundation Trust (MPFT)											
Neil Carr (NC), CEO/Workforce SRO	√	√	√	x	x	√	√	x	x		
Richard Cotterell (RC), Chair	√	x	√	x	x	√	x	✓	x		
NHS England/Improvement											
Fran Steele (FS), Director of Transformation, North Midlands	√	√	x	√	x	x	√	x	√		
University Hospital North Midlands (UHNM)											
Tracy Bullock (TB), CEO	√	√	√	√	√	√	√	✓	√		
David Wakefield (DW), Chair	√	√	√	√	√	x	√	✓	√		
University Hospitals of Derby and Burton NHS (UHDB)											
Kathy McLean (KM), Chair	√	√	√	x	√	√	√	✓	√		
Duncan Bedford (DB), Executive Managing Director	A	√	√	√	√	√	√	✓	√		
Healthwatch – Stoke-on-Trent and Staffordshire											
Simon Fogell (SF), Executive Director, Engaging Communities Solutions				√	√	√	√	✓	√		
Voluntary and Community Sector Representative (Support Staffordshire)											
Garry Jones (GJ)		√	√	x	√	√	√	✓	x		
Local Medical Committee (LMCs)											
Dr Paul Scott, (PSc), North LMC Chair	√	√	x	√	√	x	√	✓	x		
Dr Manu Agarwal (MA), South LMC Chair	√	√	√	x	x	x	√	✓	x		
Place Based Partnership PCN CD Leads											

Members:	18.02.2021	15.04.2021	17.06.2021	19.08.2021	21.10.2021	16.12.2021	20.01.2022	17.02.2022	21.04.2022		
Dr Jo Chan (JC), South West			√	√	√	√	√	✓	√		
Dr Jack Aw (JA), North	√	√	√	√	√	√	√	✓	√		
Dr Adrian Parkes (AP), South East	√	x	x	√	x	x	x	x	x		
In Attendance:											
Sally Young (SY), Executive Director of Corporate Services, Governance and Communications, Staffordshire and Stoke-on-Trent CCGs			√	√	x	√	√	✓	√		
Paul Brown (PB), Chief Finance Officer, Staffordshire and Stoke-on-Trent CCGs									√		
Paul Edmondson-Jones (PE-J), Director of Adult Social Care, Health Integration and Wellbeing, City of Stoke-on-Trent									√		
Shokat Lal (SL), ICB Non-Executive Director									√		
Julie Houlder (JHo), ICB Non-Executive Director									√		
Josie Spencer (JS), ICB Non-Executive Director									√		
Megan Nurse (MN), ICB Non-Executive Director									√		
Present:											
Chris Sands (CS), Director of Finance and Performance, Midland Partnership NHS Foundation Trust									√		
Lynn Tolley (LT), Deputy Director of Nursing and Quality, Staffordshire and Stoke-on-Trent CCGs									√		
Charlotte Jones (CJ), Social Prescribing Link Worker, Support Staffordshire									√		
Helen Riley (HR), Deputy Chief Executive and Director for Families and Communities, Staffordshire County Council									√		
Chris Bird (CB), Director of Partnerships, Strategy & Digital, North Staffordshire Combined Healthcare NHS Trust									√		
Charlotte Bennet (CBe), Strategic Projects Manager, VAST									√		
Chloe Newcombe-Rose (CNR), CSU Communications and Engagement Specialist					√	√	x	✓	√		
Debbie Everden (DE), Executive Assistant		√	√	√	√	√	√	x	√		

		Action
1.	**Welcome and Apologies**	
	PS welcomed attendees to the meeting and advised that this was a meeting being held in public. PS welcomed Sally Young, ICB Corporate Governance Director Designate, Paul Brown, ICB Chief Finance Officer Designate and Paul Edmondson-Jones, Chief Medical Officer Designate. He also welcomed the recently appointed ICB Non-Executive Directors. Apologies were received from Jon Rouse (Paul-Edmondson-Jones attending), Heather Johnstone (Lynn Tolley attending), Manu Agarwal and Neil Carr (Chris Sands attending). No conflicts of interest relating to the meeting were declared.	
2.	**Minutes of the Previous Meeting**	
	The minutes of the meeting held on 17 February 2022 were approved.	
	Action Log	
	The action log was updated.	
3.	**Questions Submitted by Members of the Public**	
	The following question was received from Ian Syme: In the early stages of the ICS, I via an FOI, requested minutes of an A&E Board meeting. This request was refused on the grounds of it 'not being in the public interest' to provide those	

	minutes. At that time other emerging ICSs were in fact placing their respective A&E Board Minutes on their web sites. The 'successor' body of the A&E Boards is an evolved Urgent and Emergency Care Board. 1. Is it still the policy of the now ICB to restrict public access to minutes of what is now the 'Urgent and Emergency Care Board'? 2. If not why are the minutes of what is in fact a key 'Board' not published anywhere (I've searched extensively for such) on your web site or is it a case that an FOI request is needed to obtain such minutes? PA advised that the ICB will not become a legal entity until 1 July and until then the CCGs and NHS Trusts should be approached for information. From 1 July the ICB will create appropriate policies defining what will be published in the public domain; the FOI principles will be fully adhered to. A full written response will be sent to Mr Syme.	**PA**
4.	**Staffordshire and Stoke-on-Trent Resident's Story**	
	PS advised that a resident story is presented at the start of each meeting as a reminder that we are here to serve our citizens and improve their lives and experiences. DP introduced the item which showcased the role of social prescribing link worker services in improving the health and wellbeing of residents. Charlotte Jones introduced a video showing Claire's experience of using the service and the positive impact this has had. Charlotte gave a summary of the role of the social prescribers and advised there is at least one for each PCN. Some are employed by Support Staffordshire and this gave them access to services offered by other third sector organisations. PS commented that this work showed the importance of moving away from a medicalised model. JHo commented that this showed the benefit of one to one work and avoiding medical interventions. She advised that she is involved in an initiative for staff on women's health, particularly regarding the menopause, and questioned if this was widely available. CJ advised that she wasn't aware of the initiative but would welcome more information and the opportunity to link patients into the service. JHo would provide further information. SL questioned how the voluntary sector was responding to difficulties in funding. CJ advised that a lot of services they would be referring people into had stopped during the pandemic and not all had resumed. She commented that funding for some areas does need to improve. KM questioned what the potential would be if there were no barriers in the form of resource. CH advised that concentrating on someone's social health/environment can really improve overall health and wellbeing and there was great potential; some areas of the country have hubs at GP practices where activities are organised and sign-posting takes place. DR advised that he is a Trustee of Staffordshire Wildlife Trust and he would link in with Support Staffordshire regarding opportunities. PS commented that this work was at the centre of the aims of the ICS and we need to challenge ourselves regarding funding and should be ambitious regarding connecting with these projects and encouraging this within the places. The ICS Board: • Thanked CJ for the presentation and noted the social prescribing work taking place to support Staffordshire and Stoke-on-Trent residents.	**JHo** **DR**
5.	**Children and Young People System Update**	
	JH introduced the item and the work taking place on life style choices which effect health in later years.	

	HR advised that previously there was no workstream and very little in the STP plan for Children and Young People Services. A workstream has now been established and linked to other workstreams e.g. mental health and prevention work. A Board has been established with representation from across the system. HR presented the slides contained in the papers. DW supported the work and commented that it was fundamental to the success of the ICS. He questioned the terminology regarding the naming of this as the Children's ICS. HR confirmed that this is a workstream and we need to ensure there isn't duplication of work and it is fully integrated. DB confirmed that meetings are taking place with UHDB to ensure this is on the place agenda. JHo questioned the work with safeguarding which was a particular issue following the pandemic and the financial hardship being felt by families. HR confirmed that links are made with safeguarding across the system. MN commented that we should not lose sight of children in crisis as part of this work as there are significant issues for the most vulnerable children. HR confirmed that this was part of the work and she was confident that all areas are covered. PE-J advised that JR felt that this work was very important in the City and improving Children's Services and outcomes for children was a priority; the ICS was an opportunity to take this work forward. The ICS Board: • Considered what steps need to be taken to ensure robust governance and responsibility for children and young people across the whole system • Agreed to be a Children's Champion to advocate the vision • Would ensure there is adequate support and resources to improve children's health • Would hold the workstream accountable for the delivery of the plan. Action: PA, JH and JR to discuss a new SRO for the workstream.	**PA/JH/ JR**
6.	**ICS Chair and Chief Executive Update**	
	PS acknowledged the significant pressures that the health and care system is currently under e.g. ambulance delays and thanked all partners who were working hard to deal with the challenges. PS commented that this would be the last meeting of the ICS Partnership Board as, subject to the passing of the Bill, the ICB would be legally established on 1 July. He thanked all partners who had given up their valuable time and contributed to our system work to date. AW questioned if the West Midlands Ambulance Service (WMAS) should be part of the Board to assist with resolving some of the issues regarding ambulance delays. PA commented that all parts of the system flow process are relevant and if there are difficulties in one area there is a knock on effect. He advised that WMAS attend weekly operational meetings and we receive daily information on ambulance delays and response times. He agreed that future strategic work needs to take place with WMAS. AW questioned if a letter could be sent to WMAS requesting involvement in the strategic work and PS advised that he would discuss with PA how the strategic interface can be improved. PA presented the report and advised on 14 April an NHS critical incident was declared; that may be stood down shortly. He commented that it was important to examine performance and decision making during the period of system pressures and we have put in place an evaluation process.	**PS/PA**

	For 2022/23 planning, a priority of the system was to ensure elective backlogs are eradicated and we have examined the consequences of the urgent and emergency care pressures on the plans for the elective recovery and how this effects the plan; the final plan will be submitted on 28 April. A summary of the paper will be presented to the May ICB Shadow Board meeting. Regarding the ICB Executive appointments process, PA advised that Heather Johnstone had been appointed as Interim Chief Nurse and Therapies Officer. PA advised that conversations have taken place on the place programme following publication of the Integration White Paper. He advised that the logical next step was to re-align our place arrangements to the two Upper Tier Local Authority footprints. If this is supported, then the next step will be to evolve the place arrangements in an inclusive manner. JH commented that there was a real opportunity for the Districts and Boroughs to work with health and the voluntary sector on prevention work. PS asked whether the benefits of prevention work is always longer term as often presented and questioned if there was transformation work that could take place now that would present immediate benefits . PE-J advised that there are some very immediate benefits from programmes such as smoking cessation, diabetes and pre-operation physical activity. He advised that we need to examine this as part of our clinical strategy. PA advised that the staff Health and Wellbeing events were taking place next week and that this was important for the wellbeing of staff who have been dealing with the system pressures. JS questioned if the relaxation of infection prevention control measures would have a beneficial impact on the elective recovery. PA advised that we have operated as flexibly as possible but have applied the guidance and the plan does take into account the extra capacity created by the relaxed measures. PB advised that NHS/I had directed that the Operating Plan didn't take Covid into account but this was a risk. PE-J advised that the Local Authorities have worked closely with care homes on outbreaks and infection control measures to ensure there as many beds open as possible. The ICS Board: • Noted the Covid-19 overarching update • Noted the update on the National Operational Planning Round 2022/23 • Noted the Integrated Care System (ICS) transition update • Noted the Integrated Care Board (ICB) recruitment update • Noted the Organisational Development (OD) Plan update • Noted the Place-Based Partnership update and approved the place arrangements be aligned to the footprints of the Upper Tier Local Authorities • Noted the ICS Green Plan update.	**PA/PB**
7.	**ICS Green Plan**	
	CB presented the paper and advised each ICS was required to have a plan in place by the end of March; each partner was now reviewing the plan thought their own governance arrangements. The NHS generates 5% of the country's carbon footprint and the target was to reach net zero by 2045. DP questioned how we could generate interest from the younger population and CB advised that meaningful change would take place from citizen's individual actions. A launch event was taking place in May and there would be a programme of work to engage with local groups. PB advised that Estate Directors across the system were examining how we utilise our estate in a more efficient way; this would also result in a financial saving.	

	MN questioned the timescale for the action plan and PS questioned how we gain traction and pace. CB advised that it is a long term change programme with milestones along the way. There will be statutory requirements that will assist such as more weighting for carbon reduction programmes as part of the contract procurement process but work with partners will need to take place for some areas. The ICS Board: • Received the ICS-wide Plan and supported the plans it contained.	
8.	**Voluntary Sector Alliance**	
	DP introduced the paper and advised that the proposed structure would make it easier to engage with the voluntary sector and would build on the existing work that had taken place. CBe presented the paper and shared slides on VCSE Healthy Communities Alliance, the role of the voluntary sector in the ICS and the partnership model. A workshop with system partners will take place and the content of the Memorandum of Understanding will be discussed. SL commented that the Business Case should include what the expectation is and what the deliverables will be. PB commented that social enterprises achieve a better return on investment as they have a lower cost base and don't make a profit. PA commented that this gives the opportunity to link the voluntary sector with all the other organisations in the system. The ICS Board • Thanked Charlotte and colleagues for the paper and the work that has taken place • Welcomed the progress on the development of the Staffordshire and Stoke-on-Trent VCSE Healthy Communities Alliance and recognised the anticipated role of the Alliance in system level governance and decision-making • Committed to the development of a Memorandum of Understanding between the ICB and the Alliance with a view to it being adopted in July 2022 or as soon as possible thereafter • Recommended the ICB nominate a named Non-Executive Director with responsibility for assuring appropriate engagement with the VCSE Alliance • Recommended the ICB nominate a named Executive Director with responsibility for leading engagement with the VCSE Alliance • Recommend the ICB initiate a local review of VCSE Alliance resourcing during 2022-2023 to ensure NHSE pump-priming investment is capitalised upon.	**PA**
9.	**System Performance and Finance Report**	
	PB presented the paper and advised that we are looking to develop a wider understanding of performance. PB reviewed the performance against the key constitutional and community metrics. Regarding finances, PB advised that the system has produced a surplus of c£11m and an investment of £27m has been made in the Better Care Fund. PB advised that we have achieved the Mental Health Investment Standard and we have also met our running cost targets. PB advised that for future reports the dashboard will be developed and we want to undertake deep dives on a rotational basis. JHo commented that the reasons for financial savings were clearly set out in the report but the reasons for operational performance all relate to bed capacity and workforce challenges and she welcomed the dashboard approach together with metrics. JS commented that Primary Care capacity should also be included in the report.	

	PA advised that we need to ensure conversations regarding performance are collective and evaluation of the Performance Assurance Framework is taking place. PS commented that we should use the data and evidence to drive transformation collectively. The ICS Board: • Received an update on System Finance and Performance • Noted the content of the paper • Discussed and approved the proposed performance reporting model	
10.	**2022/23 Operating Plan**	
	PB advised that the pack included the draft plan and the final plan will be submitted on 28 April. A meeting of the Chief Finance Officers, Chief Operating Officers, Strategy Directors and Local Authorities had taken place to discuss the plan. Simple productivity metrics will be produced with the actions needed. We are committed to having no patients waiting more than 104 weeks by the end of July and make reductions in the number of patients waiting more than 78 weeks and 52 weeks. The ICS Board: • Noted the planning update and next steps being undertaken as part of the final submission • Noted the approach to the wider system plan.	
11.	**Quality and Safety Update Report**	
	LT presented the report. She advised that the Ockenden Report was published on 30 March and contained 15 immediate and essential actions. LT advised that providers have undertaken significant work to implement the actions identified in the first report published in December 2020. She advised that there is still work to do regarding training as this has been effected by the pandemic. The Local Maternity & Neonatal System Board is holding a development session in July. JS commented that the maternity pathways in our system are quite complicated with patients receiving care out of Staffordshire so there was a large piece of work required to oversee the actions taken by providers to be able to give the assurance to the Board. DW advised that UHNM have held a seminar on the Ockenden Report and have examined where they are against the actions. The Board is receiving updates on a regular basis. DW advised that UHNM has several reviews planned and there will be actions following these too. They will bring all the actions from the reviews and the Ockenden Report together and prioritise them. PS commented that there is a theme through the two Ockenden Reports around culture, the people we employ and engaging with patients. While LT and JS would examine the specifics around the Ockenden Report, there would be wider work that would be examined by the People and Culture Committee. PS questioned if there is documentation from the Maternity Voices Partnership (MVP) meetings to show 'you said, we did' and he would like the Quality and Safety Committee to examine the themes. LT advised that the staffing levels should be one-to-one midwifery care throughout established labour and we need to ensure this is a priority. LT advised that new Infection Prevention Control (IPC) Guidance has been issued and this is being examined to see how flexible we can be although the recommendation to move from Covid PCR tests to LFTs will not be implemented. The PCR results are sent to hospital laboratories and are therefore recorded on patient records.	**SL** **LT/JS**

	The ICS Board: • Recognised the continued progress made with regard to the quality assurance and improvement agenda in readiness for July and beyond • Was cognisant of the key quality and safety challenges faced by the system at the present time including those resulting from the ongoing management of the Covid-19 pandemic • Payed particular attention to the summary of the Ockenden report cited under section 2.1 of the report and plans to ensure local services are reviewed in line with the recommendations.	
12.	**Any Other Business**	
	No matters were raised.	
13.	**Questions from the floor relating to the discussions at the meeting**	
	Ian Syme advised that he had attended a WMAS Board meeting and questioned ambulance delays. He commented that WMAS were not critical of UHNM and could send the full response to his letter if needed. Ian Syme questioned if children in care were incorporated in the Children and Young People work. JH advised that Staffordshire County Council has a good Children's Service and the politicians have a very close oversight and take pride in looking after the 1300 children in care. He assured that children in need, with Child Protection Plans or in care are front and centre of everything done around health and care. Ian Syme questioned the regional view on delivery of targets on ambulance delays. PA advised that a plan had been submitted to Region with actions but it was felt that the plans should be more descriptive. The plans have been resubmitted with a more precise narrative. Regarding the deliverables, PA advised that the actions we have said we will carry out under the circumstances at the time have been carried out; fortunately the in-extremis actions did not need to be implemented.	
14.	**Meeting Effectiveness**	
	PS reminded Board members of the Leadership Compact and Members agreed that the meeting had been conducted according these principles.	
15.	**Date and time of next meeting**	
	1 July 2022 at 2.00pm Newcastle Suite, Stafford Education and Enterprise Park, Weston Road, Stafford, ST18 0BF	

Integrated Care System Board - Action Plan

Date	Item	Agenda Item	Action	Action Owner	Update	Due Date	RAG
16.12.21	12.	System Performance and Finance Report	A balance scorecard to be included in future Performance Reports.	PB	Scorecard being updated for the ICB. 22.06.22 The system performance dash Board is being designed and developed. The report is starting with urgent care, where the range of metrics that are reviewed has already been agreed. It is being developed in line with the 8 portfolios which are being discussed and we expect to be agreed by the end of June 2022.	01.07.22 On-going over next 3 months	
21.04.22	4.	Staffordshire and Stoke-on-Trent Resident's Story	JHo to send information on the women's health initiative to Support Staffordshire.	JHo	JHo has contacted Charlotte Jones from Support Staffordshire. **Action closed.**	01.07.22	
21.04.22	4.	Staffordshire and Stoke-on-Trent Resident's Story	DR to link in with Support Staffordshire regarding opportunities at Staffordshire Wildlife Trust.	DR	**Action closed.**	01.07.22	
21.04.22	11.	Quality and Safety Report	The Quality and Safety Committee to examine the themes from Maternity Voices Partnership (MVP) meetings and the specifics/actions arising from the Ockenden Report.	LT/JS	HJ presented the maternity paper to the SQSC which included overview of current quality and safety issues, LMNS risk and mitigates and recommendations for improvement. Ockenden and Maternity Voices Partnership are discussed monthly at the LMNS board which also has a maternity story shared at every meeting. There is also a monthly maternity and neonatal voices partnership forum which feeds into both the LMNS board and the Maternity quality and safety oversight forum. **Action closed.**		
21.04.22	11.	Quality and Safety Report	The People and Culture Committee to examine the workforce themes from the Ockenden Report.	SL/AB	This is to be an agenda item for next People Committee meeting and verbal update to be provided to the ICB Board on 1 July.		

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:
Staffordshire and Stoke-on-Trent Integrated Care Board
Meeting in Public

Enclosure:	**04**

Title:	**System Staff Stories; Journey into Work**

Meeting Date:	1st July 2022

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Alex Brett, Chief People Officer		N/A

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
N/A	N

	Action Required (select):										
Ratification-R		**Approval -A**		**Discussion - D**		**Assurance - S**		**Information-I**			

History of the paper – where has this paper been presented		
	Date	A/D/S/I
N/A		

Purpose of the Paper (Key Points + Executive Summary):

- The Staffordshire and Stoke-on-Trent People Hub was formed in response to the COVID-19 pandemic to work as a System Bank. It is managed by the Workforce Cell and responds to system escalations from a staffing perspective.
- The People Hub complements existing organisational Staff Bank provision by employing staff at a system level where they can be deployed to provide support wherever it is needed regardless of organisational boundaries.
- It currently has 800 staff and has employed staff from existing Provider organisations (part time as Reserves), people new to health and care (where full training has been given) and students.
- The Hub is home to the Staffordshire and Stoke-on-Trent Reserves, which form the backbone of the new contingent workforce model that was developed locally.
- Our Reserves support the System by working either flexibly/ part time or on regular hours in the NHS and we have also recruited or allowed deployment of existing, and trained “new to care” staff to support Staffordshire County and Stoke on Trent City Councils. This new model of working has been shortlisted for the national HPMA award for Innovation.

Members of the Board will be hearing from one of our People Hub Reserves regarding their experience and journey into work, as well as their future plans in health and social care.

Is there a potential/actual Conflict of Interest?	**N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	

N/A

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
N/A

Implications:	
Legal and/or Risk	N/A
CQC/Regulator	N/A
Patient Safety	N/A
Financial – if yes, they have been assured by the CFO	N/A
Sustainability	N/A
Workforce / Training	N/A

Key Requirements:		**Y/N**	**Date**
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N/A**	
1b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c	Were there any conditions? If yes, please state details and the actions in taken in response: • Condition 1 & action taken. • Condition 2 & action taken.		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2	**N/A**	
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion? **This is a staff story video for sharing – no outcome required.**		
2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**N/A**	

4.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail*** ***Consent will be gained for filming from the individual***	**N**	

Recommendations / Action Required:
The Integrated Care Board is asked to: **Listen to the story of one of our People Hub staff; how they came into the People Hub and where their journey is next taking them.**

Staffordshire and Stoke-on-Trent Integrated Care Board

REPORT TO:
Staffordshire and Stoke-on-Trent Integrated Care Board
Meeting in Public

Enclosure:	**05**

Title:	ICB Chair and Interim ICB Chief Executive Officer's Report

Meeting Date:	1st July 2022

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Prem Singh/Peter Axon		Peter Axon

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
N/A	N

	Action Required (select):										
Ratification-R		**Approval -A**		**Discussion - D**		**Assurance - S**	**x**	**Information-I**	**x**

History of the paper – where has this paper been presented		
	Date	A/D/S/I

Purpose of the Paper (Key Points + Executive Summary):

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

1. Transition to the ICB/ICS
2. Finance
3. Planning and performance
4. Clinical and Professional Framework and appointments
5. Quality and safety
6. Urgent and emergency care demand

Is there a potential/actual Conflict of Interest?	**Y/N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	
N/A	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):

Implications:	
Legal and/or Risk	
CQC/Regulator	
Patient Safety	
Financial – if yes, they have been assured by the CFO	
Sustainability	
Workforce / Training	

Key Requirements:		Y/N	Date
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N/A**	
1b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c	Were there any conditions? If yes, please state details and the actions in taken in response: • Condition 1 & action taken. • Condition 2 & action taken.		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2	**N/A**	
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**N/A**	
4.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N/A**	

Recommendations / Action Required:
The Integrated Care Board is asked to: **Note the updates within the report**

ICB Chair and Interim Chief Executive Officer's Report

This report provides an update on business that has taken place across the Staffordshire and Stoke-on-Trent ICS and that is not reported elsewhere on the agenda.

1.0 Transition to the ICB/ICS

Today marks a new era for health and care services in England and across Staffordshire and Stoke-on-Trent. Following Royal Assent for new legislation, 42 NHS Integrated Care Boards (ICB) and 42 Integrated Care Partnership (ICP) committees have now been established, with statutory responsibilities for improving health and care services. The new ICB replaces the six Clinical Commissioning Groups and will have the statutory responsibility for commissioning and monitoring local health and care services. In April 2023 these duties will increase when the ICBs become responsible for primary care services (GP services, pharmacy, dentistry and optometry) and also some specialised commissioning.

This change presents a genuine opportunity to deliver our ambitions for greater integration between health and care, to reduce inequalities and improve health and care outcomes for local people. It is our collective responsibility to ensure we capitalise on this opportunity, to deliver real change that goes beyond infrastructure and to address some of the challenges that we face.

We would like to thank everyone who has helped us to launch the ICB today, as a significant amount of work has happened behind the scenes, particularly in the CCGs to prepare for a seamless transition.

We would also like to recognise the contribution and dedication from Marcus Warnes, Accountable Officer for the CCGs, the six Clinical CCG Chairs, and CCG Board members since 2013. They have left behind a strong legacy and solid foundations for the ICB and ICP to build upon for the future. Thank you.

1.1 New Policies and Procedures

The first order of business for the new ICB, was the formal ratification of key policies and procedures that will enable the ICB to perform its statutory duties. The Board have formally ratified key documents, including:

- The Integrated Care Board Constitution
- The Integrated Care Board Governance Handbook
- Draft Terms of Reference for Integrated Care Board Committees
- Policies
- Risk Register
- Board Assurance Framework
- A range of templates
- Information Governance handbook (if not part of Integrated Care Board Governance Handbook)
- Data processing notices.

1.2 Appointments

Congratulations to Phil Smith who has been appointed to the role of Chief Delivery Officer for the NHS Integrated Care Board. Phil brings a wealth of experience from his work with NHS England and Improvement, and more recently supporting the surge and demand programme locally.

Congratulations also to Chris Bird who will shortly be seconded for a twelve month period into the Chief Transformation Officer role. As many of you will be aware Chris currently works within the ICS (Director of Strategy, Digital and Partnerships at Combined Healthcare) and therefore already has a wealth of relevant knowledge and experience to call on.

The ICB Board is therefore now complete, and we are pleased that we have secured such a high calibre and diverse range of individuals to join our quest to improve the health of our population, improve outcomes and experiences of health and care services.

1.3 **ICS transition**

In preparation for the launch of the ICB we have met regularly with NHS England and NHS Improvement to seek assurance. They have praised our progress and readiness as system. Our comprehensive Development Plan has been assured by NHS E/I and we are making strong progress in this inaugural year.

The next stage is to develop the Integrated Care Partnership (ICP), which is a far-reaching, multi-agency committee. This is likely to involve over 60 people and will meet quarterly. During 2022/23 its primary role is to develop the Integrated Health and Care Strategy, which will set the overall direction for local services building on existing networks and Health and Wellbeing Board plans. The first partnership meeting is expected to take place in July or August 2022 and committee papers will be available on the ICS website.

1.4 **Website launch**

We are proud to launch our new integrated website for the ICS and ICB. Our aim is to provide a clear and comprehensive website that is accessible and can act as central hub of information for staff, partners, and local people. You can view the website at www.staffsstokeics.org.uk. We will want to continue to build the website over the coming months adding new and engaging content.

The new addresses for the websites are:

staffsstokeics.org.uk
staffsstoke.icb.nhs.uk

If you have any feedback on the new website, please email: Joshua.Slater@nhs.net

Through July, August, and September the current CCGs and Together We're Better websites will be archived by the national Web Archives department and finally decommissioned at the end of September 2022.

1.5 **Roadshow events and Working with People and Communities Strategy**

The Working with People and Communities Strategy outlines how we will involve and engage local people and staff to deliver our statutory duties for involvement. We would like to thank partners, patient groups and the voluntary sector for their contributions to this key document. This is a live strategy during 2022/23 and will evolve as we develop our approach. Further information is included later in the agenda.

On-line events have been organised to discuss the latest developments in health and care services, answer people's questions on the changes and seek views on the above strategy.

Several face-to-face roadshows are also being finalised, with dates to be promoted shortly. To find out more visit the website or contact team on 0333 150 2155.

2.0 Finance

The system has completed further financial planning work and has received an additional allocation of circa £20.6m, plus an income increase for Specialised Services of £2.5m. NHS England has indicated that systems should assume retention of the entire Elective Recovery Fund allocation rather than plan for the return should the 104% activity target not be delivered. In delivering the revised plan, a key expenditure assumption, being adopted nationally, is that the cost base remains as per the 28 April 2022 plan submission. The system reviewed financial risks

and mitigations, alongside new monies and revised guidance and, on this basis, has submitted a financial plan which delivers breakeven. It is recognised that there remain material risks to the delivery of breakeven, but we do not believe our position is out of line with other systems.

3.0 Planning and performance

3.1 National Operational Planning and Local Relative Context

Following on from the national operational planning submission on 28 April all systems asked to provide resubmissions on 20 June. The ICS was also asked to provide narrative against a set of assurance statements.

A recent article from the Health Foundation has highlighted the wide variation between local systems and called for this to be acknowledged by national policy makers and reflected in how ICS performance is assessed.

Within the article, for example, it shows that the Staffordshire and Stoke-on-Trent ICS is ranked 12th for deprivation which, despite some deep pockets of deprivation, makes us relatively average compared to the rest of the country.

In terms of the size and extent of the elective recovery challenge that areas are facing, which is measured by the percentage of people waiting more than a year, we are again around the middle with a percentage of 5.74 – the national range is 0.82 – 13.24.

One of the areas where we came out quite high on the national scale was in potentially avoidable admissions for 'ambulatory care sensitive conditions' (ACSC). The indicator is ASCS per 100,000 population and we score 1185.84 in a range of 455.75-1202.68 nationally.

This is clearly an area that we can look at to both deliver better care for patients, at a lower cost, by focussing on alternatives to acute admissions and by knitting together our clinical and financial strategies.

The article showed that we are average for GP resources with 57.32 full time equivalent GPs per 100,000 population against a national range of 47.03 to 68.95. It further reinforces our key role around developing positive cultures and workforce planning to mitigate the increasing workforce challenges.

3.2 Local Delivery Plan

A local System Delivery Plan is in production with system leads for 2022/23, to provide assurance that all 10 national priorities are being addressed. This will become our local system plan and will be the main route by which we assess our success in 2022/23. Regulators will concentrate on a sub-set of these areas. The system will use this plan to inform all future system reviews (external) meetings and internal (system) assurance and inform the development of the Five-Year Strategic Delivery Plan 2023-2028.

3.3 Performance

The approach to monitoring performance at programme level has commenced, focusing initially on urgent care as a proof of concept. This work will inform the development of a summary dashboard for the Board and more detailed performance dashboards to be utilised by each programme. The dashboards will demonstrate delivery against the local delivery plan as well as providing a clear route of escalation of issues.

A proposal has been developed for a regular cycle of ICB deep dives into performance, which will supplement the dashboard.

The ICB will receive a more detailed progress update on this item in August.

4.0 CPL Framework and appointments

The Clinical and Professional Leadership Framework was approved at the shadow ICB on 19 May. The Board endorsed the proposed model and overall framework, noting that it would be delivered within existing budgets, and agreed that recruitment to the two clinical directors/Deputy Chief Medical Officer (up to eight sessions each) could go ahead without further reference to the Board. The Chief Medical Officer will bring an update to future Board meetings on the process for moving from the existing Clinical and Professional Leadership Model to the new one. Currently we are undertaking the preliminary work with HR to take forward the two senior posts and are discussing some expert and specialist HR support for the remainder of the programme – the 20 sessions for senior clinical programme leads and the 48 sessions for clinical locality or place leads. A draft timetable is being developed and will be communicated to all those affected as soon as possible.

5.0 Quality and Safety

A more detailed report from the Quality and Safety Committee is presented further in the agenda. Key highlights include:

5.1 **John Munroe Group - closure**

The John Munroe Group contacted the CCGs on 27 May informing them that they were unable to ensure their business or pay staff. An urgent meeting took place between partners and determined the group were no longer able to sustain either Edith Shaw Hospital or the Mitchel House care home. Patients were relocated safely by Wednesday 1 June. The system has been commended on their collective approach in a letter sent to the Chief Nursing and Therapies Officer from the regional medical and nurse directors. Staff who were displaced because of the closure are being supported to find alternative appointments by the system workforce team.

5.2 **Maternity**

There have been high profile inquests into maternity related matters in Staffordshire and Stoke-on-Trent. The Local Maternity and Neonatal Service (LMNS) Partnership Board will be closely monitoring this and any other maternity related matters as part of their ongoing work to implement “Better Births” but also as a direct response to the recent Ockenden report and any emerging issues will be highlighted within the Quality report.

5.3 **Quality and Safety Committee**

The System Quality and Safety Committee (SQSC) has been meeting in shadow form since July 2021. This will transition to a formal ICB subcommittee on 1 July and work continues to ensure the SQSC meets the requirements of the National Quality Board guidance. SQSC are planning a development session on 13 July to ensure the safe and complete transition from CCG Quality to ICS Quality progresses. Core Quality activities will continue throughout the transition to ensure patient safety and experience are not adversely affected by the change.

5.4 **Ambulance delays**

Ambulance delays continue to be a challenge at UHNM with actions identified for UHNM and system partners to ensure continued efforts to improve flow and drive additional improvements. The team are working alongside partners to identify any potential harm, which may have resulted from delayed arrival and conveyance by ambulance. Work is also underway to ensure prompt notification of serious incidents related to ambulance delays to ensure prompt early warnings and associated action.

5.5 **Learning from deaths in learning disabilities**

This vital priority is going from strength to strength. The Staffordshire and Stoke-on-Trent team has been recognised as having ‘excellent’ performance, being in the top 5% in the country and currently top of the region in terms of performance on these reviews. All associated objectives are being delivered and we are ensuring that every opportunity to learn from the death of person with a learning disability is fully explored, with a view to doing all we can to reduce the risk of reoccurrence.

6.0 Urgent and Emergency Care Demand Management Update

Significant progress has been made in improving the urgent and emergency care (UEC) position during May, with a reduction in 60+ minute ambulance handover delays at Royal Stoke Hospital of 39% compared to April, despite an increase of 12.5% in conveyance levels.

Health and care partners worked together to carry out a 'Reset Week' during May which focussed on promoting alternative pathways at the hospital front door, reducing the time patients spend in the emergency department and improving flow out of hospital for those who no longer medically require acute care.

A system plan for the Jubilee weekend was implemented, with increased staffing levels at all parts of the UEC pathway. The bank holiday period itself remained stable. The period from 6 June onwards remains challenging with increased demand and acuity for emergency care, and staffing challenges. Further actions have been put in place to improve 'front of house' emergency department capacity, number of senior decision makers, and flow out of hospital.

System partners continue to work to reduce the level of ambulance waits, with a specific focus on reducing bed occupancy and length of stay. Challenges remain in our discharge to assess services, both bed based and home-based rehabilitation, with consistently high volumes of patients awaiting onward permanent care.

As with the Easter period, a learning exercise has been undertaken in respect of the Jubilee weekend, and combined learning will be used to inform development of the winter surge plan for the system.

Daily system conversations of all partners continue to take place in order to tactically manage the operational position and identify necessary interventions. The ability of system leaders to have oversight of the operational position has been greatly improved following the implementation of the SHREWD system which provides real time updates in terms of operational pressures across the local health economy.

Summary of recommendations and actions from this report
ICB Board members are asked to note these updates.

Prem Singh, ICB Chair
Peter Axon, Interim ICB Chief Executive Officer

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:
Staffordshire and Stoke-on-Trent Integrated Care Board
Meeting in Public

Enclosure:	06

Title:	Delegation of Services from NHS England to ICB Boards

Meeting Date:	1 July 2022

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Peter Axon, Interim CEO	Y	Roz Lindridge, Midlands Regional Director of Commissioning, NHSEI

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
N/A	N/A

	Action Required (select):										
Ratification-R		**Approval -A**	x	**Discussion - D**		**Assurance - S**		**Information-I**	

History of the paper – where has this paper been presented		
	Date	A/D/S/I
Regional ICS leads/ICB CEO Designate meetings over the last 12 months. No SSoT ICB meetings to date.	N/A	N/A

Purpose of the Paper (Key Points + Executive Summary):

This paper provides details for the delegation of primary medical services to ICBs on 1 July 2022 and an overview of the operating model for the delegation of pharmacy, optometry and dental services and the approach for the delegation of some specialised services and complaints functions to ICBs.

This paper aims to support the ICS Board with understanding the delegation requirements in relation to the following NHS England services:

- Primary Medical Services on 1 July 2022
- Complaints functions associated with Primary Medical Services
- Primary Pharmacy, Optometry and Primary and Secondary Dental Services on 1 April 2023
- Complaints functions associated with Primary Pharmacy, Optometry and Primary and Secondary Dental Services on 1 April 2023
- Specified Specialised Services from April 2023

Delegation of these services is a national policy. To ensure that any transition is safe, effective and benefits are maximised, NHSEI and ICB Designate Chief Executives have agreed a phased transition to our future state through 2022 to 2024. We have designed and developed a joint approach and through collaboration and co-production with ICS teams, working together to produce operating frameworks that maximise ICS decision making whilst retaining the specialist knowledge and skills of staff.

The ICB Board is asked to not that delegation agreements for Primary Medical Services will be sent to each ICS from 20 June for 1 July signature. These must be returned to NHS England on 1 July.

Is there a potential/actual Conflict of Interest?	**Y/N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	
No	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
There are risks to taking on these delegated functions. Specifically, workforce capacity and an agreed model across systems in the East and West Midlands. Working together, mitigations will be put in place. John Turner, Designate Chief executive for Lincolnshire ICS has agreed to be the ICB executive sponsor for the workforce modelling working with ICS representatives and NHSE. The agreed principles for the workforce modelling are minimum disruption for staff, NHS talent is retained and deployed to support systems in an agile way and encouraging best people practices throughout the delegation process.

Implications:	
• **Legal and/or Risk**	None identified at this stage.
• **CQC/Regulator**	None identified at this stage.
• **Patient Safety**	None identified at this stage.
• **Financial – if yes, they have been assured by the CFO**	A dedicated deep dive on finance session for ICB Chief Executives and Directors of Finance for Pharmacy, Optometry and Dental services and Specialised Services will be set for early July to support the ongoing joint development of our approach to delegation.
• **Sustainability**	None identified at this stage.
• **Workforce / Training**	The modelling for workforce to support the delegation of Pharmacy, Optometry and Dental services will now be completed for August/September by the regional team working with the 11 ICSs.

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Key Requirements:		**Y/N**	**Date**
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**No**	
1b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c	Were there any conditions? If yes, please state details and the actions in taken in response: • Condition 1 & action taken. • Condition 2 & action taken.		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2	**No**	

2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion? NHSEI's regional team are asking for ICB support for the approach to delegation and the proposed way forward at this stage. QIAs and EIAs along with risk assessments will be carried out as part of the proposed approach.		
2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**No**	
4.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**No**	

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Recommendations / Action Required:
• **The Integrated Care Board is asked to:** • Note the contents of the paper • Approve the approach and way forward detailed in the paper

ICS Executive & ICS Board Briefing Paper

Date:	14th June 2022
Paper Title:	Delegation of Services from NHS England to ICS Boards
NHSE Executive Lead:	Roz Lindridge, Regional Director of Commissioning

Executive summary: This paper provides details for the delegation of Primary medical Services to ICBs on 1st July 2022 and an overview of the operating model for the delegation of Pharmacy, Optometry & Dental Services and the approach for the delegation of complaints functions to ICBs

1 Introduction and purpose of the paper

1.1 By delegating commissioning functions to ICBs the aim is to break down barriers and join up fragmentated pathways to deliver better health and care so that our patients can receive high quality services that are planned and resourced where people need it. This paper aims to support the ICS Board with understanding the delegation requirements in relation to the following NHS England services

- Primary Medical Services on the 1st July 2022
- Complaints functions associated with Primary Medical Services
- Primary Pharmacy, Optometry & Primary and Secondary Dental Services on 1st April 2023
- Complaints functions associated with Primary Pharmacy, Optometry & Primary and Secondary Dental Services on 1st April 2023
- Specified Specialised Services from April 2023

1.2 Delegation of these services is a national policy. In all cases the responsibility and liability for the planning, performance, finance, quality, and improvement will move from NHS England to ICBs upon delegation. However, in all cases NHS England remains accountable to the Secretary of State for the services, which means that NHSE will have oversight, set standards and service specifications for the services.

1.3 To ensure that any transition is safe, effective and benefits are maximised, NHSEI and ICB Designate Chief Executives have agreed a phased transition to our future state through 2022 to 2024.

1.4 We have designed and developed a joint approach and through collaboration and co-production with ICS teams, working together to produce operating frameworks that maximise ICS decision making whilst retaining the specialist knowledge and skills of staff.

1.5 Through delegation ICB must:

- at all times have regard to the Triple Aim

- at all times act in good faith and with integrity
- conduct all the required commissioning functions in respect of Primary medical service outline and defined in the delegation agreement
- consider how it can meet its legal duties to involve patients and the public in shaping the provision of services, including by working with local communities, consider how in performing their obligations they can address health inequalities
- at all times exercise functions effectively, efficiently and economically
- act in a timely manner
- share information and best practice, and work collaboratively to identify solutions and enhance the evidence base for the commissioning and provision of health services, eliminate duplication of effort, mitigate risk and reduce cost.

1.6 The 11 Midlands ICB Designate Chief Executives have reviewed the NHSEI Commissioning portfolio over the past 12 months, and agreed that:

- Primary Care decision making is best undertaken at an ICS level
- Specialised Service decision making is best undertaken at a Multi-ICS level due to the complexity and risks associated with these services.

2. Primary Medical Services

2.1 Primary medical services are currently delegated to CCGs. As ICBs become legal entities and CCGs dissolved, ICBs will automatically take on Primary Medical services without undertaking further due diligence. The new ICB delegation agreement in a new agreement and now included the delegation of liabilities. As with current arrangements, an MoU will cover the support arrangements (known as GMAST) until the agreed transfer in line with Pharmacy, Optometry and Dental services

2.2 There is a nationally defined process for sign off of new Delegation Agreements, with sign off required by the CEO of the ICB on the 1st July 2022. The Delegation Agreement will be sent to ICBs from 20th June.

3. Complaints functions associated with Primary Medical Services

3.1 Handling of complaints made in respect of primary medical services in accordance with the Complaints Regulations will be delegated to ICBs.

3.2 As a principle, the complaints functions will be delegated at the same time as the primary functions they support; as such the responsibility for the management of complaints is delegated to ICBs for primary medical services from 1st July. However, the national task and finish groups for the oversight of complaints has recently convened, therefore the national policy for this is underdevelopment.

3.3 All 11 ICB Designate Chief Executives have agreed on the advice of the Regional Director of Nursing and Quality to a 3 month transition from the 1st July to the 30th September whereby the ICB will delegate back the responsibility for complaints to delegated senior officers within NHSE will continue to sign off complaints. This will provide an appropriate and timebound period to enable further detailed work to be carried out in relation to the transfer of this responsibility.

3.4 The workforce supporting the complaint functions for Primary Medical Services will be included in the operating model and workforce model under the wider primary care (Primary Dental, Optometry & Pharmacy Services (POD) delegation work.

4. Primary Pharmacy, Optometry & Primary and Secondary Dental Services

4.1 NHSEI, ICB Designate Chief Executives have been working together to plan and develop our joint approach to delegation of these services to ensure the safe and effective transition to a more integrated way of working.

4.2 In order to achieve the April 2023 delegation requirement, applications are required to be submitted by each **ICB by mid-September 2022 for** Primary Care Pharmacy, Optometry & Dental. Each ICB is required to sign off an Operating and Workforce model in advance of the September 2022 assurance process.

4.3 The principles within this Operating Model have been developed jointly between ICBs and NHSE. However, the ability to influence future transformation of these services is limited due to the national stipulations and constraints of the contracts.

4.4 To support a safe and ordered transition during 2022/23, joint working groups are in place to manage the risks, information governance and appropriate due diligence to ensure a transparent and smooth transfer of responsibilities to ICBs.

4.5 There are risks to taking on these delegated functions. Specifically, workforce capacity and an agreed model across systems in the East and West Midlands. Working together, mitigations will be put in place. **John Turner, Designate Chief executive for Lincolnshire ICS has agreed to be the ICB executive sponsor** for the workforce modelling working with ICS representatives and NHSE. The agreed principles for the workforce modelling are:

- Minimum disruption for staff
- Ensure that where possible our NHS talent is retained and deployed to support systems in an agile way driving forward the 'one NHS workforce' ambition
- Take steps to plan and implement the transition, encouraging best people practices throughout and enabling the right conditions for our teams to deliver the primary care function for the ICBs as responsible organisations and a team to provide oversite and assurance for the NHSE region.

4.6 The **operating model for the delegation of pharmacy, optometry and dental services** will be through **two primary care teams, one East midlands team and one West Midlands team** to deliver the functions on behalf of the 5 East Midlands and 6 West Midlands ICBs.

4.7 The team will provide a clear and definable service detailed through an MOU to enable the primary care delegated functions to be delivered. ICBs will provide the leadership and strategic guidance to ensure that the team can deliver the function effectively, including:

- **Collaboration between ICBs** will be key to ensure the team can fulfil day to day functions and agreement on use of the team when there are competing priorities for their capacity, e.g. procurements, service developments etc.

- **Managing contractual relationships will be guided by nationally stipulated standardised frameworks**, but there remains a need for some local judgement and flexibility. Where standard procedures are not in place, and they cannot cover every eventuality, the teams will use their judgement and be guided by the culture, values and expected behaviours promoted by the ICBs working in collaboration to deliver these services moted by the ICBs working in collaboration to deliver these services

- **Reserved NHSE Functions:** The majority of policy setting comes from the national team. The regional team's function will be improvement, assurance, and oversight, to ensure the

delegated functions are successfully being delivered and to design and deliver transformation programmes in support of national priorities

- **Interdependencies:** This operating model focuses on the Primary Care Commissioning and contracting functions. The model will also apply to the complaints function that is being delegated from April 2023 and the primary care finance team, clinical advisor support and quality functions who will form part of the delegated function.
- **Transformation and service improvement** in terms of service delivery will take place within the ICS within the structures and capacity developed as part of the ICS establishment

5. Complaints functions associated with Primary Pharmacy, Optometry & Primary and Secondary Dental Services

5.1 The complaints functions will be delegated at the same time as the primary functions they support, as such the responsibility for the management of complaints will be delegated to ICBs for Pharmacy, Optometry and Dental services from 1st April 2023.

5.2 The national task and finish group for the oversight of complaints will provide further advice and guidance in due course.

6. Specified Specialised Services

6.1 Prevention, diagnosis, acute treatment, chronic management and specialised services are planned and commissioned by different organisations with plans based on different historic views resulting in misaligned priorities. Moving to a single planning structure with aligned incentives and plans based across whole patient pathway aims to enable greater innovation and collaboration and more joined up services across the patient pathway.

6.2 There are circa 150 services categorised as specialised services that NHS England commissions; 65 of these services have been assessed as suitable and ready for delegation to ICBs. Due to the complexity and risks associated with these services, ICB Designate Chief Executives and NHSE have agreed that they are best undertaken at a Multi-ICS level.

6.3 The national 'roadmap' for specialised acute services published in May outlined the process for the delegation. The road map outlines the following:

- All services will continue to be prescribed specialised services
- As with Primary Care services, NHSE retains accountability for the entire portfolio of specialised services
- All specialised services will be subject to national service specifications and evidence-based clinical policies that will continue to be developed by NHSE
- Universal access to provision of services across the country will be maintained no matter where patients live
- Services will be commissioned on an appropriate geographical footprint, determined by factors including population base and patient flows, between NHSE and (multiple) ICBs
- The clinical leadership infrastructure that supports specialised commissioning will continue and be strengthened
- We will ensure continued involvement of patients and the public in specialised commissioning
- Commissioning expertise will be maintained in the NHSE national and regional teams in 2022/23, increasingly facing towards ICSs from 23/24
- Future delegation arrangements will be underpinned by robust governance and oversight arrangements

6.4 For those specialised acute services which are delegated to the ICB, the ICB will be required under the delegation agreement to come together on a multi-ICS footprint to jointly commission these services. The mechanism for this will be through formal Joint Committees with NHSEI retaining a seat at the table in decision making. NHSEI will retain those services currently not deemed suitable for immediate delegation.

6.5 To support ICBs understand current decision making process in acute specialised services, and to enable greater joint working in 22/23, ICS representatives (or representatives of the agreed multi-ICS footprint(s) will be invited to attend the current Midlands Formal Acute Specialised Commissioning Group (FAMSCG). We also agreed to review the name of this decision making committee to enable a smooth evolution in 23/24 when some formal delegation commences for specialised services,

6.6 The operating model will be co-produced with ICS representatives through two Midlands wide working groups (commissioning and finance). The working groups will model options for both a Midlands-wide and East & West Midlands options, which will be presented to ICB Chief executives early September. This will be informed by appropriate provider engagement.

7. Agreed Next Steps

7.1 Delegation agreements for Primary Medical Services will be sent to ICS from 20th June for 1st July signature. These must be returned to NHS England on the 1st July.

7.2 The modelling for workforce to support the delegation of Pharmacy, Optometry and Dental services will now be completed.

7.3 A dedicated deep dive on finance session for ICB Chief Executives and Directors of Finance for Pharmacy, Optometry and Dental services and Specialised Services will be set for early July to support the ongoing joint development of our approach to delegation.

7.4 Further work will be undertaken to co-produce with ICBs the operating model for specialised service delegation.

7.5 With Chief Executive sponsors (Simon Whitehouse Shropshire, Telford & Wrekin ICS and Toby Sanders of Northamptonshire ICS) NHS England will work though the joint working groups to develop robust governance to support delegation across all functions.

7.6 Jointly develop our approaches to Professional leadership with ICB medical directors and Directors of nursing

Recommendation

My appreciation and gratitude go to the ICB teams and ICB designate chief executives for their ongoing commitment and collaboration with other ICBs and NHSE to co-produce the operating model and approach to delegation. Together we have built a great platform for future joint working and the exploration of opportunities for collaboration.

I would like request that ICS Boards note the content of this briefing and approve the approach and way forward detailed above. Could you please get back to me in confirmation of your agreement, thus providing myself and the Chief Executives the joint mandate to take the work forward.

Roz Lindridge
Regional Director of Commissioning

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:
Staffordshire and Stoke-on-Trent Integrated Care Board
Meeting in Public

Enclosure:	**07**

Title:	**Working with People and Communities Strategy**

Meeting Date:	1st July 2022

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Sally Young	Y	Adele Edmondson

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
N/A	N

	Action Required (select):										
Ratification-R		**Approval -A**	**A**	**Discussion - D**		**Assurance - S**		**Information-I**	

History of the paper – where has this paper been presented		
Update on development of the strategy presented to ICS Board	Sept 21	A
Update on development of the strategy presented to ICS Board	Jan 22	A

Purpose of the Paper (Key Points + Executive Summary):

Integrated Care Boards (ICBs) are required to develop a system-wide strategy for engaging with people and communities, as outlined in the Health and Care Bill. A draft strategy has been produced in collaboration with partners and stakeholders, including the public and the VCSE sector, to outline our approach, although this will continue to evolve as the ICB and the ICP develop.

The guiding principles behind the strategy are to:

- **recognise** the work that is already being done by partners and within communities to champion the public voice
- **celebrate** and build on what is working well,
- **strengthen** our approach by identifying gaps and finding ways to fill them to address inequalities

The Executive Summary describes the aims of the strategy, the approach and the actions taken to date. It also outlines next steps that have been identified to support further development of the strategy, which can be found at: https://www.twbstaffsandstoke.org.uk/get-involved/working-with-people-and-communities-strategy

The strategy aims to support integration and partnership working, whilst remaining dynamic and responsive to change.

Whilst owned by the ICB, the vision is that all partners will work together, with people and communities, to share insight and learning and that the strategy could grow to support this.

Please note the strategy has been produced in PowerPoint in response to feedback to have a document that was more visual than text heavy – it is not intended to be used as a presentation. The strategy will be supported with a public facing summary and additional toolkits.

Is there a potential/actual Conflict of Interest?	**Y/N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):

Implications:	
Legal and/or Risk	The ICB has a duty to comply with section 14Z44 (public involvement and consultation).
CQC/Regulator	N/A
Patient Safety	N/A
Financial – if yes, they have been assured by the CFO	N/A
Sustainability	N/A
Workforce / Training	N/A

Key Requirements:		**Y/N**	**Date**
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N**	
1b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c	Were there any conditions? If yes, please state details and the actions in taken in response: • Condition 1 & action taken. • Condition 2 & action taken.		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2	**N**	
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		

3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients • *Engagement with existing groups and forums* • *Focus groups to codesign local principles of engagement* • *Targeted engagement with seldom heard groups* • *Engagement with partner organisation to map current channels and resources, align to existing arrangements and shape proposals within the strategy* • *Engagement with place-based leads to align strategy to emerging plans* • *Engagement with Healthwatch and VCSE to shape future proposals and align with development of VCSE alliances* • *Engagement with Consultation Institute to align with national thinking and best practice*		
4.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N**	

Recommendations / Action Required:
The Integrated Care Board is asked to: • **To endorse the strategy and support us working through the next steps** • **To review the strategy in March 2023**

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Working with People and Communities Strategy 2022/23

Taking public involvement to a collective new level

Introduction

- Integrated Care Boards (ICBs) are required to develop a system-wide strategy for engaging with people and communities
- However, the vision is that all partners will consistently work together, with people and communities, to share insight and learning
- This strategy outlines our evolving approach to public engagement and involvement
- It has been produced in collaboration with partners and stakeholders and will continue to develop alongside the ICP and ICB
- While this strategy outlines the approach to engagement across the system, it is owned by the ICB, as outlined in the Health and Care Bill
- It aims to support integration and partnership working, whilst remaining dynamic and responsive to change.

ICS principles

- Collaboration not competition
- Planning for populations and population health outcomes
- Reduction in unwarranted variation
- Building on the strong system and place based partnerships within systems
- Subsidiarity and local flexibility.

Our aim

We are designing a new approach to working with people and communities that will support the four key aims of an ICS by:

- Increasing our understanding of the population, including wider determinants of health and wellbeing
- Changing the way that community engagement and involvement takes place, and establish a co-ordinated approach between partners
- Building closer relationships with communities to underpin partnership working
- Resetting the relationship between public services and communities to one in which people are active partners rather than passive recipients of services
- Moving from silo engagement/consultations to working with communities on an ongoing basis to understand their priorities and to build on local strengths and assets.

Our aim

Quadruple aim of an ICS:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience, and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

Our journey

Working collaboratively with partners, the public, Healthwatch and the VCSE sector, we wanted to:

- Build on established relationships and the work already being done by partners
- Work with council partners to build on learning and align to existing channels
- Review local approaches, identifying best practice and learning
- Work with partners and communities, including the seldom heard, to understand current barriers and identify opportunities
- Involve community leaders to shape the approach and secure their support
- Work with communities to design a set of core principles that can be shared across all partners
- Create a system-wide approach to involve a diverse and representative proportion of the community.

Actions to date

- Audit to map current engagement mechanisms and gaps
- Engagement with existing groups and forums
- Focus groups to codesign local principles of engagement
- Targeted engagement with seldom heard groups
- Engagement with place-based leads to align strategy to emerging plans
- Engagement with councils and partners to build on what is working well
- Engagement with Healthwatch and VCSE to shape future proposals and align with development of VCSE alliances
- Engagement with Consultation Institute to align with national thinking and best practice
- Reviewed best practice examples from ICSs in other parts of the country
- Reporting to the ICS Partnership Board outlining our approach and supporting the next steps.

Core Principles

- Health and wellbeing are everyone's business
- Put the public voice at the heart of decision making
- Don't make assumptions
- Recognise and adapt to the different needs of the population
- Do it once and do it well
- Allow enough time to engage properly
- Be honest, open and transparent
- Clear, accessible communication
- Commit to feedback
- Build on what is already there.

Elements of the Strategy

Working collaboratively, we have an opportunity to collectively improve and develop how we work with people and communities. Emerging proposals as part of the ICB strategy include:

- Non Executive Director to champion community involvement and equality
- A People and Communities Assembly, aligned to the VCSE alliances
- On-line People's Panel – demographically representative
- Intelligence Observatory – to support information sharing and alleviate involvement fatigue/frustration
- Central stakeholder communications to build trust with clear, regular, and accessible communications
- Community Champions – to increase reach into grassroots communities
- Collaboration with Healthwatch and the community and voluntary sector through established infrastructure organisations
- Common purpose – to support effective communications and engagement across all partners.
- Utilising resources from CCGs PPI budgets to resource posts at Place to lead on involvement work with communities.

Next steps

We recognise that the ICB strategy will continue to evolve as the integrated care system and integrated care partnerships develop. Discussions are ongoing with partners and stakeholders to ensure the strategy is able to support emerging arrangements and priorities.

Next steps identified include:

- Reviewing feedback on the strategy submission from NHSE and NHSI
- Ensuring the strategy aligns to NHS public involvement statutory duties once published
- Targeted engagement with partners and stakeholders to finesse proposals
- Further engagement on areas such as supporting Primary Care Networks, Provider Collaboratives and working with children and young people
- Development of People and Communities Assembly, including proposed membership and Terms of Reference
- Development of draft role description for dedicated resource at place
- Provide programmed reports to the ICB via the Quality Committee – including a six month status update in January 2023
- Review the strategy in March 2023 to ensure it aligns and supports delivery of the five-year Integrated Care Partnership Strategy.

Recommendations:

To endorse the strategy and support us working through the next steps

To review the strategy in March 2023

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO: ICB Board Meeting
Staffordshire and Stoke-on-Trent Integrated Care Board
Meeting in Public

Enclosure:	**08a**

Title:	**Local System Delivery Plan**

Meeting Date:	1st July 2022

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Paul Brown Chief Financial Officer	Y	System Planning Leads

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
N/A	N/A

	Action Required (select):										
Ratification-R		**Approval -A**	**X**	**Discussion - D**	**X**	**Assurance - S**		**Information-I**	

History of the paper – where has this paper been presented		
Strategy Finance and Performance Committee	22nd June 2022	D/I
ICS Executive Forum	23rd June 2022	D/I

Purpose of the Paper (Key Points + Executive Summary):

The attached document provides an overview of the development of the local system delivery plan including linkages to national planning requirements and priorities, the process and approach taken, a review of existing programmes, a proposed portfolio structure including how this will be managed and monitored, key milestones for the year ahead and the next steps in its development.

A local System Delivery Plan is being produced for 2022-2023 to ensure that the system is aligned and we are collectively clear about who is doing what, when and how we will be able to assess success. The plan will provide assurance that all 10 national priorities, 36 associated priorities and 234 deliverables, plus local priorities that have been agreed, are being addressed. This will become our local System plan and will be the main route by which we assess our success in 2022/23. Regulators will concentrate on a sub-set of these areas. The System will use this plan to inform all future System reviews (external) meetings and internal (system) assurance and inform development of the Five Year Strategic Delivery Plan 2023-2028.

The Local System Delivery Plan for 2022/23 describes:

- **What we are doing this year** - Setting out our key actions and deliverables
- **Who is responsible (the SRO and Programme)** - Streamlining our programme structure
- **When the outcomes will be delivered** - Setting out our timelines for delivery
- **How we will measure whether it happened** - Setting out how we will measure success

Once agreed, the plan will be fixed for the year. Any new priorities would need to be explicitly agreed and added to the plan. The Plan will then be used to inform development of the Five Year Strategic Delivery Plan 2023-2028, which needs to be in place by March 2023.

Approach

A four stage process has been undertaken to inform development of the Local Delivery Plan 2022-2023:

- **STAGE1:** Assessed all 10 national priorities and deliverables set out in the Operational Planning guidance, whether there is evidence that we have a work programme underway in existing plans or programmes of work. We found that most are covered somewhere, but that this was dispersed across a large number of unconnected programmes.
- **STAGE2:** Building on Phase 1, consolidated existing metrics into one place and mapped these against the deliverables to determine if a relevant metric exists with a clearly defined outcome and mapped against PIPs and PBP priorities to ensure local priorities are reflected
- **STAGE3:** Undertaken Programme & Governance Review of existing programmes; Proposed new simplified programme structure to support delivery of System Priorities and currently undertaking a mapping exercise against Local Authority Programmes to ensure alignment
- **STAGE4:** Development of a trackable delivery plan to match the metrics we have in place and ensure that we can lock the delivery elements into a reporting process - This work will then be used to inform the development and refresh of the 5 Year Strategic Delivery Plan 2023-2028

Subject to approval the Local Delivery Plan 2022-2023 will be published, this will include a public facing version. Critical to the success of implementation and delivery will be the agreement of CEO leads and SROs and agreement / deployment of system resources to provide the required level of capacity to deliver against our priority actions within the timescales & parameters. We are proposing that CEOs Leads are agreed by the 6th July; SROs agreed by the 20th July and the allocation of resources by the end of August with the new portfolio Structure implemented and fully operational by Mid- September.

Is there a potential/actual Conflict of Interest?	**N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	
N/A	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
N/A

Implications:	
Legal and/or Risk	N/A
CQC/Regulator	N/A
Patient Safety	N/A
Financial – if yes, they have been assured by the CFO	N/A
Sustainability	N/A
Workforce / Training	N/A

Key Requirements:		**Y/N**	**Date**
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N**	

1b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c	Were there any conditions? If yes, please state details and the actions in taken in response: • Condition 1 & action taken. • Condition 2 & action taken.		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2	**N**	
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**N**	
4.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N**	

Recommendations / Action Required:

The Integrated Care Board is asked to:
 	
1. **Discuss and approve**
   a. **the contents of the attached**
   b. **the approach taken**
   c. **next steps**

Staffordshire and Stoke-on-Trent
Integrated Care System

Local System Delivery Plan 2022-2023

(Final draft document)

Contents

Introductions and intentions

A local System Delivery Plan is being produced for 2022-2023 to ensure that the system is aligned and we are collectively clear about who is doing what, when and how we will be able to assess success. The plan will provide assurance that all **10 national priorities, 36 associated priorities and 234 deliverables,** plus local priorities that have been agreed, are being addressed. This will become our **local System plan** and will be the main route by which we assess our success in 2022/23. Regulators will concentrate on a sub-set of these areas. The System will use this plan to inform all future System reviews (external) meetings and internal (system) assurance and inform development of the Five Year Strategic Delivery Plan 2023-2028.

The Local System Delivery Plan for 2022/23 will describe:

What we are doing this year - Setting out our key actions and deliverables

Who is responsible (the SRO and Programme) - Streamlining our programme structure and management

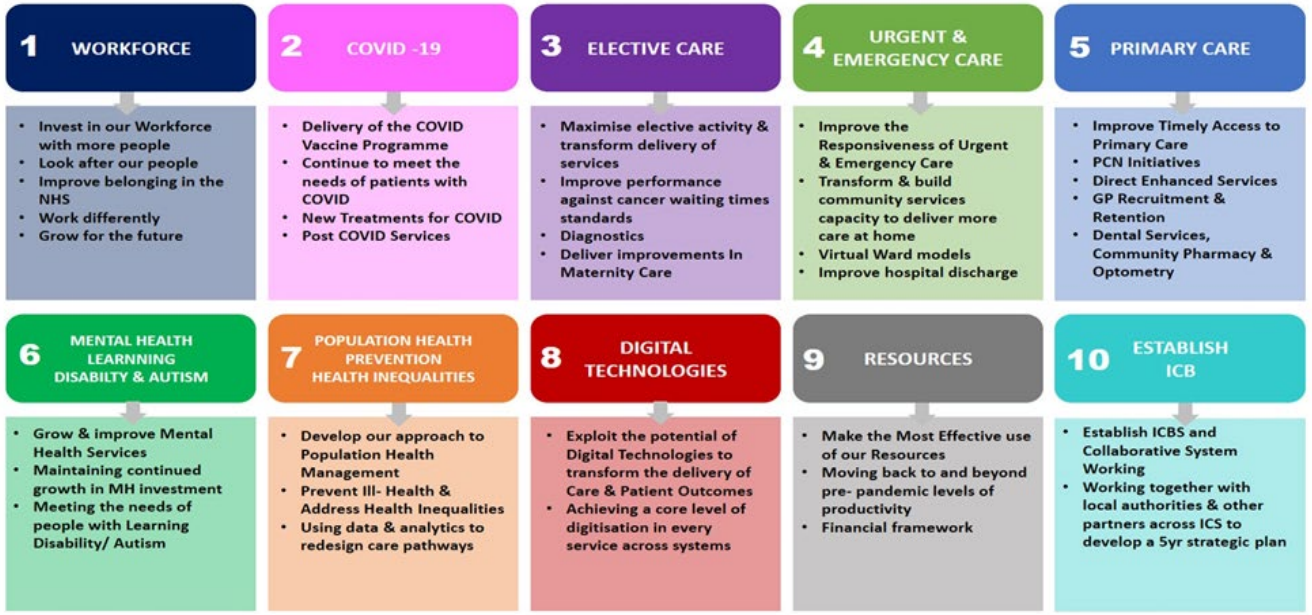
When the outcomes will be delivered - Setting out our timelines for delivery

How we will measure whether it happened - Setting out how we will measure success

Once agreed, the plan will be fixed for the year . Any new priorities would need to be explicitly agreed and added to the plan. The Plan will then be used to inform development of the Five Year Strategic Delivery Plan 2023-2028, which needs to be in place by March 2023.

National planning requirements and priorities

In January 2022 NHSEI released Operational Planning Guidance for 2022-2023. The national templates released for the 2022/23 operational plan relate to clear delivery requirements for the year against **10 national priorities**. These are set out in the diagram below:



Critical actions – Regional Assurance
The Region concentrated on four of these areas and so our response to them covered:

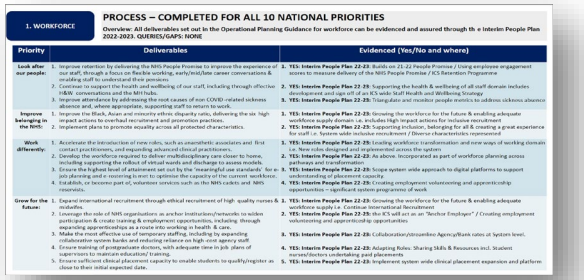
- Elective Recovery
- Workforce
- Diagnostics
- Urgent and Emergency Care and Community Capacity

Systems submitted their operating plans on 28 April 2022 setting out the critical actions that systems will take to address the priorities set out in the 2022/23 operational planning guidance with a specific focus **on elective recovery, health inequalities, workforce, diagnostics, urgent and emergency care and community capacity**. The guidance also sets out the requirement that Integrated Care Systems have refreshed 5 Year Strategic Delivery Plans in place by March 2023 for the period 2023-2028.

In recognition that the System Operating Plan 2022-2023 was not required to address all 10 National priorities, a local System Delivery Plan has been produced for 2022-2023, so that we can connect all the work that we are doing together and to provide assurance that all **10 national priorities**, 36 associated priorities and 234 deliverables are being addressed. This will become our local System plan and will be the main route by which we assess our success in 2022/23.

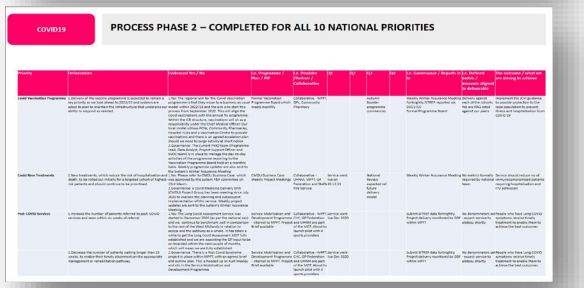
Process and approach

A four stage process has been undertaken to inform development of the Local Delivery Plan 2022-2023:



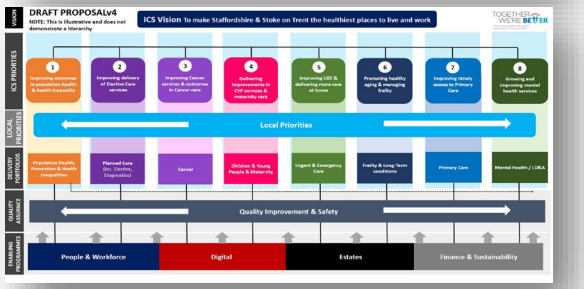
PHASE 1

- Assessed **all 10 national priorities** and deliverables set out in the Operational Planning guidance, whether there is **evidence** that we have a work programme underway in **existing plans** or programmes of work. We found that most are covered somewhere, but that this was dispersed across a large number of unconnected programmes.



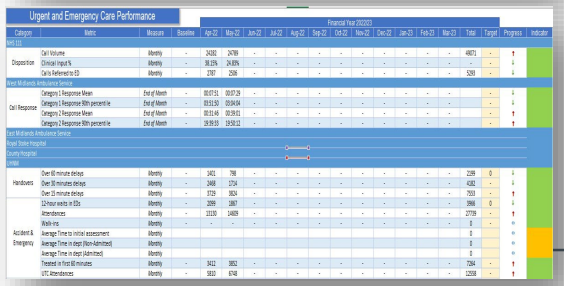
PHASE 2

- Building on Phase 1, **consolidated existing metrics into one place** and mapped these against the deliverables to determine if a **relevant metric exists with a clearly defined outcome**
- Mapped against **PIPs and PBP priorities** to ensure **local priorities** are reflected



PHASE 3

- Undertaken **Programme & Governance Review** of **existing programmes**
- Proposed new **simplified programme structure** to support delivery of System Priorities
- Undertaking a mapping exercise against **Local Authority Programmes** to ensure alignment



PHASE 4

- **A trackable delivery plan** to match the metrics we have in place and ensure that we can **lock the delivery elements into a reporting process**
- This work will then be used to inform the development and refresh of **the 5 Year Strategic Delivery Plan** 2023-2028

Programme review

The system has a myriad of Committees, Board and Programmes which have emerged over time. Some of these are driven by Regional or National requirements whilst others are developed from ICS priorities for example the delivery of system savings. There are currently no common expectations or deliverables from these groups and some have limited visibility at system level.

The establishment of the ICS provides the opportunity to revisit our programme and delivery structure and make this simple and streamlined. The proposal is to establish a **small number of portfolios** co-chaired by an SRO drawn from the one of the system partners executives and a clinical lead.
The purpose of each portfolio is:

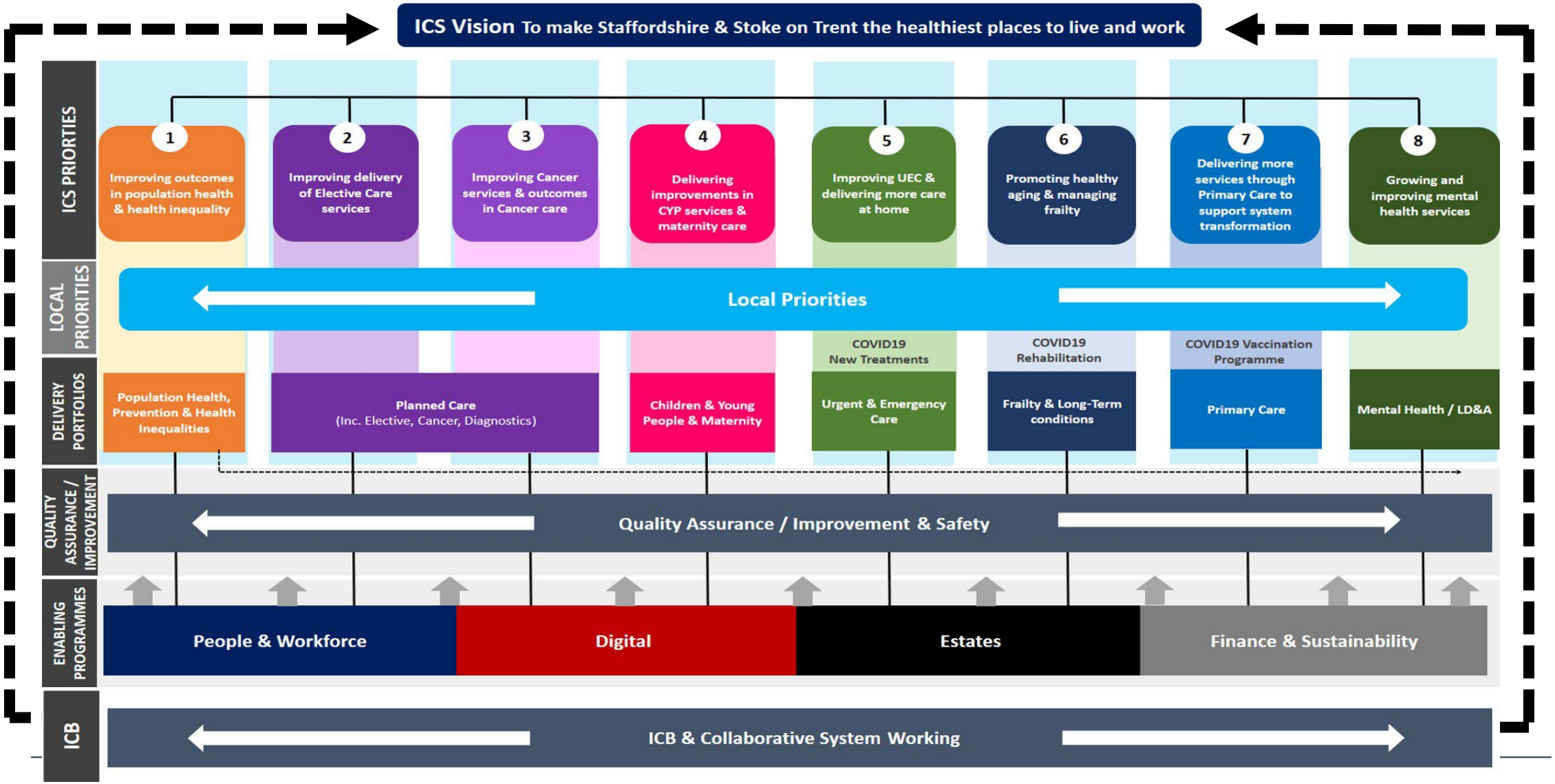
Existing Programmes

Programme	DELIVERY	ASSURANCE	ENABLING
Urgent & Emergency Care	☑	☑	
Planned Care	☑	☑	
Population Health Management	☑	☑	☑
Children & Young People	☑	☑	
Cancer	☑	☑	
Covid-19 Vaccination	☑	☑	
Covid-19 New Treatments	☑	☑	
EPCC	☑	☑	☑
Learning Disability & Autism	☑	☑	
Transformation		☑	☑
Maternity and Neonatal Services	☑	☑	
Mental Health	☑	☑	
Personalised Care			
Prevention	☑	☑	☑
Health Inequalities	☑	☑	☑
Primary Care	☑	☑	☑
Digital	☑	☑	☑
Estates			☑
Back Office			☑
Sustainability(			☑
People and Workforce	☑	☑	☑
System Savings			☑

- **Working with partners and stakeholder to developing the strategy in the area to meet the system priorities (co-produced at a system level based on evidence)**
- **Delivery of objectives in the area (national and local) in conjunction with the Delivery Director**
- **Task and finish of transformations needed to deliver the above (these can be short, medium or long term) including establishing appropriate MDTs which draw in capacity and capability from other portfolios or subject matter experts for example quality or finance – in conjunction with the Transformation Director**
- **Providing assurance to the ICB CFO and system on the items above**
- **Support transformation within other portfolios for example the digital portfolio will support work on LTCs through new remote monitoring technologies**

Portfolio proposal

The proposed Portfolio structure:



Portfolio management approach

To support the proposed Portfolio structure, the following management approach is recommended::

- Each Portfolio will have a **Chief Executive sponsor**. Leadership will be by a **Senior Responsible Officer** (SRO) and a **Clinical Director**
- The SRO will be an Executive role within the system. They will be responsible for the **management of the Portfolio**. The Clinical Director will be the subject matter expert linking into the Senate and will be responsible for clinical engagement and buy in. Jointly they will be responsible for delivery of the plan and transformation of the service
- Each Portfolio will have a **senior operational / management lead** with a focus on delivery. A team will be developed using CCG and system resource
- Each Portfolio will work to a **standard agenda** which will include:

- ✓ **Items of strategic significance / horizon scanning;**
- ✓ **A performance dashboard**
- ✓ **An overview of programme and project delivery for their area – this will include all relevant system savings projects**

- Each Portfolio will have its **own risk register**
- Each Portfolio will use a standard format to report by exception to the system's **Finance and Performance Committee** and /or **Provider Collaborative Board**, who in turn will report to the Integrated Care Board. This report will be completed by the TDU lead approved by the SRO
- Each Portfolio will have the authority to approve new programmes / projects which are within its remit**
- Each Portfolio will have a nominated **TDU lead** who will have a key role in mapping the interdependencies across the various portfolios and to support the delivery of all programme / project activity
- Each Portfolio will have a detailed resource plan developed and agreed which sets out what resources will be made available from across **all partner organisations** to deliver the agreed activities. This will include additional Programme and Project Management support as required

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*** Only the Integrated Care Board can approve the creation of a new Portfolio or the closure / merger of an existing Portfolio*

Portfolio performance metrics

A Portfolio Performance Dashboard is being developed to ensure we have a trackable delivery plan in place:

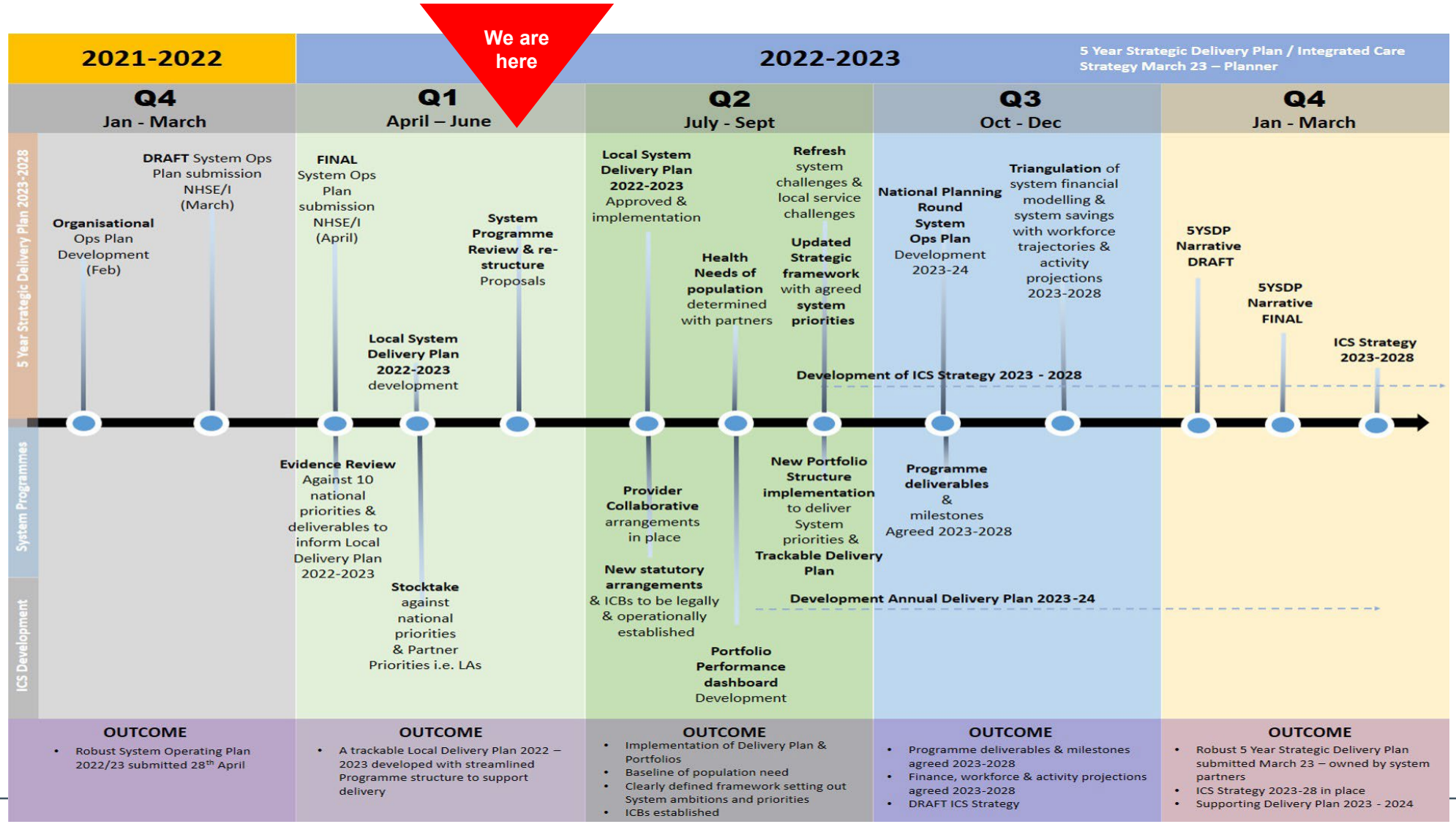
- As part of phase 2 each portfolio lead has consolidated existing metrics into one place and mapped these against the deliverables to determine if a relevant metric exists. This work will inform the development of a **portfolio performance dashboard** and demonstrate delivery against the local delivery plan.
- Metrics are measures of quantitative appraisal universally used for assessing, comparing and monitoring. A good metric will therefore be:

- ✓ **Easy to measure**
- ✓ **Directly correlated to ICS goals/priorities**
- ✓ **Provide a predictive mechanism for future performance**
- ✓ **Comparable/ability to benchmark against others and over time**
- ✓ **Consistently and routinely collected**

- Metrics will be diverse and encompass **both traditional as well as less traditional metrics** . Although not limited to, metrics could include; quality, inequalities, workforce, staffing levels, access, service utilisation.
- Each SRO will **define the specification and content** for their portfolio dashboard and use a consistent format and design. It is envisaged that agreed metrics will show **delivery of key targets, direction of travel and where possible will be comparable with other systems and other programmes**.
- All metrics will be **baselined where possible for 19/20** and targeted based upon the Operational Plan aims or National Guidance.
- The SRO will be responsible for presenting performance to the meeting and in to the system.
- Each Portfolio will have a **nominated intelligence analyst** who will have a key role in supporting the SRO in identifying and specifying the key analytical questions, interpret performance for the portfolio and communicate compelling analytical messages. They will utilise data from a variety of sources eg provider activity and performance data, population level data including where possible health inequalities profile, the shared care record and comparative data from sources such as Model System and GIRFT.
- Each Portfolio will also be involved in a regular cycle of **ICB deep dives in to performance** which will supplement the dashboard. The SRO and clinical lead will agree the area of focus and shape the development of the deep dive. A deep dive report will cover a specific area themed area in more detail, providing clear explanations of the issues and any drivers of poor performance and additional analysis to provoke debate to facilitate an action orientated discussion.

Key milestone for the year ahead

The planner below sets out the key milestones leading to development of the System's 5 year Strategic Delivery Plan 2023-2028



Next steps

The proposals set out in this presentation and the supporting Local Delivery Plan 2022-2023 (embedded / attached as Appendix 1) will be presented and discussed at System Finance and Performance Committee on 22 June, followed by CEO Forum on 23 June and approval sought at ICB Board on 1 July.

Subject to approval the Local Delivery Plan 2022-2023 will be published, this will include a public facing version. Critical to the success of implementation and delivery will be the agreement of CEO leads and SROs and agreement / deployment of system resources to provide the required level of capacity to deliver against our priority actions within the timescales and parameters.

We are proposing that CEOs Leads are agreed by 6 July; SROs agreed by 20 July and the allocation of resources by the end of August.

New portfolio Structure implemented and fully operational by Mid September.

Staffordshire and Stoke-on-Trent Integrated Care System

2022/23 Operational Plan

Overview

- The 2022/23 Operational Plan was submitted to the regional team on 28 April 2022.
- Subsequently NHSEI wrote to all ICB Accountable Officers Designate and ICB Chief Financial Officers Designate on 20 May 2022 setting out the intention to allocate £1.5bn to deal with additional inflationary pressures. In accordance with this, systems and providers were expected to make a range of planning resubmissions by 20 June 2022.
- The final submission required systems to update against activity and performance, finance and workforce.
- Systems and providers were asked in particular to set out elective activity plans that were as stretching as possible whilst being deliverable, taking into account current activity levels and the productivity opportunities from implementing the new IPC recommendations and from other measures.
- The ICS has made progress with most elements of the plan since the April submission, however challenges remain around elective recovery with a range of ambitions not being met at ICS level.
- An iterative process will continue throughout 2022/23, at ICS, portfolio and organisational level to continue at pace building on plans and assessing them against delivery.

National ambition summary

Elective

- The ICS is currently planning to deliver increased levels of RTT Completed Pathways to those in 19/20, however still misses the national ambition of 110% more activity than before the pandemic. Complexity of patients requiring surgery is a particular factor
- Plans are compliant on zero 104 week waits by June 2022
- Risks are noted around 104 week wait and 78-week position on electives and sustainability of this across the whole of 2022/23
- Cancer treatment volumes will be compliant with national ambitions
- 28-day faster diagnosis performance will be met by March 2023
- Remote consultation activity is compliant with the national ambition to increase to 25% or more.

Urgent and Community Care

- Virtual ward development will meet the national ambition by December 2023
- Current two-hour UCR performance is above the national 70% threshold and will meet the national ambitions.

National ambition summary

Health Inequalities

- Actions are aligned well with the five national health inequality priorities and national ambitions in the operational planning guidance
- Work is in partnership with Local Authorities, communities and the Voluntary, Community and Social Enterprise (VCSE)
- Recurrent investment has been allocated to the ICS to focus on work around health inequalities.

Workforce

- The resubmitted plan does not demonstrate any workforce movements to the submission made on 28 April 2022. All providers have confirmed that the plans previously submitted are an accurate representation of planned staff in post for 2022/23
- Workforce is one of the main risks identified throughout all areas of the plan.

Finance

- The finance plan was submitted supported by an update which outlines the key movements in the ICS finance submission. All organisations individually, and the system collectively, plan to achieve a breakeven financial position.

Elective care resubmission summary

- In the June resubmission the ICS has made progress with most elements of the plan since the original April submission

- The three main acute providers for Staffordshire and Stoke-on-Trent ICS have submitted revised activity plans for elective inpatient, daycase and outpatient first attendances. This has meant that the ICS has been able to improve its elective plan since the 28 April submission. This was driven by providers revising their activity for elective inpatient, daycase and outpatient first attendances

- Overall improvements have been made in recovery of both Elective and Day Case Activity levels, though further focus is required to achieve the 110% and 104% (cost-weighted activity) set out in the planning guidance

- Overall the ICS is planning to eliminate all 104 weeks waits, significantly reduce (but not eliminate) the number of 78 week patients

Elective care resubmission summary

- The challenges for elective care are clear and we will continue to work on this. As a system we are examining whether further improvements in productivity can play through to the outturn
- The ICS remains committed to reducing waiting lists throughout 2022/23. We will continue to focus on three key areas including productivity opportunities, validation of the waiting list and a system view of capacity across specialities to address long waits
- The infrastructure around elective care has been strengthened through the review of our portfolio structures
- The elective care portfolio will maintain the granular detail and control of delivery, with the SRO providing the senior leadership team with oversight of delivery on a monthly basis. Updates will flow through the ICB governance process at System Finance and Performance Committee with escalation as required through to the ICB board.

National Ambition	National Target	ICS
Elective		
Delivering over 10% more elective activity than before the pandemic and reduce long waits (110% of RTT Completed Pathways, 104% Cost Weighted Activity)	110%	✗
	104%	✗
Reducing outpatient follow-ups by a minimum of 25% by March 2023	75%	✗
Eliminating waits of over 104 weeks as a priority by end of June 2022 and maintaining this position through 2022/23	0	✓
Eliminate waits of over 78 weeks by April 2023	0	✗
Developing plans that support an overall reduction in 52 week waits	Reduce	✗
Cancer		
Increase first Treatment Volumes % based on 19/20 provider levels	>100%	✓
Returning the number of people waiting for longer than 62 days to the level in February 2020 (200)	200	✓
Improving performance against the 28-day faster cancer diagnosis standard to 75% of patients	75%	✓
Diagnostics		
Increase diagnostic activity to a minimum of 120% of pre-pandemic levels across 2022/23 to support these ambitions and meet local need	120%	✗
Outpatient Transformation		
Advice and guidance as % of first outpatient	Increase	✗
Moving or discharging 5% of outpatient attendances to Patient Initiated Follow-Up (PIFU) pathways by March 2023	5%	✓
Continue offering both video and telephone Consultations for outpatient services where clinically appropriate, with a minimum of 25% of consultations taking place via this route	25%	✓

Elective care resubmission summary

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:
Staffordshire and Stoke-on-Trent Integrated Care Board
Meeting in Public

Enclosure:	**08b**

Title:	**Financial Plan – 2022/23**

Meeting Date:	1 July 2022

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Paul Brown – Chief Finance Officer	Y	Paul Brown Helen Dempsey – Deputy Director of Finance

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
N/A	

	Action Required (select):										
Ratification-R		**Approval -A**		**Discussion - D**		**Assurance - S**		**Information-I**	**X**

History of the paper – where has this paper been presented		
	Date	A/D/S/I
CFO Forum	15/6/2022	D
System Finance and Performance Committee	22/6/2022	I
CEO Forum	23/6/2022	I

Purpose of the Paper (Key Points + Executive Summary):

This paper has been prepared for NHS England and Improvement and System Partners to summarise the financial plan as submitted on 20 June 2022.

The Board will be aware that the system has been working for several months now to try and create a balanced financial plan for 2022/23. This goal has now been met.

The plan and the changes since the last submission are summarised in this pack. Whilst we are pleased to have achieved the goal, it is important to recognise that a great deal of risk has been taken into the plan.

Delivering this plan in the context of sharply rising prices and significant operational challenges will not be straight-forward.

In creating this balanced plan we have agreed to use the Intelligent Fixed Payment mechanism to create balanced plans for each constituent part of the system. It needs to be recognised that the resultant risks are not necessarily evenly distributed, for example covid costs or inflation might have a different effect to different organisations. We have agreed the principle that where costs rise above the plan in areas where we have been instructed to take a specific approach, the impact of that would be shared.

The pack sets out that work on collectively managing these risks is underway. We also stress the importance of now addressing the underlying deficit that we face, so that we are in good shape by the time 2023/24 arrives

Is there a potential/actual Conflict of Interest?	**N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):

Implications:	
• **Legal and/or Risk**	
• **CQC/Regulator**	
• **Patient Safety**	
• **Financial – if yes, they have been assured by the CFO**	
• **Sustainability**	
• **Workforce / Training**	

•

Key Requirements:		**Y/N**	**Date**
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N/A**	
1b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c	Were there any conditions? If yes, please state details and the actions in taken in response: • Condition 1 & action taken. • Condition 2 & action taken.		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2	**N/A**	
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		

2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**N/A**	
4.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N/A**	

•

Recommendations / Action Required:
The Integrated Care Board is asked to: • **NOTE** the submission of the balanced financial plan • **NOTE** the additional income/resource allocation and key assumptions made in moving from the deficit plan of £28.6m on 28 April to the balanced plan on 20 June • **NOTE** the risks identified and the actions being taken to address those risks

Staffordshire and Stoke-on-Trent Integrated Care System

Final 2022/23 financial plan for the system

Briefing pack for system partners and regional colleagues

Introduction

- The system has been working for several months now to try and create a balanced financial plan for 2022/23. This goal has now been met
- The plan and the changes since the last submission are summarised in this pack. Whilst we are pleased to achieved the goal, it is important to recognise that a great deal of risk has been taken into the plan. Delivering this plan in the context of sharply rising prices and significant operational challenges will not be straight-forward
- System CFOs and our colleagues have worked together extremely well, and there is strong trust and mutual respect. Gone are the days when organisations held back information from one another, replaced by a culture of openness and transparency.

Introduction

- In creating this balanced plan we have agreed to use the Intelligent Fixed Payment mechanism to create balanced plans for each constituent part of the system. It needs to be recognised that the resultant risks are not necessarily evenly distributed, for example covid costs or inflation might have a different effect to different organisations. We have agreed the principle that where costs rise above the plan in areas where we have been instructed to take a specific approach, the impact of that would be shared. So for example the plan has no allowance for non pay or pay inflation above the planning levels notified, even though in the case of non pay we already see costs at a higher level. Other costs, for example Cost Improvements, would continue to be the responsibility of the respective organisation

- The plan that follows sets out that work on collectively managing these risks is underway.

- We also stress the importance of now addressing the underlying deficit that we face, so that we are in good shape by the time 2023/24 arrives.

Financial position as at 28 April 2022

- The plan submitted on 28 April 2022 presented an in-year system **deficit of £28.6m**. In submitting this plan there were clearly a number of critical planning assumptions:
  - Covid19 costs have been removed from June onwards as per national guidance
  - Contractual risks regarding Specialised Commissioning and the WMAS contract
  - We retained no contingencies
  - We assumed a £14.7m contribution to the bottom line from ERF and SDF and therefore assumed that additional activity can be delivered at marginal cost only
  - There is a risk of further price inflation on areas such as fuel, drugs and CHC packages of care
  - Deliverability of substantive workforce changes which release premium costs from agency & bank employed staff
  - Stepping up efficiency after 2 years whilst we are still dealing with significant operational pressures

Financial position as at 28 April 2022

- At the point of the 28 April plan we were reporting the requirement to identify **£21m mitigations** to address the above risks
- We also modelled the underlying position and currently have assessed an **underlying deficit of £133.4m**
- This pack builds sets out the changes to the financial plan from 28 April to the final plan which will be submitted on the 20 June 2022
- Page 4 and 5 set out the bridge from the 28 April plan to the 20 June plan
- Page 6 and 7 set out the revised risks and mitigations as at 20 June
- Page 8 sets out the next steps for the system in moving towards financial sustainability

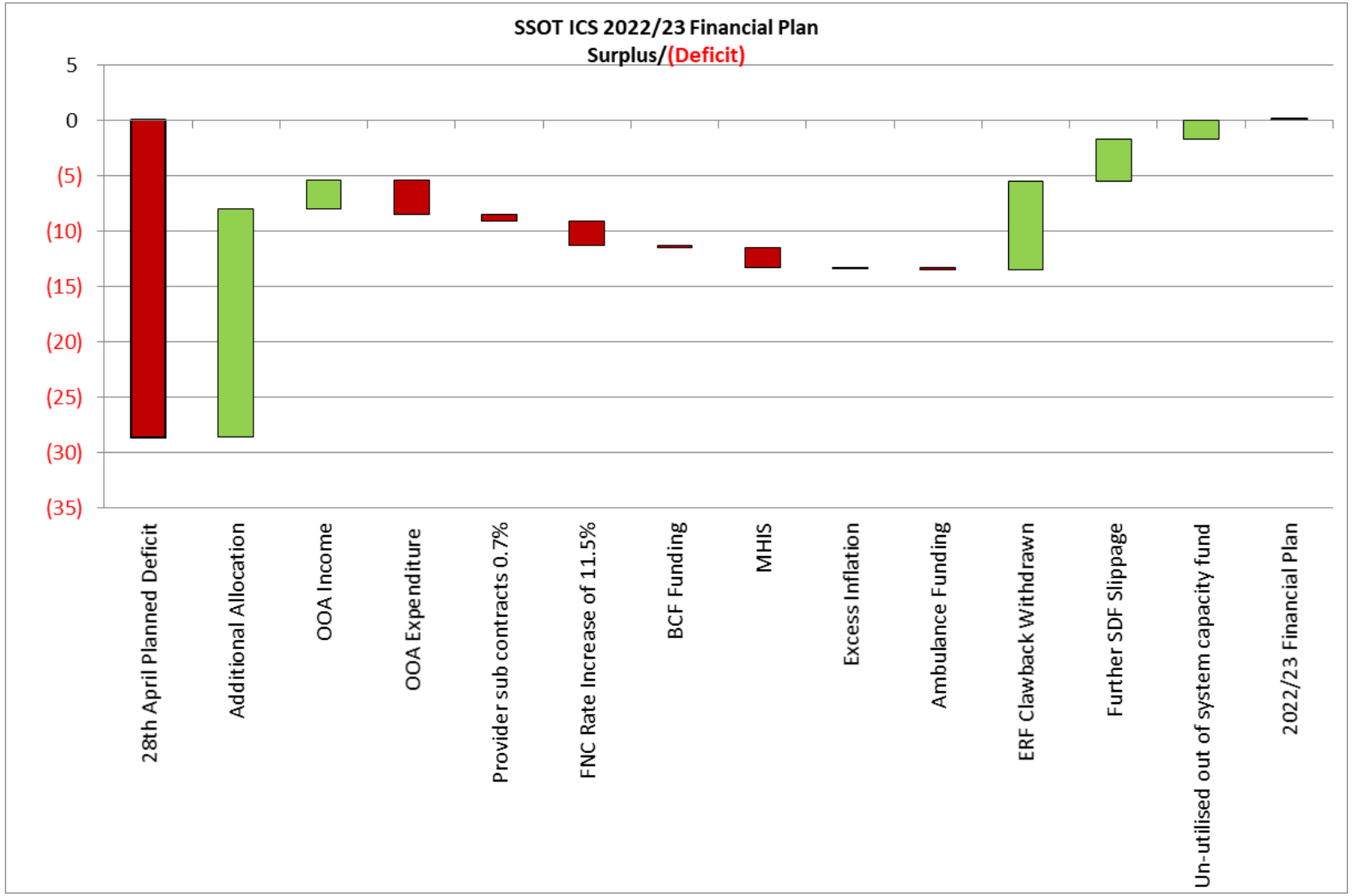
Financial plan position as at 20 June 2022

- Following the national submission of plans, systems were allocated additional resources from NHS England and Improvement in recognition of the level of pressure within financial plans. Staffordshire and Stoke on Trent's population based share of the **additional resource is £20.6m**. In addition, providers will receive an **additional £2.5m income for specialised services**
- Elements of the £20.6m resource are attributable to out of system providers and other nationally mandated payments
- In addition, the following key assumptions have been agreed with NHSE/I:
  - **No additional inflationary pressures or cost base pressures** to be included on top of that already within the 28 April plan;
  - **Systems will retain 100% of the Elective Recovery Fund** allocation irrespective of performance *(NB based on the activity plans as at 17 June, the system faces a risk of £13.1m loss of income as aggregate performance is circ 100% rather than 104% against cost weighted activity. This is included within the ERF risk on page 7)*
  - **ERF premium is retained within the system** and not payable to out of system providers.
  - The system recognises the financial commitment required to **meet the Mental Health Investment Standard**
  - **If any of the above assumptions are not able to be delivered then there will inevitably be a deterioration in the systems position and this position has been recognised by NHSE/I**

Financial plan position as at 20 June 2022

- The system has reviewed non-recurrent spend, including the capacity fund and has identified additional flexibilities
- Taking all the above measures into account, at an aggregate level the system will be able to submit a **balanced plan on 20 June**, and adopting the IFP principles, contract values will be reset to allow **each statutory body to deliver breakeven**
- The detailed bridge between the 28 April and 20 June plan is set out on page 5
- It should be noted that at this stage we have not worked through the implications for the underlying deficit position of £134m. This work is scheduled to be completed for mid July.

Bridge from 28/4 to 20/6 plan



Risks to plan delivery

- We recognise that this is a very risky plan, especially not building in **covid costs and inflationary pressures** which we are already seeing come through around energy and service cost inflation. The guidance on this area has been very clear and had we included the excess inflation in our plan we would have been out of line with other systems
- We are also seeing **guidance from national sources referencing the "inflationary increase" as a source of support** – most recently the guidance on "Meeting the initial health needs of people arriving in the UK from Ukraine" received on 14 June. Whilst individually these aspects are not material they set a supposition that there is additional funding available and collectively are adding further risks to the plan
- In addition, we recognise the material risk that we are **not passing out ERF premium to our out of system partners** where we have material patient flows. Regional colleagues have supported this assumption and are aware that a national decision that would require payment to providers in other system of the ERF premium or the capacity fund, would lead to a deterioration in the system plan
- Page 7 sets out a refresh of the net risk position building on the 28 April plan.

Risks and mitigations

Significant risks need to be mitigated if the system is to deliver this planned position, as summarised below:

Mitigations

Unidentified mitigations	£37.2m
NR Flexibility / Vacancy Pause	£15.4m
Investment Slippage	£5.0m
Pay Award Funded	£10.3m
Further Excess Inflation Funded	£12.0m
Covid19 Removal of June onwards Funded	£6.9m

(£86.8m)

Risks

£7.3m	Specialised Commissioning Contract Alignment & Ambulance Allocation Mandated to be passed to WMAS
£20.9m	Efficiency Delivery Shortfall
£29.4m	ERF including premium /SDF/Capacity Funding Mitigation Assumption
£10.3m	Pay Award Above National Assumption Unfunded (2%)
£12.0m	Excess Inflation Post 28th April Plan. Known Pressures & 5.3% Tariff Assumption.
£6.9m	Covid19 Costs Continue From June Onwards

(£86.8m)

Next steps

- Recognising the inherent risk within the plan we have agreed to be very clear on how we address system financial risk in a systematic and transparent manner. The following steps have been agreed:
  - Following the submission of the final plan on 20 June we will complete a detailed refresh of the risks and mitigations based on the planning assumptions within the 20 June plan and the position emerging from the month 2 financial reporting
  - We will develop a system-wide finance risk register which will be updated monthly and form a key part of our internal reporting at both system and organisation level
  - We will maintain detailed analysis and evidence of the excess inflation being experienced and any other uncontrollable costs eg continuing covid related costs which we will use to articulate the system's recurrent and non-recurrent position, even where these can be mitigated through in-year flexibilities. This will be critical to the development of the medium term financial strategy
  - We will be clear how we deal with system risk versus organisational delivery issues through the Intelligent Fixed Payment System and we will implement a clear system level process for investments which impact on the system's recurrent cost base

Next steps

- Following the work to refresh the underlying position, we will then focus on developing the system level medium term financial model for the early Autumn in readiness for future planning rounds. We intend to build a system capacity model to underpin this plan.
- Collectively we will build in-year mitigations for 2022/23 and refresh the financial strategy to be clear on the opportunities and steps which will enable us to close the underlying deficit and set Staffordshire and Stoke on Trent ICS on the road to financial sustainability

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:
Staffordshire and Stoke-on-Trent Integrated Care Board
Meeting in Public

Enclosure:	**08c**

Title:	**Financial Position May 2022**

Meeting Date:	1 July 2022

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Paul Brown – Chief Finance Officer	Y	Paul Brown Helen Dempsey – Deputy Director of Finance

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
N/A	

	Action Required (select):										
Ratification-R		**Approval -A**		**Discussion - D**		**Assurance - S**		**Information-I**	**X**

History of the paper – where has this paper been presented		
	Date	A/D/S/I
Executive Weekly Meeting	20/6/2022	D
System Finance and Performance Committee	22/6/2022	I

Purpose of the Paper (Key Points + Executive Summary):

- This is the system level summary of the statutory body positions which are reported in detail through individual organisations' internal governance arrangements.
- The purpose of this summary is to aggregate the system position, against the system's overall resource envelope.
- Month 2 has been calculated against the 28th April deficit budget and will be reworked as part of the new plan.
- Given the above, only the YTD position is reported at month 2 but from month 3 onwards we will be reporting the forecast outturn and also the risk position.
- Key points to note are:
    - Pressures are starting to emerge in terms of inflationary pressures reflected within the YTD position and also slippage on delivery in terms of CIPs. Most notably the pressure on CHC in terms of activity and price.
    - Covid19 expenditure has continued at 75% of 21/22 levels (£2.5m YTD)
    - Reporting going forward will clearly demonstrate these constituent parts.
- Capital expenditure currently behind plan by £1.6m but expected to catch up in the latter half of the year
- Key actions for July include:
    - Clearly identify cost pressures relating to national assumptions
    - Development of a system level financial risk and mitigations register
    - Address efficiency shortfall to mitigate the underlying position impact
    - Refresh the ICS underlying position

Is there a potential/actual Conflict of Interest?	**N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):

Implications:	
• **Legal and/or Risk**	
• **CQC/Regulator**	
• **Patient Safety**	
• **Financial – if yes, they have been assured by the CFO**	
• **Sustainability**	
• **Workforce / Training**	

•

Key Requirements:		**Y/N**	**Date**
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N/A**	
1b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c	Were there any conditions? If yes, please state details and the actions in taken in response: • Condition 1 & action taken. • Condition 2 & action taken.		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2	**N/A**	
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		

2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**N/A**	
4.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N/A**	

•

Recommendations / Action Required:
The Integrated Care Board is asked to: • **NOTE** the deficit position reported at Month 2 (May 2022) • **NOTE** the ongoing actions to clarify & mitigate the above

Staffordshire and Stoke-on-Trent
Integrated Care System

Financial position

May 2022

Executive summary

- This is the system level summary of the statutory body positions which are reported in detail through individual organisations' internal governance arrangements
- The purpose of this summary is to aggregate the system position, against the system's overall resource envelope
- Month 2 has been calculated against the 28 April deficit budget and will be reworked as part of the new plan
- Given the above, only the YTD position is reported at month 2, but from month 3 onwards we will be reporting the forecast outturn and also the risk position

- Key points to note are:
  - Pressures are starting to emerge in terms of inflationary pressures reflected within the YTD position and also slippage on delivery in terms of CIPs. Most notably the pressure on CHC in terms of activity and price.
  - Covid19 expenditure has continued at 75% of 21/22 levels (£2.5m YTD)
  - Reporting going forward will clearly demonstrate these constituent parts

- Capital expenditure currently behind plan by £1.6m but expected to catch up in the latter half of the year

- Key actions for July include:
  - Clearly identify cost pressures relating to national assumptions
  - Development of a system level financial risk and mitigations register
  - Address efficiency shortfall to mitigate the underlying position impact
  - Refresh the ICS underlying position

Financial position at May 2022

Supporting Notes:

- The Month 2 position was reported prior to the 22/23 Plan being signed off by NHSE/I
- The system reported a YTD deficit position of **£7.4m**
- Material drivers behind the position include:
  - Underdelivered efficiency
  - ERF expenditure ahead of planned phasing
  - Inflation costs above plan
  - Continuing Health Care
  - Higher Covid19 costs than anticipated
- Capital expenditure currently behind plan by £1.6m but expected to catch up in the latter half of the year

Month 2 Position	YTD (£'m)				
	ICB	UHNM	MPFT	NSCHT	ICS
Income	351.5	161.8	93.0	25.1	631.4
Pay	-2.0	-95.0	-63.7	-13.7	-174.5
Non-Pay	-353.4	-65.9	-28.0	-11.8	-459.1
Non Operating Items		-4.2	-0.5	-0.5	-5.2
Total - Surplus/(Deficit)	-3.9	-3.3	0.8	-1.0	-7.4
Of which:					
Excess inflation					
Covid19 Exp Post May					
ERF Premium Paid					
ERF Clawback					
Other pressure against NHSE/I assumptions					
Total					

Available from July onwards

Note - YTD Plan excluded due to resubmission 20th June

Covid19 Expenditure (YTD):	ICB	UHNM	MPFT	NSCHT	ICS
In Envelope	0.0	1.5	0.8	0.1	2.5
Out of Envelope	0.0	0.9	0.4	0.0	1.3
Total	0.0	2.4	1.2	0.1	3.8

	Efficiency				
Recurrent:	**ICB**	**UHNM**	**MPFT**	**NSCHT**	**ICS**
Plan	11.5	2.3	1.7	0.3	15.7
Actual	11.5	0.7	0.6	0.1	12.9
Variance	0.0	-1.5	-1.1	-0.2	-2.8
Non Recurrent:	**ICB**	**UHNM**	**MPFT**	**NSCHT**	**ICS**
Plan		1.0	0.7	0.0	1.6
Actual		0.3	0.6	0.0	0.9
Variance	0.0	-0.6	-0.1	0.0	-0.7
Note - ICB R/NR split tbc					

Capital (YTD):	ICB	UHNM	MPFT	NSCHT	ICS
CDEL inc PDC		1.5	1.6	0.4	3.5
Committed Expenditure		-0.8	-0.6	-0.5	-1.9
Variance to CDEL	0.0	0.7	1.0	-0.1	1.6

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:
Staffordshire and Stoke-on-Trent Integrated Care Board
Meeting in Public

Enclosure:	**08d**

Title:	**Performance Update M1 (April) reported June 2022**

Meeting Date:	1st July 2022

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Paul Brown Chief Financial Officer	Y	System Planning Leads

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
N/A	N/A

	Action Required (select):										
Ratification-R		**Approval -A**	**X**	**Discussion - D**	**X**	**Assurance - S**		**Information-I**	

History of the paper – where has this paper been presented		
Finance and Performance Committee	28 June 2022	D/I
Governing Body meeting in common	30 June 2022	D/I

Purpose of the Paper (Key Points + Executive Summary):

The attached slides set out;

Current Performance

- Performance Summary – Acute Services - 2022/23 M1 (April 2022)
- Constitutional Standard Performance Summary M1 (April)
- Community Services Summary M1 (April)

Current Performance

The Performance Summary contains an overview of key performance headlines covering acute services, NHS constitutional standards, community services metrics.

Constitutional performance in April has been impacted by Covid-19, high patient demand and staffing pressures. Only one constitutional standard has been met across the ICS this month – Cancer 62 day upgrade.

Key headlines:

- A&E total attendances in April (latest data) have lessened in all providers, following a significant increase in March.
- The number of >104 week waits has fallen significantly, however there is a growing backlog of >52 week waits
- 62 day standard pathway breaches have seen some decrease in April (138), however numbers in March were very high (165)

- Diagnostic activity (across the six main tests) decreased this month (from 30,106 in March to 27,419 in April) and is back to levels seen in November to February.
- Community services continue to perform well above the 75% target for 2 hour urgent community response services (CRIS) reporting 89% in April 2022.
- Long Covid Referrals have started to tail off to just over 100 per month (104 in April and 103 in May).

Development of Performance Reporting

The slides contain an overview of the principles of dashboards for each portfolio along with how the concept has been tested with an Urgent and Emergency Care dashboard. This update includes the approach to its development and a prototype of how this could look.

Is there a potential/actual Conflict of Interest?	**N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	
N/A	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
The mitigating actions being taken to address areas of non-delivery of constitutional targets could have an impact on levels of CCG contracted activity.

Implications:	
Legal and/or Risk	Monitoring performance is a statutory duty of the CCG as stated in their respective constitutions.
CQC/Regulator	Where non-delivery of NHS Constitutional Standards indicates an adverse impact on patient safety this is investigated by the CCG Quality Team and pursued through the Clinical Quality Review Meeting (CQRM).
Patient Safety	Where non-delivery of NHS Constitutional Standards indicates an adverse impact on patient safety this is investigated by the CCG Quality Team and pursued through the Clinical Quality Review Meeting (CQRM).
Financial – if yes, they have been assured by the CFO	N/A
Sustainability	N/A
Workforce / Training	N/A

Key Requirements:		**Y/N**	**Date**
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N**	
1b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c	Were there any conditions? If yes, please state details and the actions in taken in response: • Condition 1 & action taken. • Condition 2 & action taken.		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2	**N**	

2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**N**	
4.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N**	

Recommendations / Action Required:
The Integrated Care Board is asked to: 1. **Discuss and note the contents contained within the Performance Update**

Staffordshire and Stoke-on-Trent Integrated Care System

Integrated Care Board Performance Summary

Reported in June 2022

Performance summary

This report sets out:

Current Performance

- Performance Summary – Acute Services - 2022/23 M1 (April 2022)
- Constitutional Standard Performance Summary M1 (April)
- Community Services Summary M1 (April)

System Portfolio Dashboard Development

- The development of the UEC System Portfolio Dashboard

Performance Summary – Acute Services - 2022/23 M1 (April 2022)

Constitutional performance in April continued to be impacted by Covid-19, high patient demand and staffing pressures.

Urgent Care:

- A&E total attendances in April (latest data) have lessened in all providers, following a significant increase in March. April attendances are still well above levels seen in December – February. University Hospital of North Midlands NHS Trust (UHNM) saw 20,029 attends in April (21,299 in March), University Hospitals Derby and Burton NHS Foundation Trust (UHDB) saw 27,865 (from 29,899) and Royal Wolverhampton NHS Trust (RWT) saw 19,416 (from 20,139).
- Four hour A&E performance remains challenged and well below the 95% target. Performance in April improved at UHNM from 60.4% to 62.9% but remains stable elsewhere and is on a general downward trend. UHDB remained at 62% and RWT fell slightly to 76.8% (from 77.9%).
- Non-elective admissions across the ICS decreased in April to the lowest point since February 2021.

Referral to treatment (RTT):

- 18 week performance has fallen slightly across the ICS with performance reported at 57.7% in April compared to 58.5% in March. The total waiting list has increased by 3,131 (2.2%) since the previous month to 144,517.
- Long waits have increased with the number of patients waiting in excess of 52 weeks rising to 8,415 from 8,117 in March – an increase of 289 on last month.
- The number of patients waiting in excess of 104 weeks has decreased further, to 445 from 639 in March – a decrease of 194 on last month. UHNM have reduced the number of >104 week waits by almost half this month – 275 compared to 432 in March. The numbers at other providers have also reduced; Rowley Hall (18), University Hospitals Birmingham (52), UHDB (29) and RWT (20).

Performance Summary – Acute Services - 2022/23 M1 (April 2022)

Diagnostic performance:

- Diagnostic activity (across the six main tests) decreased this month (from 30,106 in March to 27,419 in April) and is back to levels seen in November to February.
- Some slight improvement (>2%) has been seen in gastroscopy and CT – CT is the best performing modality hitting 89.2% in April.
- Non-obstetric ultrasound has seen the biggest drop in performance this month (53.7% in April compared to 59.0% in March). UHNM have reported challenges in non-obstetric ultrasound performance due to increased demand and workforce shortages. UHDB main area of real underperformance is around Flexi Sigmoidoscopy.

Cancer:

- 62 day standard pathway breaches have seen some decrease in April (138), however numbers in March were very high (165)
- 104 day waits in March are at 64, a decrease of 11 on last month.
- The number of patients on the 2 weeks from an urgent GP referral for suspected cancer pathway (5071) have fallen from the high numbers in March (6096), however numbers remain higher than February, January and December.

Constitutional Standard Performance Summary M1 (April)

2022/2023 Financial Year	Indicator	Target	ICS (all Providers)	3 Main Providers Total	UHNM	UHDB	RWT
A&E (all)	Percentage of patients seen in 4 hours or less	95%	n/a	n/a	62.9%	62.0%	76.8%
Healthcare Acquired Infections	MRSA	0	1	0	0	0	0
	C.difficile	n/a	28	14	8	3	3
Referral to Treatment	RTT incompletes - % seen in 18 weeks	92%	57.7%	56.8%	53.4%	59.1%	66.5%
	RTT 52 week + waiters	0	8,415	5,771	4,022	1,360	389
	RTT 104 week + waiters	0	445	324	275	29	20
Diagnostics	Diagnostics 6 weeks +	95%	65.7%	66.0%	66.1%	68.3%	63.0%
Cancer waits (2 week wait)	Cancer 2 week wait	93%	55.9%	54.7%	46.7%	63.6%	75.1%
	Cancer Breast Symptoms 2 week wait	93%	29.6%	28.1%	14.5%	40.2%	30.0%
Suspected Cancer	Percentage of patients seen within two weeks for an urgent GP referral for suspected Breast Cancer	n/a	20.4%	19.1%	9.4%	41.6%	17.0%
Cancer waits (continued)	Cancer 31 day first definitive treatment	96%	89.3%	89.2%	91.3%	91.7%	78.2%
	Cancer 31 day subsequent treatment - Surgery	94%	78.8%	77.6%	78.6%	85.7%	66.7%
	Cancer 31 day subsequent treatment - Drug	98%	90.5%	89.1%	100.0%	93.8%	73.5%
	Cancer 31 day subsequent treatment - Radiotherapy	94%	91.9%	90.4%	95.1%	68.4%	88.0%
	Cancer 62 day Standard	85%	51.6%	52.0%	53.2%	57.4%	41.3%
	Cancer 62 day Screening	90%	63.4%	62.5%	52.4%	90.9%	50.0%
	Cancer 62 day upgrade	n/a	78.6%	78.4%	81.9%	87.5%	63.6%
Cancer long waits	>104 day waits accountable to the Provider (62 day Screening, Standard and Upgrade combined)	0	65	61	36	11	14

Constitutional Standard Performance Summary M1 (April)

- The ICS position comprises the data for the 6 Staffordshire and Stoke-on-Trent CCGs combined for all providers serving the people of the Staffordshire and Stoke-on-Trent ICS
- Red text and shading denotes below target achievement, where a target is available
- All data is validated
- The 'Cancer Breast Symptoms 2 week wait indicator' is defined as: two week wait breast symptomatic (where cancer not initially suspected) from GP urgent referral to first consultant appointment

Community services summary M1 (April)

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
2 Hour access rapid response	88.9%	90.5%	84.6%	87.2%	80.8%	87.8%	87.7%	88.4%	89.3%	85.8	89.0	No data
2 Day access to reablement Home Based (Avg Wait Days)	0.6	1.0	1.2	1.4	1.6	1.7	2.6	1.7	1.1	2.0	1.9	1.3
2 Day access to reablement Home Based (% within 2 days)	98.8%	93.2%	91.8%	85.4%	82.0%	81.7%	70.5%	82.5%	94.7%	74.5%	77.8%	90.3%
2 Day access to reablement Bed Based (Avg Wait Days)	1.1	1.0	1.9	2.0	0.8	1.8	2.2	4.1	2.1	2.5	1.9	1.6
2 Day access to reablement Bed Based (% within 2 days)	90.0%	88.3%	73.2%	67.1%	91.4%	82.9%	75.9%	50.9%	68.4%	69.8%	77.8%	78.4%
Community - All Services - referrals (previous rolling 12 months)	17481	19659	17498	20541	21058	19305	18353	18305	18424	23508	21826	22072
Long Covid Referrals	128	122	103	127	128	144	96	138	148	164	104	103
Long Covid Wait to first appt (average days)	45.1	44.6	31.7	11.8	11.5	16.7	21.5	34.6	31.0	35.1	40.2	43.7

Summary

- The system continues to perform well above the 75% target for 2 hour urgent community response services (CRIS) reporting 89% in April 2022.
- Performance against the 2 day reablement standard has seen an improvement with an average of 1.3 days (90.3% seen within standard) to access home based reablement and 1.6 days (78.4% seen within standard) to access bed based reablement (May data).
- Referrals remain just over 20,000 per month: 22,072 during May. Activity levels across community services remain above pre-pandemic levels with all services reporting increased acuity.
- Long Covid Referrals have started to tail off to just over 100 per month (104 in April and 103 in May).
- However, waiting times for Long Covid Assessment continue to increase, with an average waiting time of 43.7 days from referral to assessment, exceeding the national ambition of 6 weeks in May.

Staffordshire and Stoke-on-Trent Integrated Care System

System portfolio dashboard development

Portfolio dashboard proposal

- Each of our system portfolios will have a performance dashboard.
- Each SRO will define the specification and content for their portfolio dashboard which will be discussed at portfolio meetings and feed through key areas of risk/issue around performance to SFPC as part of the ICB governance process.
  - It is envisaged that agreed metrics which show delivery of key targets, direction of travel and where possible will be comparable with other systems and other programmes.
  - Metrics will be diverse and encompass both traditional as well as less traditional metrics . Although not limited to, metrics could include; quality, inequalities, workforce, staffing levels, access, service utilisation.
- Each Portfolio will have a nominated intelligence analyst who will have a key role in supporting the SRO.
- Each Portfolio will also be involved in a regular cycle of ICB deep dives in to performance which will supplement the dashboard and again feed in to SFPC. The SRO and clinical lead will agree the area of focus and shape the development of the deep dive.
- There will be an overarching system level dashboard developed for the ICB board meetings which will be provided alongside key escalations from the SFPC. Anticipated to include, finance, performance, quality and workforce high level position.

Urgent care example

Development of the UEC dashboard

- Meetings were held with UEC Leads and the Head of Delivery to identify the required structure and method of delivery for new UEC System Summary Performance dashboard.

Front sheet

- The main drive was for there to be single front sheet which would act as a commentary on the months' performance.
- With input from the UEC SRO and UEC Intelligence Analysts the portfolio will have a vision and story of performance to date and future intentions where corrective measures are required or had been implemented.

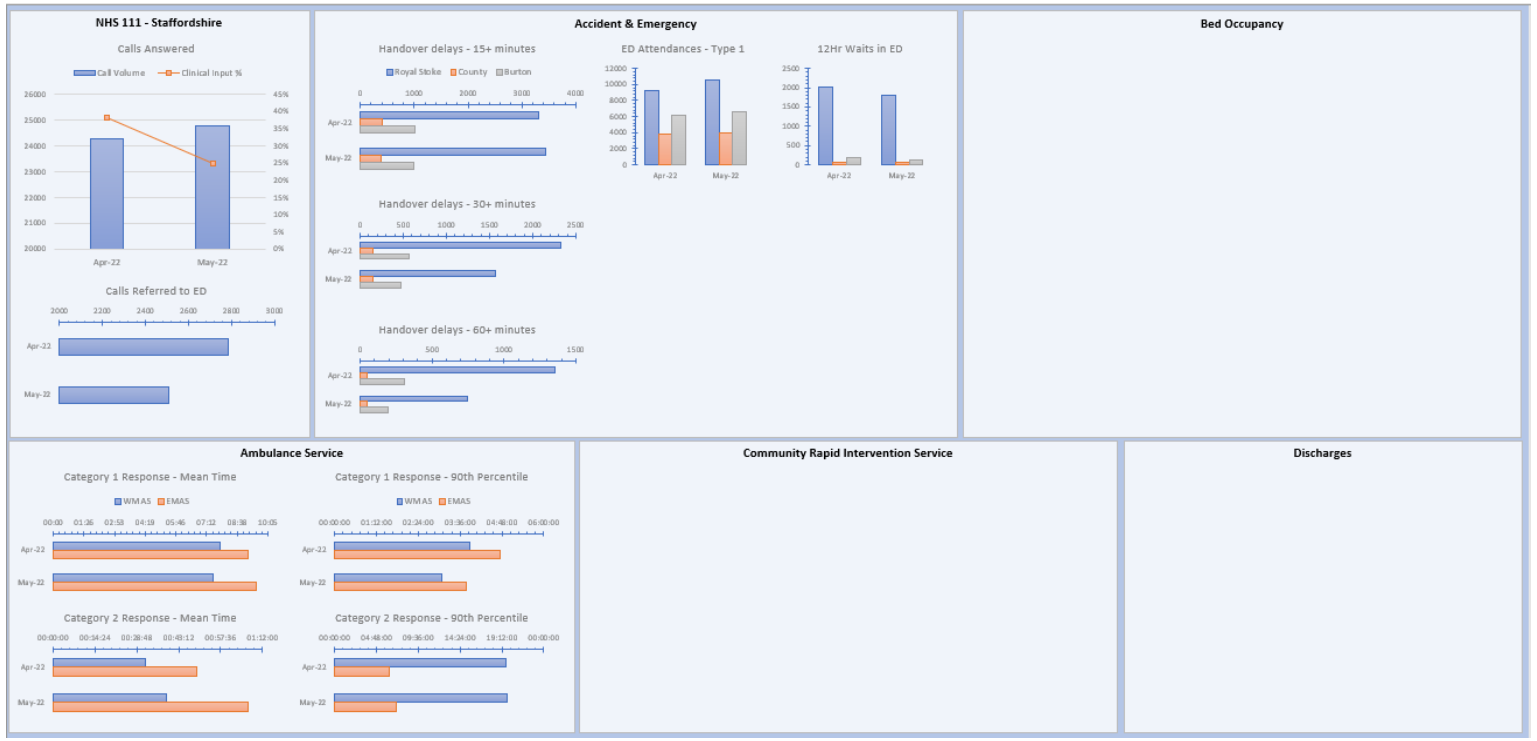
Urgent care example

				Financial Year 2022/23														
Category	Metric	Measure	Baseline	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total	Target	Progress	Indicator
NHS 111																			
Disposition	Call Volume	*Monthly*	-	24282	24783	-	-	-	-	-	-	-	-	-	-	49071	-	↑	
	Clinical Input %	*Monthly*	-	38.15%	24.83%	-	-	-	-	-	-	-	-	-	-	-	-	↓	
	Calls Referred to ED	*Monthly*	-	2787	2506	-	-	-	-	-	-	-	-	-	-	5293	-	↓	
West Midlands Ambulance Service																			
Call Response	Category 1 Response Mean	*End of Month*	-	00:07:51	00:07:29	-	-	-	-	-	-	-	-	-	-		-	↓	
	Category 1 Response 90th percentile	*End of Month*	-	03:51:50	03:04:04	-	-	-	-	-	-	-	-	-	-		-	↓	
	Category 2 Response Mean	*End of Month*	-	00:31:46	00:39:01	-	-	-	-	-	-	-	-	-	-		-	↑	
	Category 2 Response 90th percentile	*End of Month*	-	19:39:33	19:50:12	-	-	-	-	-	-	-	-	-	-		-	↑	
East Midlands Ambulance Service																			
Royal Stoke Hospital																			
County Hospital																			
UHNM																			
Handovers	Over 60 minute delays	*Monthly*	-	1401	738	-	-	-	-	-	-	-	-	-	-	2139	0	↓	
	Over 30 minutes delays	*Monthly*	-	2468	1714	-	-	-	-	-	-	-	-	-	-	4182	-	↓	
	Over 15 minute delays	*Monthly*	-	3729	3824	-	-	-	-	-	-	-	-	-	-	7553	-	↑	
Accident & Emergency	12-hour waits in EDs	*Monthly*	-	2099	1867	-	-	-	-	-	-	-	-	-	-	3966	0	↓	
	Attendances	*Monthly*	-	13130	14609	-	-	-	-	-	-	-	-	-	-	27739	-	↑	
	Walk-ins	*Monthly*	-	-	-	-	-	-	-	-	-	-	-	-	-	0	-	⇔	
	Average Time to initial assessment	*Monthly*														0		⇔	
	Average Time in dept (Non-Admitted)	*Monthly*														0		⇔	
	Average Time in dept (Admitted)	*Monthly*														0		⇔	
	Treated in first 60 minutes	*Monthly*	-	3412	3852	-	-	-	-	-	-	-	-	-	-	7264	-	↑	
	UTC Attendances	*Monthly*	-	5810	6748	-	-	-	-	-	-	-	-	-	-	12558	-	↑	
Beds	Emergency Admissions	*Monthly*	-	6931	7441	-	-	-	-	-	-	-	-	-	-	14372	-	↑	
	Percentage of Adult Critical Care beds occupied	*Monthly*		79.5%	79.7%	-	-	-	-	-	-	-	-	-	-	-	75%	↑	
	Percentage of Adult G&A beds occupied	*Monthly*		88.2%	90.5%	-	-	-	-	-	-	-	-	-	-	-	90%	↑	
	Average Escalation Beds	*Monthly*		32.0	24.5	-	-	-	-	-	-	-	-	-	-	-		↓	
	Confirmed Covid-19 inpatients	*End of Month*	-	181	73	-	-	-	-	-	-	-	-	-	-		0	↓	
	Patients available for Discharge	*End of Month*	-	-	-	-	-	-	-	-	-	-	-	-	-		-	⇔	
	Patients not discharged by midnight	*End of Month*	-	-	-	-	-	-	-	-	-	-	-	-	-		-	⇔	
	Stranded patients	*End of Month*	-	541	542	-	-	-	-	-	-	-	-	-	-		-	↑	
	Super Stranded patients	*End of Month*	-	180	167	-	-	-	-	-	-	-	-	-	-		-	↓	
Virtual Wards	Virtual Wards available	*End of Month*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	⇔	
	Virtual Wards in use	*End of Month*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	⇔	
	Average LoS on Virtual Ward	*Monthly*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	⇔	
	Staff Allocation	*End of Month*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	⇔	
Discharges	Waiting for Home or D2A	*End of Month*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	⇔	
	Waiting for Pathway 2	*End of Month*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	⇔	
	Waiting for Pathway 3	*End of Month*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	⇔	
Digital	ECDS Compliance	*Monthly*														-		⇔	

Performance summary –

- National guidance, the Operational Plan and the UEC Delivery plan were reviewed to identify the key metrics required under UEC Delivery and a list compiled to ensure what was necessary could be collected and where it could be sourced from.

Urgent care example



- **Dynamic dashboard** - the dashboard will change according to the key measures that require focus each month by the Urgent Care Portfolio leads
- This will be either driven by the performance statistics themselves or by specific focus requests from the System
- Each metric included in the Performance Summary will be able to be tagged into the dashboard so it best represents the Systems needs when published each month.

Next steps

Next steps in development of UEC dashboard

1. Finish collating available metrics and mapping to operation plan targets
2. Develop full sweep of analytics for inclusion in the dashboard
3. Code progress markers to accurately reflect improvement/degradation
4. Expected delivery date: 1st July ready for Junes figures to be included

Next Steps for dashboards and Deep dives

1. As the portfolio approach is agreed work will commence with each SRO and clinical lead to define the specification and content for their portfolio dashboard
2. Work with the UEC SRO initially to run the first deep dive and test out the approach with a view to then undertaking deep dives across each portfolio.
3. Develop the overarching system level dashboard design and content as part of the ICB performance framework.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:
Staffordshire and Stoke-on-Trent Integrated Care Board
Meeting in Public

Enclosure:	**09**

Title:	**Quality and Safety Update Report**

Meeting Date:	Friday 1st July 2022

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Heather Johnstone – Interim Chief Nurse and Therapies Officer	Y	Karen McGowan, Head of Nursing, Quality and Patient Safety, Lee George – Head of Quality and Safety, Cath Marsland - Head of Quality and Patient Safety

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
N/A	N

	Action Required (select):										
Ratification-R		**Approval -A**		**Discussion - D**		**Assurance - S**	**X**	**Information-I**	

History of the paper – where has this paper been presented		
	Date	A/D/S/I
This paper has not been presented to any other meetings/committees due to the sequence of dates but contains information discussed at the SQSC on 8th June as below.		

Purpose of the Paper (Key Points + Executive Summary):

This paper is intended to provide assurance to the ICB in relation to the key quality matters discussed at the most recent System Quality and Safety Committee (SQSC) on the 8th June 2022.
These included:

- Agreement for a proposed Quality Workshop
- The 'Working with People and Communities Strategy'
- Continuous Quality Improvement
- Maternity and Neonatal Services
- System Quality Impact Assessment process
- Independent Hospitals
- Ambulance Delays
- Waiting Times
- Serious Incidents and the Patient Safety Incidents Response Framework
- Safeguarding – Adults and Children

Is there a potential/actual Conflict of Interest?	**Y/N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	
No Conflicts of Interest identified.	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
Risks are collated from all partners and presented and discussed at the meeting.

Implications:	
Legal and/or Risk	Risks identified and discussed within the agenda
CQC/Regulator	Discussed as appropriate and against the relevant organisation, as appropriate
Patient Safety	All key areas in response to system assurance for patient safety have been identified within the report
Financial – if yes, they have been assured by the CFO	Potential financial implications on the quality of services across the system due to restoration and recovery
Sustainability	n/a
Workforce / Training	Many current quality issues relate to workforce matters including areas where gaps in workforce present ongoing challenges.

Key Requirements:		**Y/N**	**Date**
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N**	
1b.	What was the outcome from the System QIA Panel? N/A		
1c	Were there any conditions? If yes, please state details and the actions in taken in response: N/A		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2	**N**	
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**N**	
4.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N**	

Recommendations / Action Required:
The Integrated Care Board is asked to: Be assured in relation to key quality and safety activity undertaken in respect of matters relevant to all parts of the Integrated Care System. Members are asked to receive this report and seek clarification and further action as appropriate.

System Quality and Safety Committee (SQSC) report to the Integrated Care Board – July 2022

1. Introduction

The System Quality and Safety Committee (SQSC) was established in shadow form in July 2021 and has met monthly since that date. The SQSC is currently being revised to ensure the ICB fulfil the requirements of the most recent National Quality Board guidance in respect of quality assurance and improvement in an Integrated Care System (ICS).

This report is intended to summarise the key discussion points from the June meeting, to highlight any additional relevant emerging quality matters and to provide assurance to the ICB that quality is being monitored and improved in partnership across the system.

2. Working with People and Communities Strategy

The above strategy was presented to the SQSC. The Communications team mapped out what was already in place and highlighted what is working and not working. A series of workshops have been held to determine the principles supporting the strategy. There was an awareness that the system is currently in transition and the strategy needs to evolve with the development of the ICB.

The workshops resulted in the development of a set of core principles and an acknowledgement that the strategy needs to address and reach out to areas that are seldom heard. Feedback identified 'engagement fatigue' as a consequence of organisations not talking to each other, rather than a "Do it once, do it well" approach. Also highlighted was a request for honesty about what can and can't be influenced within agreed parameters. Communication needs to be clear and simple and a commitment to feedback on actions.

Systems and processes are being developed to ensure local people and communities are at the heart of everything we do and support the development of a strategy which will be presented back to a future SQSC.

3. Proposed Quality Workshop

The ICS needs to establish two Quality forums: the System Quality and Safety Committee (SQSC) and a System Quality Group (SQG). Whilst the current SQSC undertakes the roles required by both meetings, members of the SQSC agreed that a workshop with system partners would be beneficial to map out which aspects of the agenda fit with each separate meeting. This has now been confirmed for 13th July and all members have been invited to attend. The agenda will also include subject matters requiring clarity for the future such as the System QIA Panel membership and Chair, as well as a review of the system quality and safety risks. The outcomes of the workshop will be translated into the way meetings operate in future and updates included in this report as appropriate.

4. Continuous Quality Improvement

The Continuous Quality Improvement sub-committee continues to meet and SQSC members were provided with updates across several ongoing projects including Complex Hospital Discharge, falls redesign and mapping planned care to best practice. It is expected that as the SQSC develops, key improvement projects will be requested in a more structured way to ensure the system is demonstrating response to core areas of quality improvement need.

5. Maternity and Neonatal Services

The Local Maternity and Neonatal Services (LMNS) Board, as a formal subcommittee of the SQSC, are monitoring all aspects of maternity quality and safety including services provided out of area and the findings from all such cases are incorporated into the work of the LMNS Board.

There is currently a workforce challenge which is impacting upon maternity services including both freestanding midwife led units; Samuel Johnson Hospital in Lichfield and County Hospital, Stafford and as a result of these workforce challenges both remain closed at this time. There has been a slow resuming of home births by the UHNM team and the possibility that Burton may re-launch in August 2022, subject to sufficient staffing levels. Quality Impact Assessments for the ongoing closures have been received and reviewed. Strong patient engagement via the Maternity Voices Partnership takes place regularly and a patient story is presented to every LMNS Board to ensure feedback is both received but where appropriate is also acted upon.

There have been some high-profile maternity cases in Staffordshire and Stoke on Trent including recent inquests. The LMNS Board will be briefed on the findings of these inquests, actions being taken and any shared learning will be monitored.

In response to the Ockenden Report, NHSEI are currently undertaking maternity insight visits. The visit to UHNM maternity unit took place on 5th May 2022. No issues were identified which the Trust were not already aware of and/or working towards addressing. The Chief Nursing and Therapies Officer also has a plan to visit these units over the coming weeks.

6. Quality Impact Assessments (QIAs)

Work continues to establish a single QIA process for use across the ICS. Organisations within the ICS already have individual QIA processes and will continue with these processes in the first instance. System partners have worked together over the past few months through a Task and Finish Group and dedicated workshop in April 2022, to agree a process for reviewing QIAs where any impact goes beyond the individual organisation. A Trigger Tool has been piloted with system partners to identify QIAs that need to progress to an overarching System QIA Panel.

A draft System QIA Policy has been produced which sets out the purpose of the Panel which will be about approve the QIAs and not the service change. The policy will be shared with system partners prior to presenting to the System Quality and Safety Committee for approval later in the year. Membership and Chairing of the System QIA panel will be agreed at the upcoming Quality Workshop.

Local Authorities have EIAs (Equality Impact Assessment) rather than QIAs so work is underway to understand the benefits of applying a QIA to service changes within the Local Authorities and to consider whether a system wide, combined single tool may be more beneficial for all.

7. Independent Hospitals

The Nursing and Quality team continue to monitor all the region's Independent Hospitals for people with Learning Disabilities and Autism in line with the Host Commissioner guidance and as a continued response to learning from previous local closures. The fragility of these hospitals is identified on the system quality risk register due to the impact unexpected closures can have on patients but also on system partners.

Despite significant quality support and a recognised improvement in the quality of care at the Edith Shaw Hospital, on the afternoon of 27th May 2022, the John Munroe Group advised that they were no longer financially viable and that they could not meet urgent costs. This impacted not only on the Edith Shaw Hospital but also on Mitchell House care home which had been established in 2021. Following a discussion between health and social care partners to agree an approach, urgent meetings were held with all placing commissioners, the local authorities, local NHS providers, the CQC and NHSE/I to ensure the safe transfer of 19 patients to alternative places of care and all transfers were safely completed by the 1st of June 2022. A debrief is planned for July 2022 to look at learning and understand the impact of such a sudden move on the affected individuals and their families. The local team have been commended for their actions and leadership in relation to these closures by the regional Nurse and Medical Directors.

The CQC inspection report for the Woodhouse Independent Hospital is still awaited. During the inspection, concerns were raised regarding restraint and behaviours and an Urgent Notice was considered by the CQC (Section 31 of the Health and Social Care Act). A warning notice has been issued which the provider has received and will be publicised with the final inspection report. The provider continues to progress their improvement plan with support from the local system. However, on the 14th of June 2022 the provider advised that they planned to "reconfigure" the Woodhouse and would no longer be able to provide hospital care for people with learning disabilities and/or autism. This means that all patients will need to be transferred to either the community or another placement. The same approach taken with other hospital closures has already commenced. There are no Staffordshire and Stoke on Trent Learning Disability or Autism patients in this unit but there is one mental health patient who was already on plan for discharge back into the community. The nursing and quality team, the provider, placing commissioners, NHSE/I and CQC will work in partnership to identify the best onward placement for the people in their care as they go through this transition.

8. Ambulance Delays

Ambulance delays continue to be a challenge across the system but particularly at UHNM with improvement actions identified for UHNM and system partners to ensure continued efforts to improve flow and drive improvements.
There has been a reduction in the frequency of concerning lengths of waits for ambulances. A quality visit to review cohorting at UHNM was planned for 13th June but had to be cancelled and it being rearranged. This will be led by WMAS and supported by the Nursing and Quality Team. Harm reviews for a sample of patients held in ambulances have not identified any specific harm other than poor patient experience.

9. Waiting Times

Waiting times for cancer patients remains a challenge. UHNM have a high impact cancer recovery action plan which is regularly updated and shared with the system. Harm reviews to date have not determined harm due to these delays although patient experience is obviously impacted.

The elective backlog continues to require significant attention and is the key focus in the CQRM and monthly Harm Reviews as well as the internal waiting list management meetings which has representation from all divisions as well as the CCGs. No serious harm has been identified to date with multiple actions in place to reduce the backlog. These actions include the launch of a new electronic process for managing patient transfers, waiting list validation, and the outsourcing of some cases to private independent providers.

The Trust are reviewing their current processes and looking to implement a process designed prior to the pandemic and adapted to reflect the increased number of patients.

10. Serious Incidents (SIs) & Patient Safety Incident Response Framework (PSIRF)

Since January 2022, the top SI themes have been slips/trips/falls, apparent/actual/suspected self-inflicted harm and pressure ulcers. SIs relating to treatment delays have increased in comparison to earlier months and in relation to ambulance delays (not handover delays). Whilst learning from SIs is addressed and managed by individual providers and themes identified by the central team in Nursing and Quality who have oversight of all SIs via the current national reporting system STEIS, it is anticipated that the implementation of PSIRF will support further learning and activity.

PSIRF is part of the NHS Patient Safety Strategy and launch was delayed due to Covid-19. -NHSE/I have advised there is a planned launch for Summer 2022 through the implementation of five identified stages:

- Collaboration to develop and sign off a PSIRF policy and plan
- Development of new processes to support oversight, and effective systems to be able to respond to Patient Safety incidents
- Ensuring training and competency standards are met for those in oversight roles
- Support for a cross system response
- Establish a supportive learning system across the ICS

A Midlands PSIRF Implementation Group is to be established with Patient Safety Specialists supported by the regional NHSE/I. Our neighbouring system, Derbyshire, were an early adopter of the PSIRF model and we are engaging with them as we progress towards the launch.

Locally, work is being undertaken within the Patient Safety Specialist (PSS) subgroup of the SQSC who in preparation for roll out are beginning to adopt a more thematic review-based approach to local SI management to help to ensure local transition when full implementation happens.

11. Safeguarding

The welfare of our most vulnerable adults and children is overseen by system partners who attend the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board, the Staffordshire Safeguarding Children Board and the Stoke on Trent Safeguarding Executive Partnership Board.

SQSC receive regular updates regarding key safeguarding activity in the form of an exception report from the Health Safeguarding Forum which has been established as a subgroup of SQSC to bring together health partners from across the system and ensure a collective understanding, joint working on improvements and consistency in contribution to the safeguarding process. This group will continue to evolve as the ICS matures and existing links with all safeguarding partners are strengthened further.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:
Staffordshire and Stoke-on-Trent Integrated Care Board
Meeting in Public

Enclosure:	10

Title:	**ICS People Plan and Annual Report of the People, Culture and Inclusion Committee**

Meeting Date:	1 July 2022

Executive Lead(s):	**Exec Sign-Off Y**	**Author(s):**
Peter Axon and Alex Brett	Y	Mish Irvine, Gemma Treanor, Megan Page, Neil Clarke, Jane Rook, Shajeda Ahmed, Alex Brett

Clinical Reviewer:	**Clinical Sign-off Required N**

	Action Required (select):									
Ratification-R		**Approval -A**	**A**	**Discussion - D**		**Assurance - S**	**S**	**Information-I**	

History of the paper – where has this paper been presented		
	Date	A/D/S/I
ICS OD Programme Board	30/03/22	D
ICS People Programme Board	13/04/22	D
ICS Staff side meeting	16/05/22	D
ICS People Culture and Inclusion Board	11/05/22	A

Purpose of the Paper (Key Points + Executive Summary):

Staffordshire and Stoke on Trent ICS is in the process of building our approach to delivering the National guidance for ICB People Functions to support a sustainable “One Workforce” within Health and Care.

Building on our 20/21 People Promises; this document will describe where we intend to prioritise our workforce activities this year to move towards a more integrated, inclusive, supportive and accessible System approach for our People.

Our priority areas will be decided based on where our activities can support the workforce supply risks in our System and also our areas of highest need from a Population Health/ reducing Health Inequalities perspective.

The People Plan document is unapologetically an interim “living plan” and it will be revised and updated following the establishment of the formal SSOT ICB. During this process we will contribute to the development of our ICS Strategic direction ensuring that Workforce outcomes are aligned to Population needs of our County as defined by Population Health and

Inequalities Data, Clinical Leaders and our Citizens. Assurance of our plans will be carried out in the "One Workforce, People, Culture and Inclusion Committee," with the input of our colleagues within NHSEI and Health Education England (HEE). We will monitor the progress of our programmes bi-monthly at the Programme Groups. We will track our progress via our own "collective measures of success" (which include specific locally developed metrics, outcomes and products) and also adherence to national/regional metrics devolved from our partners in NHSEI and HEE. We will work in close partnership with our regulators (NHSEI) and Staffside partners to ensure we achieve our goals.

The Annual report of the ICS People, Culture and Inclusion Committee highlights our achievements collectively over the last year.

Is there a potential/actual Conflict of Interest?	**N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
1. **Capacity to deliver the Local People Plan programmes and People Operating Model to support ICS Formation** 2. **Financial envelope and challenges – to deliver key programme activity** 3. **Agency Usage & Spend** 4. **Ageing workforce across the sectors leading to loss in skills & experience and inability to attract/recruit/retain future workforce** 5. **System workforce supply, capacity and wellbeing Care Home and Home Care Workforce Capacity** 6. **Supporting workforce modelling and planning for ICS/ Ps** 7. **Supply and availability of Registrants - Nursing, AHP, Pharmacy**

Implications:	
• **Legal and/or Risk**	
• **CQC/Regulator**	
• **Patient Safety**	As above risk 5
• **Financial – if yes, they have been assured by the CFO**	As above risk 2 and 3
• **Sustainability**	
• **Workforce / Training**	As above under risk 4, 5, 6, 7

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Key Requirements:		**Y/N**	**Date**
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N**	
1b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		

1c	Were there any conditions? If yes, please state details and the actions in taken in response: • Condition 1 & action taken. • Condition 2 & action taken.		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2		
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**Y**	
4.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N**	

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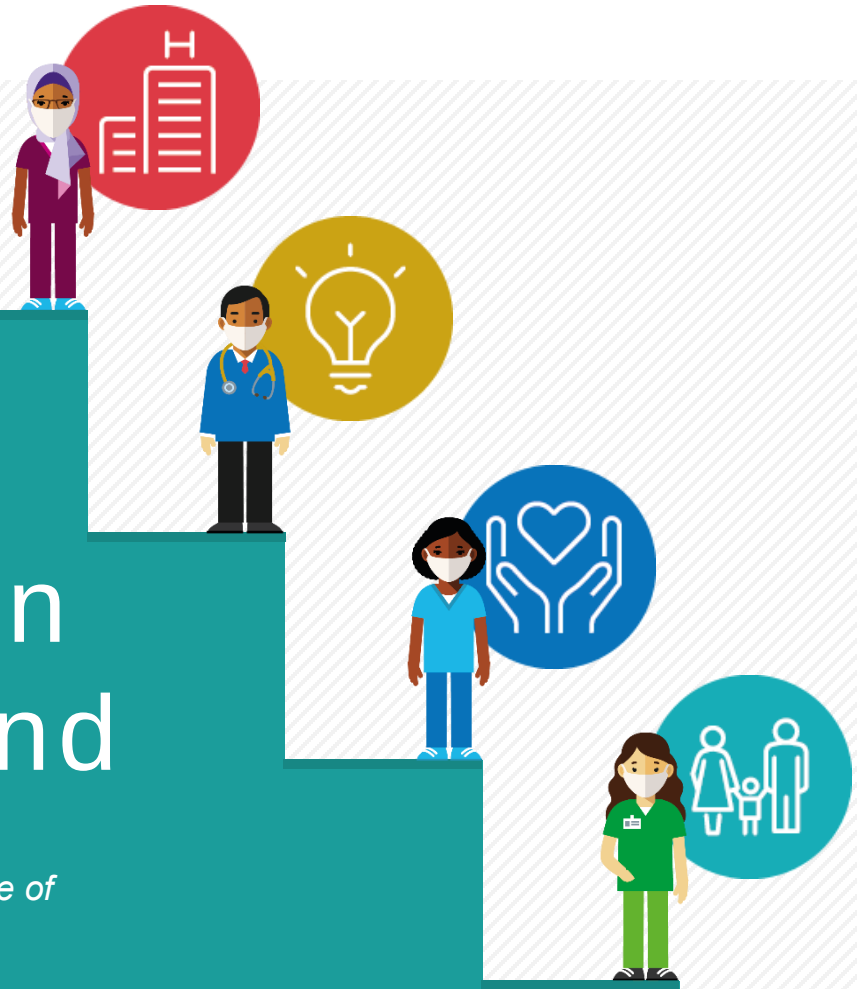
Recommendations / Action Required:
The Integrated Care Board is asked to: • **Approve** the ICS People Plan • **Note** the Annual report of the ICS People Culture and Inclusion Committee for Assurance

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board



STAFFORDSHIRE AND STOKE-ON-TRENT

Interim People Plan 2022-23 and Beyond

"Our NHS is made up of 1.3 million people who care for the people of this country with skill, compassion and dedication."

Our Approach... an Interim Plan

Staffordshire and Stoke on Trent ICS is in the process of building our approach to delivering the National guidance for ICB People Functions to support a sustainable “One Workforce” within Health and Care. Building on our 20/21 People Promises; this document will describe where we intend to prioritise our workforce activities this year to move towards a more integrated, inclusive, supportive and accessible System approach for our People. Our priority areas will be decided based on where our activities can support the workforce supply risks in our System and also our areas of highest need from a Population Health/ reducing Health Inequalities perspective.

This document is unapologetically an interim “living plan” and it will be revised and updated following the establishment of the formal SSOT ICB. During this process we will contribute to the development of our ICS Strategic direction ensuring that Workforce outcomes are aligned to Population needs of our County as defined by Population Health and Inequalities Data, Clinical Leaders and our Citizens. Assurance of our plans will be carried out in the “One Workforce, People, Culture and Inclusion Committee,” with the input of our colleagues within NHSEI and Health Education England (HEE), which is a key committee of the ICB Board. We will monitor the progress of our programmes bi-monthly at the Programme Groups. We will track our progress via our own “collective measures of success” (which include specific locally developed metrics, outcomes and products) and also adherence to national/regional metrics devolved from our partners in NHSEI and HEE. We will work in close partnership with our regulators (NHSEI) and Staffside partners to ensure we achieve our goals.

“Our workforce is our greatest asset in providing high quality care for our populations, however we also recognise the significant workforce challenges we face across health and care. As we embark on the exciting journey of developing Integrated Care Systems, we know that we need to harness the collective effort of our workforce to meet the demands we face, having greater impact on what we can achieve together, reducing duplication and working across boundaries. We are therefore determined to work as "One Workforce" where "operating as a whole is greater than the sum of the parts.”

Shokat Lal, Chair of the ICS People, Culture and Inclusion Committee

Staffordshire and Stoke-on-Trent's **"One Workforce"**

The aim of this plan is to support the creation of a "One Workforce" which will deliver the SSOT vision of making Staffordshire and Stoke on Trent the healthiest place to live and work." To enable this, the ICS will act as an "**Anchor Employer**" to set the pillars within which we will approach the employment of our health and care workforce; as well as our commitment to supporting the wider community in their health and wellbeing.

Our ICS Partners consists of the workforce within NHS Trusts, Local Authority, Social Care, Primary Care, Voluntary and independent sector staff in a wide variety of roles. We plan to develop workforce schemes which align to the individual organisational priorities of these partners, as well as delivering our overall ICS Strategic Goals. The way we will do this will develop over the coming years as the ICS matures, our specific shared objectives are clarified and our partnership relationships solidify.

Our aim is to work with these Partners to have more staff, **working together better** in a compassionate and inclusive culture - and help make our local area a better place to live and work. We will strive to affect positive change across the whole workforce; allowing collaboration, opportunities and increasing our overall staffing numbers. To do this we will prioritise widening participation in groups which suffer from health inequalities by creating employment (in line with our ICS Partner's staffing gaps), volunteering and apprenticeship opportunities. This will help to develop a broader **talent pipeline**, and have a **positive direct impact on communities', families' and individuals' lives**. By doing this, we will ensure that our workforce reflects our population and has the technology and digital means to connect across sectors to improve population health and outcomes.

How do we get to one workforce?

Engage and involve the workforce in designing how we achieve, supported by digital platforms, provide tools and opportunities for them to work with their peers to redesign ways of working, rotational roles, cross sector working

Our ICS 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 & 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.

Respects

- 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 & Compassions

- 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 & 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.**

People, Culture & Inclusion Governance Structure

- The projects and overall deliverables within the programme will be assured via the specific outcome measures (e.g. metrics, KPIS, qualitative data) under the governance structure below
- The outcome measures and benefits realisation will be determined at the start of each project, with continual review and evaluation as milestones are met and transformation programmes embedded
- Performance indicators will be developed, agreed and evaluated in partnership with provider organisations/sectors
- The Interim People Plan is a living document that will morph as the ICS develops. Each iteration will be taken to Partner Organisation Boards to ensure there is system buy-in and support. Where there are significant financial outlays required, or fundamental changes in workforce practice; individual projects will be cited to individual Organisation Executives/ Boards
- The plan will be formally reviewed and updated every 6 months

Covid-19 Learning & Achievements 2 Years On…

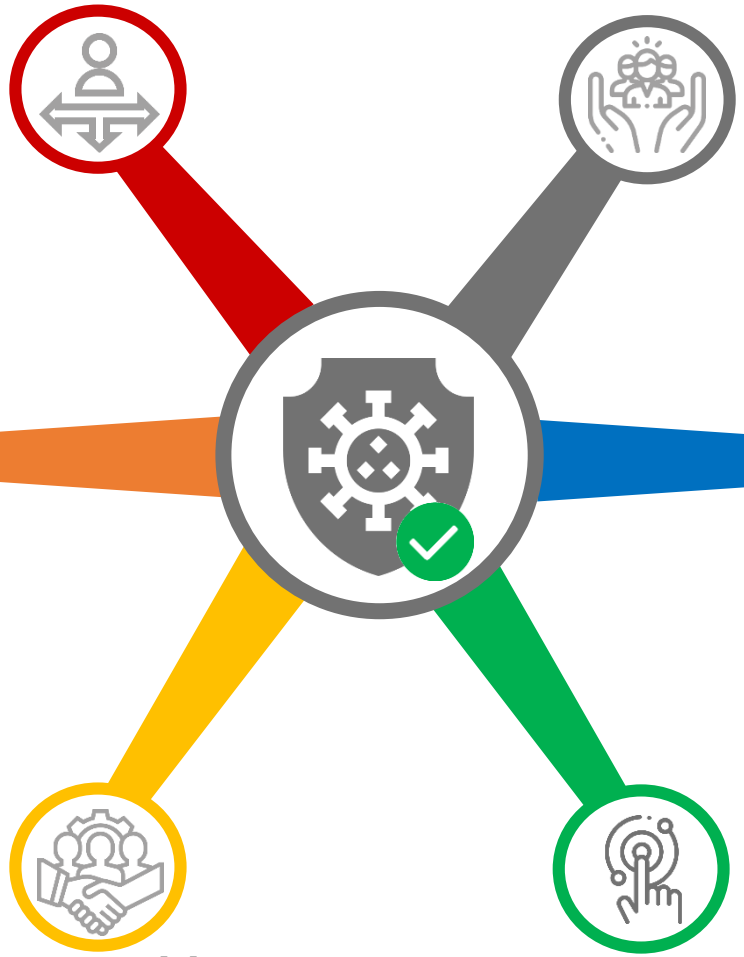
What advancements have been made as a **System**?

New Ways/Flexible Working

- Led Midlands National Reservist pilots, model now approved for roll-out
-Overseas nurses recruitment continued, trialling a new joined up approach to future cohorts
- Flexible / mobile working models grow
- ICS Retention programme kick off
-Continued staff mobilisation through Workforce Cell

Identified/Supported New Training Needs

-Leadership to manage impact of Covid
-Digital training needs/guidance/support
-Expanding clinical staff skills to support understaffed areas
-Partnership working with education providers
- Staffordshire Training Hub supported the development of general practice staff



Adapting Roles: Sharing Skills & Resources

-Student nurses/doctors undertaking paid placements
-Conversion & training of vaccination staff to support clinical capacity (e.g. HCA, Care Homes)
-Redeployment of 'Corporate' Nurses, AHPs, and admin to support surge

Staff Health & Wellbeing

- Launch of ICS Staff Psychological & Wellbeing Hub inc: support & resources, shared across sectors; Psychological & physical initiatives, guidance & support
- Supporting At Risk Staff groups

Partnership & Collaborative Working

-Working with partners across the system to support redeployment of staff inc CCG, MLCSU, CCU, Private
- Developing new plans/initiatives as a result of Covid-19 and vaccines
- New to Care Home Care and Care Reserves campaigns – NHS & LA

Digital & Virtual Innovation

-New systems, software & devices
-Remote working/video consultations
-Virtual training/meetings/conferences
-Digital readiness assessment underway, to inform ICS Digital Strategy

Acknowledgements - Icons used here are attributed to https://www.flaticon.com/ and their respective authors.

Staffordshire and Stoke on Trent ICS Context

SSOT Workforce Data (Feb 22)

Staffordshire and Stoke-on-Trent has a Population of 1.1 million

NHS Trusts (SC SOON)

11.14% Vacancy Rate	11.12% Turnover Rate	5.72% Annual Absence Rate
Target 8-12%	Target 8-12%	Target 4.5%

Substantve Staff Group	WTE Mar22
Registered Nursing	5,188.22
Admin & Estates	3,163.67
Medical & Dental	1,472.15
AHP	1,105.05

Key Workforce Risks

- Workforce Supply/ Ageing Workforce
- Health and Wellbeing ➡Burnout ➡Turnover
- Capacity of the System to work in Collaboration
- Changes to NHS Pension

Social Care: Social Workers (Children and Adults), Home Care Workers, Care Home Nurses

NHS: Nursing, Therapies, Histopathology, MH acute Nursing, Specialist Medical roles

Primary Care : GPNs, GPs

SSOT ICS Vision

"Working to make Staffordshire and Stoke on Trent the healthiest places to Live and Work."

- Improve outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Helping the NHS support broader social and economic development

The Money

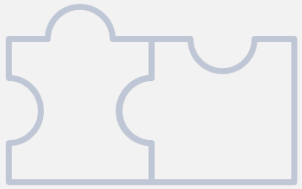
- £3.1 Billion overall spend
- 0.5% activity increase expected
- Cost increase up to 1%

Challenge to meet overall £200 million deficit

OUR ICS CONTEXT AND SSOT PRIORITY AREAS

Health Inequalities in SSOT

- We have one of the largest gaps in life/healthy life expectancy in the Region
- SOT is the 14th most deprived local authority in England
- 8.8% of Staffs and 17.8% of SOT identify as non-white British
- 50%+ people have 2 long term conditions
- 50% people over 65 have some degree of frailty
- We have higher than national average numbers of citizens with obesity, diabetes, strokes, heart disease, deaths from cancer under 75 years
- Higher than average infant mortality and smoking during pregnancy
- Significant Mental Health needs in all ages
- Loneliness and isolation



Community Engagement

- Commitment to engaging service users and citizens
- Reaching out to our population to support the development of our people schemes
- Link into System-wide observatory of local intelligence which identifies HIs
- Link with Local Equality Advisory Forum and Communities2gether
- Work closely with education providers (schools, colleges, HEIs) to develop solutions based on local need
- **“Someone like me”**

How the ICS is already tackling Health Inequalities

- Creating educational opportunities and care closer to home
- Creating jobs, development opportunities that are accessible to the demographics of our population:
- Community Champions
- Specific programmes to support increased knowledge of HI (using population health) Vaccine inequalities, PCN approaches to neighbourhood health inequalities, digitally enable care provision, prevention and protect the most vulnerable from COVID-19 and restore services.
- Our Widening Participation activities focused directly on areas of specific need as identified by HI data and Community Engagement
- Creating a more inclusive culture within our own organisations to support a system-wide cultural shift, challenging perceptions, educating and providing personal insight, in order for people to better recognise, identify and challenge inequalities.
- Creating an environment where staff voices influence through Trust and System-wide staff networks creating change and raising awareness of inequalities

OUR PEOPLE ENABLERS

ICS People Approach and Place Based Working

- People Function established to enable the workforce elements of the ICS Strategy **delivering the 10 ICS People Function Domains.**
- Supporting workforce planning, development and training at PLACE level; engaging with local clinical leaders/citizens to develop specialised solutions
- Engaging in Provider Collaborations to enhance workforce productivity and experience; across organisational/System boundaries
- Ensuring workforce efficiency by reviewing and developing universal solutions to transaction functions
- ICS-wide OD, Leadership, Inclusion and Staff Health and Wellbeing approaches to support ICS transition and cultural transformation

Sustainability

- Carbon Zero by 2030
- Education for workforce
- Reduction of travel/waste of resource

Digital

- People Function programmes supporting the delivery of the Digital Vision
- Digital Leadership module within system-wide development programmes
- “Empowered Patients
- Digitised Care
- Population Health
- Infrastructure and Service
- Capability and Innovation
- Invisible Boundaries”

“One Workforce”
ICS People Plan 10 Domains

1. Supporting the health & wellbeing of all staff

2. Growing the workforce for the future & enabling adequate workforce supply

3. Supporting inclusion & belonging for all, & creating a great experience for staff

4. Valuing and supporting leadership at all levels, and lifelong learning

5. Leading workforce transformation and new ways of working

6. Educating, training & developing people & managing talent

7. Driving & supporting broader social and economic development

8. Transforming people services & supporting the people profession

9. Leading coordinated workforce planning & intelligence

10. Supporting system design & development

Looking after our people

Supporting the health & wellbeing of all staff

What we've achieved…

HWB steering group supports System wide governance of this programme | Launched an ICS-wide, clinically-led staff psychological referral hub, integrated into existing support and supplemented by development of an ICS-wide Health & Wellbeing offer at various levels of intensity depending on need for individuals and teams | Established staff equality networks for Race, Disability and LGBT+ | The Disability network supported the development of the Inclusion school | Men's health network and Menopause Matters groups | Recruitment of ICS Retention Coordinators | Regional Covid Vaccination Workforce Retention Programme lead held by SSOT ICS so wider learning can be shared locally

In Year Delivery

- Development and sign off of an ICS wide Staff Health and Wellbeing Strategy.
- Further promotion and outreach of staff health and wellbeing support available.
- System wide Health and Wellbeing event.
- Scope for Growth Conversations supporting the Health and Wellbeing of our workforce.
- Promoting the 'Looking after your team and Looking after you too programmes' in primary care.
- Support and training offered to non-clinical practice staff in Well Being, as well as clinical to equip and empower.
- Develop offers to Retain the workforce at system level e.g. People Hub & Reserves, career conversations, flexible working options and support.
- Retention Coordinators in place and scoping System needs
- Development of an ICS wide Wellbeing Ambassador approach

Future Plans…

- ICS workforce and Psychological support team work closely together to support development of new Wellbeing initiatives linked to evidence.
- Annual ICS Well Being Events
- Well Being Champions across the ICS = community of practice
- Broader Psychological support offer across ICS inc Social Care & Primary Care
- Develop further Wellbeing offers linked to Population Health Data
- Introduction of Wellbeing Ambassadors in Primary Care
- Implement learning from SSOT Regional Wellbeing project within SSOT
- Research good practice in private sector to improve the employment cycle
- ICS Retention programme delivery continues, evaluation undertaken and recommendations considered for next stage of the programme.
- Focus on Retirement and options to return, with schemes to support registered and unregistered to remain in the system
- Test 'Try before you buy' schemes inc. work experience, shadowing and job swaps
- Deep dives into staff experience, reward and recognition offers

How we will measure success…

- Triangulate and monitor people metrics to provide intelligence and inform programmes of work to address; sickness absence, staff survey, HWB Hub access, pulse surveys. Collection of sickness information in non-NHS and Local Authority
- ICS Retention programme delivery, informed by metrics and insights review.
- Commence National Flex NHS programme locally – scale & spread.
- Continued feedback and pulse check at network meetings and each network has a Board level sponsor who will escalate any issues reported.
- System wide staff survey results analysis.
- Reported feedback and results from the Enhanced Wellbeing Programme

Growing the workforce for the future & enabling adequate workforce supply

What we've achieved…

System Workforce Cell and People Hub Team well established, 80+ requests to mobilise and deploy staff processed | Recruitment and deployment of over 1200 staff to support vaccination programme delivery | Continued delivery of ICS Redeployment Service | Designed and delivered a number of innovative system People Hub recruitment campaigns to support surge (community hospital) and Home Care (in partnership with Stoke CC) | Agreement on capped system bank escalation rates | SSOT Reserves | Home Care (new to care) campaign in partnership with SOT CC | Establishment of the ICS AHP Faculty, The Workforce Race and Inclusion Strategy (WREI) for Midlands and for ICS includes High Impact actions for Inclusive recruitment | Recruitment of ARRS Facilitators to support the ARRS workforce and PCNs | GP Fellowship programme continued

In Year Delivery

- Health and Care wide recruitment planning in shared "high risk" areas; joint roles, flexible contingent workforce, continue International Recruitment.
- Joint approaches to communication of campaigns with the population and relevant Providers both in Health and Care
- Further recruitment to the System People Hub to support System wide (health and care) as required
- More Health and Care Reserves working within SSOT
- Commence work on local GP recruitment/retention plan via appointment of Clinical Retention Champions
- GP and GPN Fellowship schemes
- Recruitment of more ARRS facilitators for Primary Care
- System wide Retention Coordinators' recommendations made and action commenced
- Link up Retention planning between Health and Care to create joint outcomes
- System wide NHS Staff Survey analysis and joint plan in place
- Increased Widening Participation activity in schools/colleges; wider than Cornerstone Schools – scope joint delivery potential between Health/Care
- Launch of Virtual Work Experience programmes; Mental Health and Primary Care
- Focus on increasing access to Health and Care roles from SSOT seldom heard communities
- Cohort 4 of System Health and Care Apprenticeship
- System Pharmacy Technician Apprenticeship in partnership with Primary Care/Training Hub

Future Plans…

- Recruitment to 'hard to fill' staffing groups at System level
- Retention activities embedded across Health and Care to reduce turnover
- System wide approach to engagement with schools/colleges; promoting all health and care careers
- Movement towards System by default approach to Contingent Workforce and ICS Collaborative Bank
- System approach to Widening Participation activities to attract seldom heard communities
- System wide Work Experience Portal; cross sector approach
- System wide workforce strategies developed for professional groups inc AHP, Pharmacy, Nursing, Practice Managers, Social Workers
- Refresh of the Primary Care workforce strategy (CCG, Training Hub and ICS).
- Development of a 'GPN school' and further refine GPN Strategy
- Targeted engagement work (at scale across System Partners) with wider community aligned to tackling health inequalities.
- Streamlining recruitment processes across the ICS, utilising digital platforms
- Improved staff experience via. Retention activities and OD/culture/leadership programmes.
- Virtual Work Experience programme for Social Care
- Workforce planning across clinical pathways - Case for Change, H2, Cancer, Maternity & UEC.
- Using workforce planning tools to plan at Place level.
- Implementation of the System Workforce Race and Inclusion Strategy Actions inc 3 priority areas: inclusive recruitment and building a diverse workforce, inclusive leadership, understanding and addressing local health and wellbeing inequalities throughout workforce.

How we will measure success…

- Measurement of workforce metrics; staff in post, WRES data, turnover, system wide "new post" data.
- Workforce data informs planning and supply activity across the system, down to Place.
- Performance of the system wide workforce cell. Demonstrate future workforce planning across the sector to build new roles.
- System wide staff survey analysis; The WRES aspirational targets highlight the required representation of Black Asian and Minority Ethnic staff at Leadership level for ICB and for partner NHS organisations.

Belonging in the NHS

Supporting inclusion, belonging for all & creating a great experience for staff

What we've achieved…

ICS WRES Recruitment High Impact Action Plan, System Staff Networks and the EDI leads group have enabled joint learning and actions | Equality networks thrived with System Board level sponsors | Inclusion School - Journey continues: Autumn Inclusion School on Disability and Neurodiversity complete | Cultural Education Change Programme delivered to system very senior leadership | Inclusive Talent Management approaches | Joint working on development of the New Futures programme across the System | Delivery of "Ourselves as Collective & Compassionate Leaders" | Content on the Clinical & Quality Leadership Development Programme | Widening Participation Activities focused on seldom heard communities | ICS Apprenticeship recruitment and Refugee / Seldom heard Community Project

In Year Delivery

- Sustained focus on inclusion to influence leadership and development of the System
- ICS Workforce Dashboard to include WRES information
- System Wide Reciprocal Mentoring - Preparing for launch early in 2022-23 using NHS Leadership Academy Reciprocal Mentoring Programme framework.
- Continue Inclusion School journey
- Staffordshire and Stoke on Trent Stepping Up – Cohort 4
- Scope 4 Growth Talent Management Career Conversations.
- 'Comfortable being Uncomfortable' cultural education programme roll-out being extended to more leaders and teams.
- Nominated Clinical Director EDI Champion (Staffs Training Hub)
- Work of Out Reach Project Manager and Retention Coordinators.
- Widening participation from seldom heard groups - ICS Outreach Project in supporting Refugee community into roles with our sector
- System wide inclusive recruitment
- New Futures Diverse Leadership Programme
- WDES Differently Abled Buddy Scheme (Provider pilot)

Future Plans…

- Leadership OD and Inclusion programme and the Workforce programme to further inform the development of an inclusive culture across the ICS.
- Cultural Education Programme wider System roll out
- Inclusion School Journey to continue.
- Stepping Up/New Futures alumni support, to include ongoing development opportunities and tracking of career progression.
- Reciprocal Mentoring evaluation and learning lessons undertaken and acted upon across system.
- Extend support to non-NHS system partners on developing inclusion.
- Development of the NHS Rainbow Badge programme on a system-basis, including extension of principles to non-NHS partners.
- HPS cohort 2 – increasing participation from those from ethically diverse communities
- Triangulation of system WRES and WDES data with the current and development of EDI System Metrics
- Diverse characteristics are proportionally represented across the ICS

How we will measure success…

- Workforce Metric info re WRES & WDES data & EDS, turnover, sickness, recruitment. Collection of sickness information in non-NHS and Local Authority
- System wide staff survey and pulse surveys.
- Using employee engagement scores to measure delivery of the NHS People Promise and focus on action for improvement.
- Feedback from System Staff Networks .

Belonging in the NHS

Valuing and supporting leadership at all levels, and lifelong learning

What we've achieved…

ICP North Leadership Development Pilot SYSTEM CONNECTS programme, 120 staff, 2 Trusts, system wide potential: Platinum & Gold - Masterclasses and cohort sessions underway | Scope for Growth - career conversations: SSOT confirmed as pilot site | Leadership Pathway has been drafted for entry level roles | Staffs Uni joint project to ensure the college is better preparing young people with the skills needed for the future | HPS Cohort 1 continues with completing due for Q1 2022 and plans for Cohort 2 to launch Q1 2022 | System Connects programme reaching circa 120 colleagues | Delivery of "Ourselves as Collective & Compassionate Leaders" content on the Clinical & Quality Leadership Development Programme delivered to Cohort 2

In Year Delivery

- PbP North Leadership Development Programme Systems Connects 120 people, 2 Trusts, system wide potential: Platinum & Gold. Masterclasses and cohort sessions underway.
- "Our System Connects" programme reaching circa 60 Band 7 (Gold) & 60 Band 8 (Platinum) leaders from across the System.
- Scope for Growth pilot to include a Train the Trainer model, Community of Practice, 3-5 year career plans for initial groups, target groups identified as High Potential Scheme 1 & 2, Stepping Up Programme/ Stepping Up Alumni.
- Potential & Development Conversation toolkit completed
- Training Hub roll-out of leadership courses and CPD across General Practice , informed by practice-led TNA e.g. Practice Management, Leadership Series.
- High Potential Scheme Cohort 1 completed, cohort 2 commenced
- Build a HPS support network: coaches, mentors, sponsors, assessors.
- West Midlands Coaching Collaborative to support ICS.
- Development of Diverse Coaches.
- Completion of Systems Connects Gold and Platinum Leadership Programme.
- New Futures diverse leadership programme delivered
- Talent pipeline/ leadership development activities within Social Care in partnership with Skills for Care

Future Plans…

- Expansion of our Leadership Programme for Band 6 professionals following the success of the Gold & Platinum System to enable a passport approach to development ensuring an inclusive offer more widely.
- Collaboration has commenced with regional stakeholders including UHNM, MPFT, Derby & Burton Trusts on the system New Futures programme (equivalent Stepping Up) ready for launch March 2022.
- Development of System wide talent development tools.
- System wide careers events offering information about roles across the whole sector; NHS, Social Care and Primary Care.
- Introduce core offer to support PCN development in conjunction with the Midlands Leadership and Lifelong learning team . Additionally, OD Practitioners will work with PCNs on their progression through the maturity matrix
- HPS Cohort 2 – 2 year programme to commenced with a Buddy model with STW ICS.
- Scope for Growth Career conversation tool to form part of all Inclusive talent leadership programmes.
- Inclusive Talent Leadership Programme to be utilised across system wide leadership talent pool.
- Alumni Leadership development to incorporate: New Futures, High Potential Scheme, System Connects.
- System coaches and mentors support all leadership programmes

How we will measure success…

- Increased number of Ethnic Diverse colleagues in leadership positions.
- Increased numbers of SSOT colleagues taking part in the various leadership programmes/events.
- Career tracking for Leadership courses Alumni.
- System Staff Survey results.
- Development and embedding of products such as System wide talent development tools.

New ways of working

Leading workforce transformation and new ways of working

What we've achieved…

Led and developed Midlands Reservist Pilots | Implemented SSOT Reservist and People Hub contingent workforce models inc. three flexible offers | Currently 645 workers registered with the People Hub | Designed and commenced recruitment of contingent workforce in partnership with Staffordshire and Stoke on Trent Councils | System wide development and leadership opportunities | System Connects Programme allowing collaboration across Trusts | Enhancing staff experience through Health and Wellbeing activities at System level

In Year Delivery

- Increase People Hub resource /scope of practice through **joint** campaigns with wider system partners and continue to develop training packages & pastoral offer.
- Further develop ICS Reserve model inc. emergency 'Step Forward' workforce.
- Contribute towards and inform the ICS Digital assessment from a workforce perspective. Develop refreshed
- Digital People Strategy.
- Refresh of ICS People Programme website.
- Pilot Digital Staff Passport at system level with People Hub.
- Commence ICS People APP development.
- Scope use of platforms to support system staff sharing e.g. Allocate/Patchwork, NHS Jobs3.
- Lead System-wide Workforce Planning to support clinical transformation pathways e.g. Cancer, Maternity, Urgent Care and wider Staffordshire/Stoke on Trent Case for Change.
- Lead on Workforce components of operational and strategic planning at System level.
- Continue the development of a System wide workforce dashboard and performance metrics.
- Outreach work to ensure our opportunities are tailored to local workforce and deliver the needs of our population

Future Plans…

- Launch of ICS People APP.
- Implement Digital Staff Passport.
- Introduce Digital Champions Network.
- Development of a digital career pathway across the system, to consider rotations and innovative placements; inc ICS apprenticeship.
- Establishing strong links with education providers to engage future workforce, promote NHS & Care digital and tech careers and to scope training and education.
- Development of a Digital Leadership Programme including virtual classes and e-learning packages.
- Pilot Reserves model across sectors with engaged private providers.
- Continuing work with VAST /Support Staffordshire to collaborate further with the sector.
- Continue to build Volunteer aspect of contingent workforce
- Long Term Volunteer buddy schemes.
- Alignment of core training programmes and competencies across the system.
- Create and update key and clinical roles descriptions to better reflect the roles of the future.
- New joint roles and career pathways across the System

How we will measure success…

- New roles designed and implemented across the system.
- New career pathways designed.
- Development of products e.g. Digital Leadership programme/job descriptions.
- Workforce plans at System level.

Growing for the Future

Educating, training & developing people & managing talent

What we've achieved…

Supported HEE funding assignment/delivery inc TNA, system wide apprentices, clinical supervision, cancer, maternity, wellbeing enabler project | Successfully delivered two system apprenticeship cohorts and launched third with focus on Ehtnic Diverse and seldom heard groups | Successfully shared £449k Levy funds across the system in 2021 to support 80 apprenticeships in Care Home, Hospices and Home Care providers | System coaching offer through the West Midlands Employers Coaching and Mentoring Pool established for the SSOT system | Talent Steering Group overseeing succession pathways for system and collectively developing an approach where all partner organisations can collaborate to provide development offers across the system for all staff at all levels | Inclusive Talent Management process launched Jan 22 | ICS pilot site for Scope for Growth

In Year Delivery

- Refresh and launch of ICS System Wide Education, training and development Group. Partners inc. NHS, LA, Social Care, Voluntary, Staffs Training Hub, CCG, Further Education & Higher Education providers.
- Working more closely with Education Providers
- Gather higher and further education and destination data and intelligence.
- Scope system wide approach to Clinical Placements expansion and digital platforms to support understanding of placement capacity, develop plans with partners to improve capacity and experience
- Delivery of cohort 3 of System Wide Graduate Apprenticeship.
- System wide Pharmacy Technician Apprenticeship scheme development and launch in partnership with Staffs Training Hub.
- Commence planning for ICS Career Pathway progression e.g. Nurse Associates, Trainee Nurse Associates, Degree Apprenticeship, and pathway experience at System Level
- Continued delivery of System wide Apprenticeship Levy Share
- Expansion of Coaching Pool, drive to recruit and train coaches form a diverse background eg: stepping up
- GP-S coaches in Primary Care
- General Practice Pathway to progress and retain using apprenticeships
- Developing leadership offers within Social Care to support retention and good staff experience

Future Plans…

- Develop new courses with Higher Education partners which respond to system need and workforce planning indications, informed by national and local drivers
- Review system wide training delivery to find collaborative solution.
- Develop further Health and Care work experience and information sharing opportunities for all groups
- Implement system wide Clinical Placement Expansion programme in collaboration with partners, and introduce digital platform to understand and increase capacity.
- System approach to commissioning training places and overall engagement with HEIs.
- Development of further ICS career pathways in line with system priorities, informed by workforce planning.
- Leadership Pathway designed to extend the opportunities for Leadership Development from Exec Pathway in early career potential applicants for entry level roles.
- Proposals to be discussed for developing senior leads as Career Coaches to support developmental & career conversations with high potentials and career development toolkit on the intranet
- Focus on developing an offer for Admin and clerical staff – training, career progression inc NHS, LA, Social Care, Primary Care
- Develop system training Academy (2-5 years)

How we will measure success…

- Understanding the needs of our whole system from a training and education perspective collectively
- Delivering more training across organisational boundaries
- Understanding of and increase in clinical placement capacity

Cross-cutting theme

Driving & supporting broader social and economic development

What we've achieved…

Commenced Asylum and refugee project and recruited an ICS Outreach Advisor | Involvement in ICS Sustainability Planning group | First Traineeship programme cohort commenced successfully | Supported two Step Into Work cohorts | HEE Trailblazer GP Fellows employed - specific focus on deprivation, focus on health and third sector organisations e.g. homelessness, drug and alcohol services | Working with local voluntary sector initiatives to encourage diverse workforce and widening participation projects i.e. employing/work experience with sensory loss communities | Working with diverse community groups (Communities 2gether group) looking for initiatives for encouraging employment and training uptake from these communities | Working with schools and Higher Education to identify local initiatives to support education and employment for people from recognised deprivation index communities | Joint project with Staffs Uni to ensure the college is better preparing young people with the skills needed for the future | Draft Leadership Pathway has been designed to extend the opportunities for Leadership Development at System Level | System wide approaches to Work Experience, Career pathways and volunteering inc. virtual offer

In Year Delivery

- ICS Widening Participation Strategy agreed and action plan implemented.
- Continue support to workplace learning schemes e.g Step into work, Princes Trust, Traineeships, T Levels, Staffordshire Cornerstone Employer.
- Virtual Work Experience
- Offering job opportunities to disadvantaged or seldom heard communities including Refugee/ Out Reach project.
- Wellbeing Enabler project – linked to inequalities & Mental health priorities.
- Development of workforce specific actions to support Green NHS Sustainability Plan.
- Understanding of workforce experience and inequalities at organisation and system level through WRES, staff survey/feedback (F2SU),H&W, psychological wellbeing hub, staff equality networks, gender pay and ethnicity pay gap reports.
- Through accountability and sustainability of Staff equality networks: understand and identify areas of inequality, enable workforce as representative of, and link with our local diverse communities.
- System wide NHS Staff Survey Action Planning

Future Plans…

- Working with education institutions to develop the local future workforce across the health and care system.
- Further engagement and involvement with wider seldom heard communities to promote jobs in our system
- Understand service user experience and staff understanding of health inequalities and impact on population health and access to services/information.
- Further work with the Staffordshire and Stoke on Trent LEP to link into work being done in the private sector to support those from seldom heard communities find educational opportunities and work.
- System wide approaches to Widening Participation embedded and joint activities in place.
- System Career Pathways (including Apprenticeships) with various starting points to allow participation (Traineeships)
- Virtual Work Experience Portal
- Digital enablers e.g. APP/Passport
- Robust work directly within Communities to identify how to create opportunities for them
- Appointment of Ambassadors to promote careers in health and care.
- More recruits from seldom heard communities in all NHS Trusts, Local Authorities and ICS People Programmes

How we will measure success…

- Recruitment from "disadvantaged communities".
- Wider scope of work experience up take.

Cross-cutting Theme

Transforming people services & supporting the people profession

What we've achieved…

System forum of People Directors (NHS) in operation for some time | Best practice sharing via system groups | ICS People, Culture and Inclusion Board well established with programme boards bringing people professionals together to collaborate on key system people matters | Career development conversations taking place with OD Talent Bank to identify gaps to inform future careers | Partnership/collaboration in place with NHS Trusts to review/scope the potential for a transformed approach to the delivery of the following services at System level; Occupational Heath, Workforce Planning and Intelligence and Recruitment | SSOT System-wide OD diagnostic completed system wide OD diagnostic completed

In Year Delivery

- Establishment of ICB People Function.
- Commencement in post of ICB NED lead for "One Workforce" People, Culture and Inclusion Committee.
- Appointment of Chief People Officer.
- Delivery of HR & OD efficiencies programmes focussing on multiple contracted service providers, provision of HR&OD functions and optimising the utilisation of Robotic Process Automation (RPA). Current projects focussed on:
- Occupational Health
- Move towards 1 OH Provider across the ICS
- Recruitment
- Standardise and streamline processes across ICS - explore options for delivering at scale.
- Workforce Planning/Information.
- ICS-wide planning and reporting functions scoped.
- Implementation of PCN organisational development plans which supports clinical and managerial leadership support including coaching, workshops, masterclasses and diagnostic work.
- Scope clinical placement provision within the System

Future Plans…

- Consider Provider Collaboration and delivering at scale in wider People functions. E.g. Clinical Placements
- Continue to provide OD and system development support and capability to organisations, provider collaboratives, clinical networks and other formal collaborative arrangements within the ICS.
- Work on Navigating Change Masterclasses, bitesize learning and supporting toolkit as part of the ICS People Transformation workstream has commenced as part of a system wide Health & Wellbeing offer.
- Deliver benefits realisation of 1 OH Provider.
- Introduce RPA processes and maximise efficiencies through ICS recruitment processes.
- ICS workforce planning and reporting functions established

How we will measure success…

- Reduce variation in service levels.
- Reduce variation in outcomes.
- Decrease multiple providers and therefore contracts and contract management.

Cross-cutting Theme

Leading coordinated workforce planning & intelligence

What we've achieved…

Development and submission of the system Operational plan for 2021-22 across NHS and Primary Care | Supporting Clinical workforce planning across the system including vaccination programme, UEC, Mental Health | ICS People Metrics & Dashboard developed inc all NHS Trust | Workforce Data sharing agreement in place for some time | Agreement on capped system bank escalation rates | System wide Equality Impact Assessments in place for recruitment and staff transition | Development of PCN ARRS workforce plans | Collaborative development of a 21/22 GPN Strategy (CCG, Training Hub and ICS) | Increased workforce planning skill / resource at system level with the appointment of additional workforce planning managers

In Year Delivery

- ICS People Metrics & Dashboard to inc Social Care & Primary Care Workforce planning across clinical pathways - Case for Change, Operational, Cancer, Maternity & UEC.
- Using ICS level data for planning inc workforce, population and health inequalities.
- Utilise the STH Primary Care TNA data + Focus Groups to assess workforce risks including retention, retirement.
- Workforce Cell delivery in response to System Pressures
- Performance management of agreed ICS NHS Workforce Metrics
- Delivery of Strategic Workforce Planning in relation to Operational Plans
- More Workforce Planning expertise at System level
- Use population health data and demographics to workforce plan identify areas to focus recruitment and widening participation activities in Health and Care
- Support social care managers to complete WF national minimum data set
- Social Care clear on projected future needs of RGNs and plan to achieve this

Future Plans…

- Developing overarching dashboards both quantitative and qualitative data, incorporating information at a Trust/Provider and system level which will allow us to track the benefits realisation of our collective endeavours e.g. Staff Experience, Workforce Sustainability Dashboards.
- Ensure project outcomes are recorded and impact evaluated to allow us to prioritise the work at system level, creating value for money
- Incrementally increasing system-wide working by influencing wider stakeholders via digital platforms, data and direct feedback from our workforce/ service users.
- Using workforce planning tools to plan at Place level.
- Collaboration/streamline Agency/Bank rates at System level.
- Dashboard and metric development and assurance at System level.
- Commence working on a Workforce planning tool across whole sector.
- Increased workforce planning capability and capacity across the System via training/mentoring/community of practice.
- Continue workforce planning across clinical pathways - Case for Change, H2, Cancer, Maternity & UEC.
- More staff working in Health and Care from seldom heard communities.

How we will measure success…

- Live workforce plans in place which clearly identify our workforce gaps and actions plans to address with innovative solutions.
- System wide workforce picture including NHS, Social Care, Primary Care and voluntary sector.

New ways of working

Supporting system design & development

What we've achieved…

Well established Shadow ICS Board with full Provider engagement, anointment of ICS Board Chair, following national recruitment processes | Appointment to Acting ICS Chief Executive role | Appointment to 5 Non-Executive Director roles including Chair of the System People, Culture and Inclusion Board (to transition to Committee) | ICS Governance structure agreed | TUPE/HR processes in place with affected CCG workforce

In Year Delivery

- Appointment of mandated ICB Director(s) level posts.
- Appointment of Chief People Officer/Partner for the system.
- Supported transition of current CCG workforce into new ICS/ICB structures.
- HR processes to be undertaken with affected workforce as mandated posts are appointed to linking to support offers available.
- Health and wellbeing & leadership/OD support available for staff affected by change processes.
- Formalised ICS People Function as part of the new ICB structure.
- Creation and delivery of ICS OD programme – Lessons learned OD support, ICB board development, culture and behavioural change support across ICB, ICP and PCN's, including clinical leadership and place-based focus.

Future Plans…

- ICB structures and functions established, in place and operating
- Safe ICB Staff transfer complete and roles and responsibilities established.
- People Plan reviewed to directly align to the ICS Strategic Aims and Population Needs.
- Transfer of System People functions to new ICB People function.
- ICB/ICS system wide OD strategy and programme developed to support evolvement and development of new ICB/ICS.
- Ongoing support to the emerging future functions ICS/ICP/ICB.
- Supporting design, delivery and embedding of clinical leadership approach.

How we will measure success…

- Safe transfer of staff to the new ICB/ICS with roles and responsibilities defined.
- Change processes complete for affected staff.
- Functions in place and ready to operate.
- Readiness to operate assessment complete and assurance give by NHSEI.

Summary of In Year Delivery 2022-2023

System Staff Health and Wellbeing Strategy

Retention Co-ordinators

++ Health & Care Reserves

Cohort 3: System Health & Care Apprenticeship

GP & GPN Fellowship

ARRS Facilitators

System wide well being Event

Stepping Up

Inclusion School

Scope for Growth Conversations

System NHS Staff Survey

Pharmacy Technician Apprenticeship

Jobs access for seldom heard communities

Virtual Work Experience

System Reciprocal Mentoring

Out Reach Project Manager

Clinical Director EDI Champion

Clinical Retention Champions

System Health & Care Recruitment

People Hub Recruitment

Talent Management Career Conversations

New Futures Diverse Leadership Programme

Diverse Coaches

Our System Connects

High Potential Scheme Cohort 1 completed

Scope for Growth

ICS People Programme Website

Digital People Strategy

GPS Coaches: Primary Care

GP Apprenticeships

Potential & Development Conversation Toolkit

Leadership development within Social Care

Step Forward Workforce

System Workforce Planning

System Apprenticeship Levy Share

System Education, Training & Development Group

ICS People Metrics include Social & Primary Care

Workforce planning across clinical pathways

ICB Director Appointment (inc. Chief People Officer)

System Approach Clinical Placements

Wellbeing Enabler Project

ICS Widening Participation Strategy

System Staff Survey Action Planning

Workforce Green NHS Plan

Workforce Cell response to System Pressures

System Workforce Planning Expertise

HR & OD efficiencies programme

Refugee/ Out Reach Project

Workplace Learning Schemes

ICS OD Programme

Formalised ICS People Function

Anchor Employer

ICB People Function

Summary of Future Delivery Plans (2-5 Years)

Deep Dive – Staff Experience

Wellbeing Champions

Workforce Planning along Clinical Pathways

Widening Participation: System Approach

System Workforce Race & Inclusion Strategy Actions

ICS Retention Programme

Annual System Wellbeing Events

Tackling health inequalities

System wide Work Experience Portal

Cultural Education Programme

System recruitment to 'Hard to Fill' roles

System Recruitment: Streamlining Processes

Diverse characteristics proportionally represented across the ICS

Stepping Up / New Futures Alumni

EDI System Metrics

Career Progression Tracking

Support non-NHS partners developing inclusion

System Talent Development Tools

Core offer for PCN Leadership Development

Inclusive Talent Leadership Programme

HPS Cohort 2

Talent Pipeline

Long Term Volunteer Buddy Scheme

System joint roles & Career pathways

System Training Delivery Review

Work with Staffs & S-o-T LEP

Digital Leadership Programme

Career Coaches

System commissioning training & HEI engagement

ICS Career & Leadership Pathways

Develop System Training Academy

Understand service user experience & work with communities

ICS People APP & Digital Staff Passport

Health & Care career ambassadors

People Functions provider collaboration & delivering at scale

Positively impacting our Communities

System Streamlining Dashboard & Metrics

System streamlining re Agency & Bank rates

Engage our workforce

Recruiting from seldom heard communities

People Plan aligns to ICS Strategic Aims & Population Needs

ICB structures operating

Working Together Better

How will our plan represent our **Workforce Views?**

- It is imperative that this plan **represents the workforce** and is not a “top down” strategic document which would be unrecognisable to front line workers. In order to ensure that the initial draft is accurate we have taken feedback from Provider representatives from across the Health and Care sector. They have fed in themes from their own engagement with their workforce; outlined their organisational workforce challenges and reviewed the current priority areas for our People, Culture and Inclusion Programmes.
- This plan and **priority action areas for 22/23** has been drafted following this feedback, however the following actions will be taken with various staff groups during the next 12 months as we continually refine our direction:
- **Involvement via various engagement means** including digital platforms /tools, webinars, events, forums, face to face workshops (as appropriate) and staff surveys.
- **Establish links** with existing forums, networks and groups including Staff Networks and via system-wide trade union partners (inc. NHS, CCG, Local Authority, Primary Care, Voluntary and Independent sectors)
- Ensuring there is **ICB senior leadership ownership** and buy-in to gain System wide commitment.
- **Taking feedback from service user groups** regarding the priority areas for them for the development of our workforce.
- Reviewing, with expert partners, the **potential further use of technology** as an enabler to support collaboration across the System.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

STAFFORDSHIRE & STOKE-ON-TRENT

Integrated Care System; People, Culture and Inclusion Programmes

Annual Report 2021-2022

Introduction

During 2021-22, Staffordshire and Stoke on Trent ICS has continued to face significant, additional pressures due to Covid-19; the vaccination programme and accelerated delivery to protect the population; and expected winter pressures.

As a result, the system has faced significant workforce pressures with Covid-19 related absences fluctuating throughout the year; impacts on staff health and wellbeing; increases in demand on services; and restoration of services

In addition, the formation of the Integrated Care Board was delayed nationally from April to July 2022.

Whilst these system pressures have impacted significantly on workforce availability and resilience, our people and leaders have continued to work together, forging strong relationships to develop innovative approaches to support our people and deliver services to our population. The ICS has also continued to prepare for the transition with the appointment to the new ICB Executive team roles.

This annual report will explore the achievements despite the challenges, current undertakings and plans for the future of 2022/2023 for Staffordshire & Stoke-on-Trent's Integrated Care System People, Culture & Inclusion Programmes.

Foreword

"I have been blown away by our People Programme achievements during 2021-22. Our people and partners have responded and innovated in the face of tremendous pressures to deliver the best care to our population. We have worked together to build and grow our workforce to respond to escalations whilst also developing our future pipeline. Some of my highlights include the growth and development of the ICS People Hub and Reservist offers; collaboration with our Local Authority and Independent Care Provider partners; and our widening participation activities. We look forward to 2022-23 with a renewed focus and commitment to create 'One Workforce', to collaborate with all our partners to enable the best health and care for our population.

Alex Brett, ICS People Programme Director

"I am so proud that in the face of one of the greatest challenges ever facing our Health and Care Services, we have maintained AND significantly enhanced our focus and commitment to workforce health and wellbeing, inclusion and leadership development. Throughout 2021-22 we have been recognised as leaders in these areas.
I firmly believe there is no wellbeing without inclusion for all, and no inclusion without wellbeing for all. At Staffordshire and Stoke on Trent ICS, we will be living and breathing this philosophy to the benefit of our colleagues, and most importantly, our communities."

Shajeda Ahmed, Executive Lead, OD, Leadership, Inclusion and Health & Wellbeing

Our Achievements 2021-22

TOGETHER WE'RE BETTER
Transforming health and care for Staffordshire & Stoke-on-Trent

40 Health & Social Care Apprentices on system rotational placements

1018 People Hub Staff
21500 shifts

Integrated System Wide Workforce Planning (Inc Workforce Development funding)

Staffs & S-o-T People Metrics

Appointed System Wide Retention Coordinators

Apprenticeship Levy Transfer:
£1.4million for **230** apprenticeships

Outreach Advisor engaging refugees & hard to reach communities

Strong Partnership Working With Primary & Social Care

4 System Virtual Work Experience Programmes delivered /planned

The Redeployment Service has saved:
£4.3million & Redeployed:
225 members of staff

Cultural Development Programme rolled out to **233** ICS Senior Leaders

400 people attended **Inclusion Schools** to date

Regional Leads for Health & Wellbeing, Reservists & Covid Vaccination Workforce Retention

3 ICS Staff Networks

Over **432** referrals to the **Staff Psychological Wellbeing Hub,**

14 High Potential Scheme participants

Benefits Realisation

How we will measure our success and impact of our programmes

Understand & Scope	**Population Health Management Workforce Plans, Higher Education Data**
Collaborate, Research, Best Practice	Design
Engage	**Health + Care Partners, Wider Partners, Workforce, Public, Education**
Clear project plans, Milestones + Outcomes	Implement
Test	**Trial, monitor progress & outputs of projects**
Engage stakeholders, review & refine	Listen + Adapt
Assess the impact	**Metrics, individual journeys, number of job and/or learning opportunities offered**
Roll-out across programmes and boundaries	Scale & Spread

Covid-19 Learning & Achievements 2 Years On…

What advancements have been made as a **System**?

New Ways/Flexible Working

- Led Midlands National Reservist pilots, model now approved for roll-out
-Overseas nurses recruitment continued, trialling a new joined up approach to future cohorts
- Flexible / mobile working models grow
- ICS Retention programme kick off
-Continued staff mobilisation through Workforce Cell

Identified/Supported New Training Needs

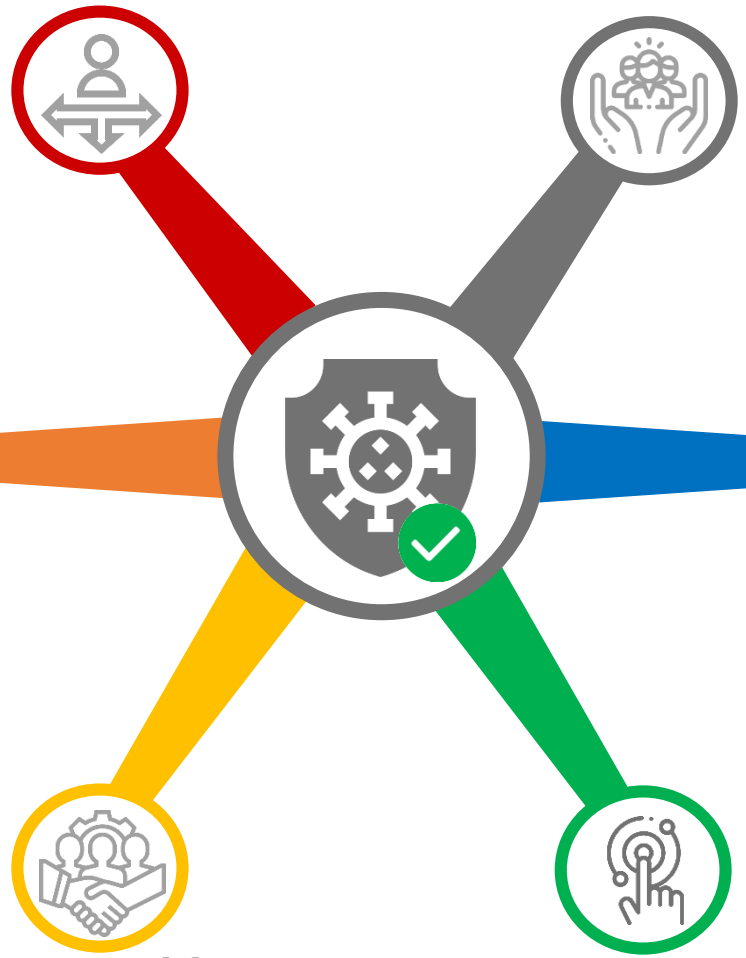
-Leadership to manage impact of Covid
-Digital training needs/guidance/support
-Expanding clinical staff skills to support understaffed areas
-Partnership working with education providers
- Staffordshire Training Hub supported the development of general practice staff

Adapting Roles: Sharing Skills & Resources

-Student nurses/doctors undertaking paid placements
-Conversion & training of vaccination staff to support clinical capacity (e.g. HCA, Care Homes)
-Redeployment of 'Corporate' Nurses, AHPs, and admin to support surge

Staff Health & Wellbeing

•Launch of ICS Staff Psychological & Wellbeing Hub inc: support & resources, shared across sectors; Psychological & physical initiatives, guidance & support
•Supporting At Risk Staff groups



Partnership & Collaborative Working

-Working with partners across the system to support redeployment of staff inc CCG, MLCSU, CCU, Private
- Developing new plans/initiatives as a result of Covid-19 and vaccines
- New to Care Home Care and Care Reserves campaigns – NHS & LA

Digital & Virtual Innovation

-New systems, software & devices
-Remote working/video consultations
-Virtual training/meetings/conferences
-Digital readiness assessment underway, to inform ICS Digital Strategy

Acknowledgements - Icons used here are attributed to https://www.flaticon.com/ and their respective authors.

Our programme achievements have been captured against the ICS People Plan domains

1. Supporting the health & wellbeing of all staff 
2. Growing the workforce for the future & enabling adequate workforce supply 
3. Supporting inclusion & belonging for all, & creating a great experience for staff 
4. Valuing and supporting leadership at all levels, and lifelong learning 
5. Leading workforce transformation and new ways of working 
6. Educating, training & developing people & managing talent 
7. Driving & supporting broader social and economic development 
8. Transforming people services & supporting the people profession 
9. Leading coordinated workforce planning & intelligence 
10. Supporting system design & development

Looking after our people

Supporting the health & wellbeing of all staff

Planned

- Co-design and create system wellbeing vision
- Co-design and create system wellbeing strategy (In draft form, updates being made before sign-off)
- System-wide collaborative offer of on-going support
- System-wide HWB hub - Evolving service to create and meet demand - Outreach - Weekly webinars
- Racial Inclusion work to address health inequalities
- System wellbeing event
- Design and implementation of Regional Health and Wellbeing Programme
- Refresh system retention framework & plans
- 'New Horizons Hub' retention concept refresh & launch – schemes, website
- Flexible Working Charter & exemplar/innovative practice sharing
- Alternative offers to retain in Staffs & SOT e.g. People Hub and Reserves

Delivered

- Co-design and create system wellbeing strategy (In draft form, updates being made before sign-off)
- System-wide collaborative offer of on-going support
- System-wide HWB hub - Evolving service to create and meet demand - Outreach - Weekly webinars
- System wellbeing event (postponed due to System Operational pressures and VCOD, delivery 25th April – 1st May 2022)
- Regional HWB programme - Collaboration across 11 systems to understand current impact of health and wellbeing provision endorsed; Delivery partners procured; Big conversation platform developed and went live 29th March 2022; Workforce analysis through a population health inequalities lens.
- Recruitment of ICS Retention Coordinators and commencement of system-wide project – aims and deliverables identified; project plan in place with milestones; materials drafted; hotspot departments identified and interventions commenced with teams
- Regional Covid-19 Vaccination Workforce Retention Programme lead held by SSOT ICS so wider learning can be shared locally
- Retention plan in place and being delivered to retain People Hub contingent system workforce

Spotlight on: Health and Wellbeing

Staff Psychological Wellbeing Hub

- Over **432** referrals from H&SC staff
- **350** staff assessments carried out
- From Nov 2021- March 2022, **250** staff accessed webinars
- Due to popularity, now deliver 2 webinars per week
- Constant outreach via social media and direct sessions tailored to each group
- Normalising access to staff support services, changing perception and behaviour, encouraging more staff to access support
- Integration and collaboration between services, reducing duplication, streamlining and improving the experiences of staff

Be Well Midlands

S&SOT commissioned to deliver engagement programme across 11 ICS in the Midlands for all Health and Social Care staff, specifically targeting experiences of seldom heard groups to ensure equity and quality of health and wellbeing provision across the Midlands and sustainability of workforce.

Regional steering group of senior Health and Wellbeing leaders across all 11 ICS are working together through an ethos of collaboration, equity and sharing of learning to benefit all

Growing the workforce for the future & enabling adequate workforce supply

Planned

- Define the matrix of workforce supply solutions for the ICS
- Increase the resource and scope of practice of the People Hub (System Bank).
- Stocktake and review of People Hub processes, plans and offer. Continuation of recruitment to the People Hub to assure contingent workforce
- Continue to support system workforce mobilisation, supplying workforce to support escalations, surge
- Develop the NHS Health and Care Reserve model for the ICS; Recruit, train and deploy our Reserves.
- System Redeployment service
- Delivery of Apprenticeship Pathway Cohort 4 and further system apprenticeships, Social Care, TNA schemes, Volunteer buddy pathways,
- System wide Pharmacy Tech scheme
- Continue system Apprenticeship Levy share scheme
- Supporting first Traineeships

Delivered

- System Workforce Cell and People Hub Team well established, 80+ requests to mobilise and deploy staff processed
- Recruitment and deployment of over 1200 staff to support vaccination programme delivery, Currently 645 workers registered with the People Hub
- Designed and delivered a number of innovative system People Hub recruitment campaigns to support surge (community hospital) and Home Care (in partnership with Stoke CC)
- Continued delivery of ICS Redeployment Service
- Agreement on capped system bank escalation rates
- Continued as pilot system for National Reservist programme, further refined the SSOT model. Leading for the region in coordinating pilots and national liaison
- Joint planning and development of schemes with Staffordshire Training Hub, CCG and Primary Care
- Recruited to 8 new HCSW level 2 ICS apprentices, focussed on areas of deprivation and seldom heard communities. Liaised with Community groups and recruited via Traineeship programme
- Commenced Pharmacy Technician scheme planning
- Commenced planning for ICS Career Pathway progression e.g. Nurse Associates, Trainee Nurse Associates, Degree Apprenticeship, and pathway experience at System Level
- Successfully shared £449k Levy funds across the system in 2021 to support 80 apprenticeships in Care Home, Hospices and Home Care providers

Our ICS People Hub journey

1. ICS System Workforce Cell created April 2020
2. People Hub (PH) Creation with BBS staff April-May 2020
3. System-wide Recruitment Campaign to support Vaccination Programme Nov 2020
4. PH interview and recruit 1200 applicants, admin, vaccinators, registered staff, marshals
5. Tunstall, Stafford & Alrewas Mass Vaccination Sites Open Jan/Feb 2021
6. 1059 PH staff have supported the vaccination programme, 21,500 shifts in the last 12 months
7. PH support other Vacc sites, hospital wards, community services, children's imms etc
8. One Year On Celebration 29.03.22 attended by 120+ PH staff and system partners
9. New recruitment campaigns to support home care and social sectors

Spotlight on:
Resourcing, Mobilisation and Deployment

Mobilisation and Deployment

Staffordshire and Stoke on Trent ICS created a ‘People Hub’ a bank of health and care, admin and clerical workers in response to the workforce needs of our services during the coronavirus pandemic.

1200 people recruited in total from a wide variety of backgrounds and different walks of life. Since its formation, the People Hub staff have filled **140,408 hours** just in the last 12 months that’s **21,500 shifts**!

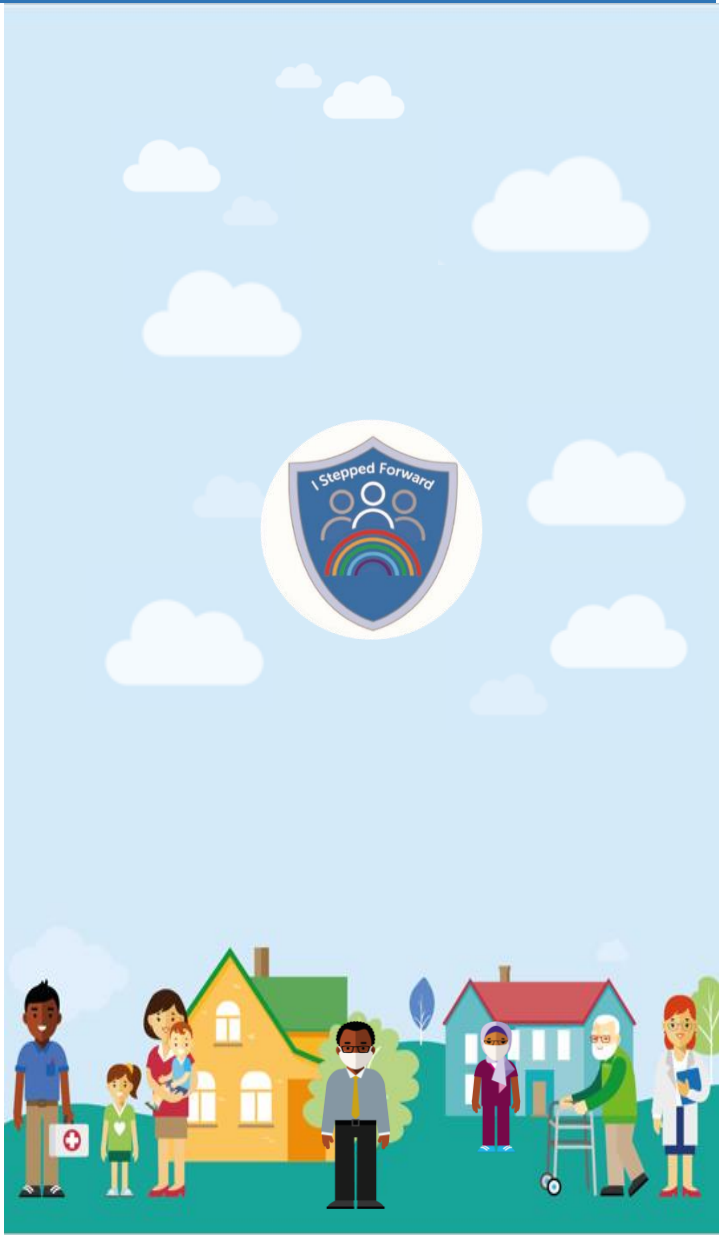
Successful workforce deployment has supported requests from no less than **24 PCNs**, **3 Community Pharmacies**, **21 NHS Trust requests**, **2 local authorities**

Accelerated Covid Booster Programme

As winter pressures and staffing absences took hold of the vaccination workforce another push for support was identified to boost the workforce. Gaps were identified in administrative roles and registered roles so staff were asked to “repurpose” themselves to support.

The Workforce Cell within the ICS People Programme initiated another call to arms across the system and beyond for existing staff to ‘Step Forward’ to be released part time from their current roles to offer their help

32 Stoke City Council CC, 26 Staffordshire County Council, 30 DWP, Capita, MLCSU, HEE and more; plus 15 MPFT volunteers.



Spotlight on: Collaboration with Stoke City Council and Staffordshire County Council

In October '21, the ICS People Programme team met with colleagues from both our local authorities to talk about how we could make a difference to the most challenging workforce issue within our system, the deficit of home care / care home workers.

Out of these discussions, a concept was borne to recruit 2 types of 'Reserve' or contingent workforce. This would be a truly ground breaking project in a bid to try something really different to plug huge workforce gaps. Our aim was to attract 'New to Care' workers who would all be engaged on NHS Terms and Conditions, then seconded to the LA or private provider as either a Fixed Term Reservist or as an ad hoc bank worker, ready to parachute in as and when required.

Care Reserves – Staffordshire County Council

To date, we have appointed **16** Care Reserves – all have either completed or are in the process of completing Rapid Induction Care Certificate level training, prior to undertaking shadow shifts. Once competent and feeling ready, the Care Reserves will be on standby to be called upon in moments of urgent need, at short notice, providing a vital level of support to our system.

Many of our Care Reserves have been inspired by the events of the past couple of years to step forward and give something back; some are retired or have other jobs but a few hours to spare.

Home Care Workers – Stoke City Council

In contrast, the **17** Home Care Workers we have so far recruited to join Stoke City Council's brand new home care service, are predominantly brand 'New to Care', looking to climb the very first rung on their career ladder within the sector.

Our approach was to very carefully select candidates against values, rather than any previous experience or qualifications. Our recruitment campaign was multi layered, providing applicants with lots of opportunity to find out about the role prior to interview. By doing this, we have lost very few candidates along the way.

The very first cohort of newly appointed Home Care Workers started in post on 1st March and the second cohort will join on 1st May. The new recruits have been nurtured and supported by the Stoke team every step of the way; all were provided with a bespoke training and shadowing package, consistently supported and encouraged by the management team.

As the 12 month fixed term contract draws to an end, the People Hub team will work really closely with individuals to help them on their onward journey, supporting them to find their dream permanent care role within our system – whether remaining with the Council, moving into the NHS or working with private care providers.

Spotlight on: Collaboration with Stoke City Council and Staffordshire County Council

TOGETHER WE'RE BETTER
Transforming health and care for Staffordshire & Stoke-on-Trent

NHS

Join our amazing NHS and social care teams and make a difference today!

You don't need previous experience in care, just kindness and compassion.

We are recruiting **Home Care Workers** and **Care Reserves** to join our teams in Staffordshire and Stoke-on-Trent at this important time.

We will provide full training to enable you to work in a care home setting or to help care for individuals in their own home.

Who we're looking for

It doesn't matter what your background is. You may have worked in the care sector previously or never at all....

You will need to be 18 years +, ideally with access to a car. You should be kind and empathetic and yet also resilient and able to work independently across our diverse community.

Stepping forward could make a huge difference to the lives of our most vulnerable adults in the local area.

Roles we are recruiting for

Home Care Worker - Full and Part Time Roles Available

We need caring individuals who can help look after people in their own homes - this might include everything from delivering personal care, administering medication, providing companionship - to raising the alarm if things don't look right. **We are looking for a team of very special people - could that be you?**

Roles are on a fixed term contract for 12 months initially; we will then support you to develop your career in care and find your permanent dream position.

Excellent NHS Terms and Conditions are available, including generous leave entitlements.

Care Reserve - Flexible Roles Available

If you want to make a difference but can't commit full time, just now and again...this could be the perfect role for you! Even if you can offer just a few hours once or twice a month, you could make a real difference to the lives of vulnerable adults in our communities.

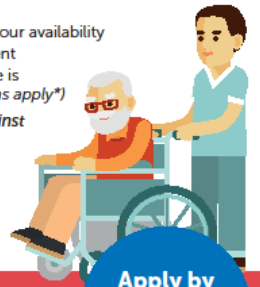
Care Reserves work in a care home setting or as part of a home care service. You would assist people to eat and drink, help with personal care such as showering and dressing and sometimes help administer medication.

It doesn't matter what your background is; you may be in work already and looking to pick up extra hours, or you may have retired and want to 'give something back'; perhaps you are looking for flexible work around caring, studying or family commitments and would like to try something new!

What we can offer you

- Comprehensive paid training / shadowing package
- Generous hourly rate
- Outstanding wellbeing support - we'll look after you every step of the way
- Provision of full PPE
- Flexibility - we will have a discussion when you join us about your availability
- Placements at locations across Staffordshire and Stoke-on-Trent
- For Home Care Workers joining on a fixed term contract, there is a bonus worth £500 after starting in post *(terms and conditions apply*)*

Please note that you may be required to be fully vaccinated against COVID-19 (unless exemptions apply)



Want to find out more?

We would love to tell you so much more about roles available through the Staffordshire and Stoke-on-Trent People Hub.

Apply by visiting NHS Jobs today!

For further information:

Visit: **www.twbstaffsandstoke.org.uk/careers**
Email: **ICSRecruitment@MPFT.nhs.uk**

Belonging in the NHS

Supporting inclusion, belonging for all & creating a great experience for staff

Planned

- Roll out Cultural Development Programme (Comfortable Being Uncomfortable with Race and Difference
- Participation in NHS Employers 100 Days EDI Transformation Programme
- Inclusion School series to continue
- Launch New Futures positive action programme (Cohort 4 of former Stepping Up programme) for ethnic diverse heritage aspirant leaders
- Continue to develop and grow the System Staff Networks
- EDI Network structure established , supported by EDI Reference Group
- Delivery of the 6 High Impact Changes to Recruitment Processes
- Collection and analysis of system WRES and WDES metrics
- Inclusion and diversity focussed widening participation activities to promote health and care careers across seldom heard communities

Delivered

- Cultural Development Programme (Comfortable Being Uncomfortable with Race and Difference) rolled out to 233 system Very Senior Leaders and other leaders
- Successful participation in NHS Employers 100 Days EDI Transformation Programme
- Inclusion School series continued with the delivery of 3 Summer Masterclasses and Autumn Inclusion School: The Colour Purple (Understanding and supporting people with disability, long term health conditions and neurodiversity)
- Inclusion School alumni now totals more than 400 people and is still growing
- New Futures positive action programme (Cohort 4 of former Stepping Up programme) for ethnic diverse heritage aspirant leaders with 34 system participants
- System Staff Networks and EDI leads group have enabled joint learning and actions
- EDI Networks structure in place, supported by reference group, with System Board level sponsors
- Widening Participation Activities focused on Ethnic Diverse population - Conducted ICS Apprenticeship recruitment through an Equality, Diversity and Inclusion lens; focussed virtual work experience promotion
- Recruited ICS Outreach Project lead to engage and attract Refugee / Seldom heard Community groups into Health and Care Careers
- Collection and analysis of system WRES and WDES metrics
- Developed the Workforce Race and Inclusion Strategy (WREI) for Midlands and for ICS includes High Impact actions for Inclusive recruitment

Spotlight on: **Inclusion**

Influencing our Inclusive Culture

By developing insight, understanding and personal awareness to catalyse change has been multi-faceted and achieved through a number of routes influencing various levels across the ICS;

- Cultural development programme (*Comfortable Being Uncomfortable with Race and Difference*) delivered for **54** system Very Senior Leaders (phase 1) and cross section of **179** leaders (Phase 2), phase 3 will be rolled out in 2022-23
- Creating system EDI structures and executive leads
- Creating staff networks to create voice and influence
- Identifying developing and supporting talented individuals with ethnically diverse heritage to develop their leadership capabilities and directly influence positive change

Our Inclusion School has been a fundamental part of helping to change mind-set, open up conversations and provide learning and insight in order for people to understand, recognise and challenge behaviours needed for successful changes in culture

Summer Masterclass Sessions

- Unconscious Bias and Micro-behaviours
- Authenticity, True Self and Imposter Syndrome
- Understanding Privilege and the Power of Allyship

Average participant scores 8.7/10

Participant comments included;
"Fabulous session today. Thank you. Lots to reflect on"
"Excellent presentation and so much to think about, wonderful mix of people who also contributed"
"Really great session and accompanying discussions - thank you. Feel I have really benefitted from attending"
"Thank you for covering a tough subject"
"Sad this is the last session. They have been really great!"

Autumn Inclusion School

The Colour Purple: Mind the Gap (Understanding and Supporting People with Disability & Neurodiversity) had over 140 participants. A really powerful session, and some real food for thought."

Participants said:
"Brilliant event thanks so much for everyone's sharing, which is what makes these events so impactful"
"Thank you for organising this. Learnt a lot and see you at the next session."
"Very thought-provoking, insightful, honest and real"
"*Thanks to all the speakers and participants. A really powerful session, and some real food for thought."*

INCLUSION

Belonging in the NHS

Valuing and supporting leadership at all levels, and lifelong learning

Planned

- High Potential Scheme – Cohort 1 delivery (concludes April 2022)
- High Potential Scheme – Cohort 2 planning and preparation using buddy model approach with STW ICS.
- PbP North Leadership Development Programme Pilot (System CONNECTS) launch and delivery
- Deliver New Futures Black Minority Ethnic Leadership Programme and Stepping Up Alumni support programme
- PbP North and South OD Development Activity
- System-wide Reciprocal Mentoring programme

Delivered

- ICP North Leadership Development Pilot SYSTEM CONNECTS programme, 120 staff, 2 Trusts, system wide potential: Platinum & Gold - Masterclasses and cohort sessions underway
- Leadership Pathway has been drafted for entry level roles
- Staffs Uni joint project to ensure the college is better preparing young people with the skills needed for the future
- HPS Cohort 1 continues with completion due for Q1 2022 and plans for Cohort 2 to launch Q2 2022
- Delivery of "Ourselves as Collective & Compassionate Leaders" content on the Clinical & Quality Leadership Development Programme delivered to Cohort 2
- System-wide coaching and mentoring pool, providing staff coaching and mentoring support across the 4 NHS organisations and beyond to other system stakeholder groups such as Police, Fire Service and Councils.

Spotlight on: High Potential Scheme

Developing our leaders for tomorrow is crucial for our long term success as an ICS.

Our approach has focused on developing a pipeline of development programmes/opportunities for our people.

The HPS is one such programme. We successfully lead the way in this National pilot, being recognised for as a National Exemplar. Our selection was values-based in approach helping to identify talented individuals accelerating their learning, experiences and trajectory into senior leadership and director roles.

Overview

14 participants, 7 already progressing into more senior roles

Wrap around support including:

- Each with a dedicated career coach, executive mentor, sponsor
- 20 placement managers
- 2 action learning set facilitators
- 14 360 facilitators
- 5 psychometric facilitators
- 5 EDI leads
- Varied experiential stretch placements across the system

Leading workforce transformation and new ways of working

Planned

- Strategic System Workforce planning and development support to ICS, ICPs and clinical system pathway redesign
- Support to Public engagement programme inc. workforce engagement and planning
- Ensuring that System wide projects are translated to Place level and embedded
- Increase the resource and scope of practice of the People Hub (System Bank).
- Develop System Digital Champions Network;
- Undertake System Digital TNA and explore Digital Literacy tools;
- Develop Digital Leadership programme
- Scope & develop digital roles & career pathways
- Refresh website to include People Hub, Reserves and re-energised New Horizons Hub. Develop ICS Workforce APP
- Launch Virtual Work Experience programmes – Mental Health & Primary Care

Delivered

- Led System-wide Workforce Planning to support clinical transformation pathways e.g. Cancer, Maternity, Urgent Care and wider Staffordshire/Stoke on Trent Case for Change.
- Leading on Workforce components of operational and strategic planning at System level.
- Led and developed Midlands Reservist Pilots, leading to national model roll-out
- Implemented SSOT Reservist and People Hub contingent workforce models inc. three flexible offers
- Developed SSOT Reservist expansion proposal for testing and implementation prior to winter 2022
- Refreshed People pages of TWB website, developed plans for People pages of the new ICB website
- Refresh of digital workforce plans in line with ICS digital assessment
- Digital focus incorporated into ICS senior leadership programme
- Commenced scoping for Digital Apprenticeship programme
- Launched Virtual Work experience programme *(See Spotlight)*

Spotlight on: Virtual Work Experience ICS Programmes

Planned….

- Primary Care Programme planned for release April 2022
- Social Care Programme planned for release June 2022
- Acute Programme planned for release September 2022, with scope to look into specialist programmes in future. E.g. Maternity, Cancer, etc
- Potential to explore AHP programme for 2023
- Area of People Function website planned to showcase and sign post VWEX, including potential to create a wex portal.
- Use career content for 'Bitesize Career' resources
- Re-run programmes focusing on different campaigns informed by our data. E.g. challenging gender stereotypes in the workplace, etc
- Work with voluntary sector on programme content
- Use virtual work experience to encourage adults into health and care careers
- Incentives for programme completion to link with apprenticeship and recruitment campaigns. E.g. a completed programme and end assessment would automatically earn individuals an interview

Achieved…

- Cross-sector partnership working with NHS Trusts, Social Care and Primary Care
- Created and delivered Mental Health Programme, achieving 260 applications, 137 sign ups with a 60% completion rate of the programme (Springpod's average is 43%)
- Working with Staffordshire Training Hub to create a Primary Care VWEX Programme
- Created and gathered key career resources to be used across programmes and other educational initiatives
- Began working with Social Care colleagues across the system in a number of settings in preparation for Social Care Programme
- Identified a reliable provider, Springpod, to host programmes

What Students Had to say about the Mental Health Programme

It gave me an opportunity to delve further into my interest and allowed me to see all aspects of work in the mental health work space. It also provided assurance that there are many other fields still open and available for me even if i change my mind. I liked that I was able to ask questions personally which was beneficial as it helped me understand the effect the roles have on your personality and the skills it gives you.

Hearing about other people's personal experiences and lifestyles. This helped me to relate to myself and everything around me as well as the choices I may be considering. I gained quite a lot of information already that I did not know before which is really helpful. The layout and organisation of this programme was great and very easy to follow!

I enjoyed not only how it helped me on employment skills and uncovering new experiences and knowledge I didn't know but I enjoyed how I met various webinars and I got the opportunity to hear about their experiences and their various job roles which they love and enjoy so I could widen my opportunities broader.

It was very informative the quizzes at the end of modules helped me remember key information that I had learned, I now understand more about the routes available in careers and the amount of different jobs in the mental health sector Im also more aware about topics such as apprenticeships.

Spotlight on: Virtual Work Experience ICS Programmes

Springpod

The Mental Health Virtual Career Experience in Staffordshire & Stoke-on- Trent

Starts 14th February – 18th February

Simply **sign-up, log in and learn** about key roles and responsibilities of mental health care staff and find out how you can start your career pathway!

What to expect:

- The programme takes around 10-12 hours to complete
- You'll get practical skills and knowledge
- Add the experience to your CV and Personal Statement
- You'll earn a certificate when you complete the programme
- Engage with Mental Health Professionals during webinars

How to apply:

Scan the QR code or click HERE to sign up

Application Deadline: 9th February 2022

ENJOY VIDEOS, QUIZZES, INTERACTIVE ACTIVITIES & LIVE WEBINARS

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With content from: NHS Midlands Partnership NHS Foundation Trust, A Keele University Teaching Trust; NHS North Staffordshire Combined Healthcare NHS Trust; University Hospitals of North Midlands; Skills for Care; GP Surgeries & more!

Health & Care Careers in Staffordshire & Stoke-on-Trent

Primary Care Virtual Work Experience

Starts 25th-29th April

Health and care starts with Primary Care

What career opportunities are there?

- Doctor
- Nurse
- Pharmacist
- Healthcare Administrator
- Wellbeing Coach
- Physiotherapist
- Mental Health Practitioner
- And so many more!

What to expect:

- The programme takes around 10-12 hours to complete
- You'll get practical skills and knowledge
- Add the experience to your CV and Personal Statement
- You'll earn a certificate when you complete the programme
- Videos, quizzes, interactive content & engage with professionals during live webinars

How to apply:

Scan the QR code or click HERE to sign up

Application Deadline: 20th April 2022

Simply **sign-up, log in and learn** about key roles and responsibilities of Primary Care staff and find out how you can start your career pathway!

TOGETHER WE'RE BETTER — Springpod

Educating, training & developing people & managing talent

Planned

- Development of teacher support/information/virtual events ongoing.
- Lesson plans to support English, Maths and Health and social care curriculum and link back to health and social care careers.
- Continue to launch more Virtual Work Experience Programmes, showcasing various areas of health and social care
- Implement Wellbeing Enabler project to support Mental Health priorities
- Career conversation resources to become available on website
- Continue working with the Careers and Enterprise company
- Building on school and cornerstone resources; create bitesize career resources and school lesson plans
- Hosting adult learning through virtual work experience (encouraging adults interested in career changes)
- Work with CEC on national events to tie in with our initiatives (e.g. national apprenticeship week)

Delivered

- Continued working with schools, colleges and universities on existing and new programmes
- Joint working with Careers Enterprise Company leads to identify how we can support the career interests of students
- Focussed activity with cornerstone schools to promote workplace experience and learning schemes including Traineeship, Apprenticeship and Virtual Work Experience
- Commenced refresh of Education, Development & Training workstream, previously supported by a joint STW and SSOTP group
- Commenced development of Clinical placements project proposal
- Funded and coordinated personalised care training programme for Trusts across the system. 471 training places made available across the Primary and secondary care
- Wellbeing Enabler Project phase 1 – launch of Mental Health First Aid training from Changes for 60 social care and primary care employees across the system.
- Career conversation webinars held September 2021 showcasing Nursing (inc Mental Health), Midwifery, Phlebotomy, AHPs, Pharmacy and Health and Care; as informed by the interests of our People Hub staff.
- Delivered Mental Health Virtual Work Experience Programme in February 2021, with 260 applications.

Cross-cutting theme

Driving & supporting broader social and economic development

Planned

- Working closer with wider partners e.g. YMCA, Fire Service on joint programmes of work.
- Continuing our work with VAST and Support Staffordshire to collaborate with the sector
- Develop a “volunteer contingent workforce” who can be deployed across the System as required
- Offering job opportunities to those from seldom heard communities
- Offering support/ guidance in Corner-Stone schools
- Launch Traineeship scheme
- Step into Work Cohort 3 Commenced
- Implement Volunteer Buddy project

Delivered

- ICS Widening Participation Strategy drafted
- Continued support to workplace learning schemes:
  - First Traineeship programme commenced successfully - 2 cohorts (Oct/Nov 21) 10 students in total with 4 progressing on to the HCSW Apprenticeship programme.
  - Supported third ‘Step Into Work’ cohort 12 people level 1 health & social care and workability skills training
- Recruited to 12 month funded ICS Outreach Advisor Post - Working directly with the wider population of Staffordshire and Stoke on Trent (SSOT) specifically seldom heard communities, to engage them in the potential to build careers in Health/Care and to design and deliver bespoke packages of appropriate support
- Continued working with VAST and Support Staffordshire to expand the volunteer contingent workforce, in particular supporting the vaccination programme
- Joint working with Fire Service and Civil Contingencies Unit to support the vaccination programme
- Volunteer Travel Buddy training from Staffordshire County Council, funded 20 volunteer buddies on a 3 day course, plus additional web based learning and webinars. In addition 16 buddy champions received additional train the trainer training.
- Drafted workforce narrative for Green NHS Sustainability Plan.
- Involvement in ICS Sustainability Planning group

Cross-cutting Theme

Transforming people services & supporting the people profession

Planned

- Commence ICS HR & OD efficiencies programmes
- Refresh People Programme groups and networks, supporting People Professionals in collaborating on people matters

N.B. New priority area and domain set during 2021-2022

Delivered

- Partnership/collaboration in place with NHS Trusts to review/scope the potential for a transformed approach to the delivery of the following services at System level; Occupational Heath, Workforce Planning and Intelligence and Recruitment
- System forum of People Directors (NHS) in operation for some time
- Collaborative working, networking and best practice sharing via system groups e.g. Widening Participation, Deployment and Resourcing, Workforce Planning and intelligence

Cross-cutting Theme

Leading coordinated workforce planning & intelligence

Planned

- Agree and implement People Board Workforce Metrics and development of workforce dashboard inc. WRES /WDES – action plan at System level
- Using ICS level data to support planning
- Workforce planning across clinical pathways to support Case for Change and public engagement
- Joined up workforce planning utilising population health data and workforce planning tools to plan at Place level
- Support Restoration and System Recovery Workforce Planning
- Continued work with Primary Care and the Training Hub to do joint strategic planning for training/workforce development
- Increasing workforce planning skill and resource within the ICS

Delivered

- System wide People Metrics and dashboard developed and launched – for Staffordshire & Stoke on Trent only services.
- Agreement reached on NHS People Metric targets
- Commenced work on expansion of People Metrics to include Social Care and Primary Care
- Development and submission of the system Operational plan for 2021-22/2022-2023 across NHS and Primary Care
- Supported Clinical workforce planning across the system including vaccination programme, UEC, Mental Health
- Joint workforce planning with Staffordshire Training Hub, CCG, Primary Care and NHS Providers
- Collaborative development of a 21/22 GPN Strategy (CCG, Training Hub and ICS)
- Increased workforce planning skill / resource at system level with the appointment of 2 WTE Workforce Planning Managers
- Involvement in ICS Public Health Management programme, supporting workforce planning at Place
- Agreement on capped system bank escalation rates

New ways of working

Supporting system design & development

Planned

- Commence ICS/ICB Transition and development processes in line with National guidance
- Refresh ICS Workforce Governance and Planning to ensure delivery of programmes
- Completion of System Self-Assessment (SWIM) Tool, development and delivery of Action Plan
- SWIM Tool Action plan delivery and review of maturity assessment aligned to ICS Formation
- Monitor and report progress and impact of People programmes to the ICS Partnership Board and Regional regulators

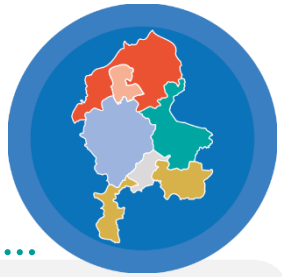
N.B. New priority area and domain set during 2021-2022

Delivered

- ICS Governance structure agreed
- Well established Shadow ICS Board with full Provider engagement, anointment of ICS Board Chair, following national recruitment processes
- ICS People, Culture and Inclusion Board well established with programme boards bringing people professionals together to collaborate on key system people matters
- Refreshed ICS People Plan and programme action plans throughout 2021/22
- SWIM Tool reviewed and refreshed throughout 2021/22
- Clear programme governance in place to monitor programme activity via Boards and system assurance reporting to QSRM
- Appointment to Interim ICS Chief Executive role
- Appointment to 5 Non-Executive Director roles including Chair of the System People, Culture and Inclusion Board (to transition to Committee)
- Appointment of ICB Executive Directors – Chief Finance Officer, Chief Medical Officer
- Recruitment process in place to appoint remaining Executive roles

TOGETHER WE'RE BETTER

Allocation of Heath Education England Funding 2021-22



Planning for annual workforce development funding commenced early 2021 using well embedded governance processes tried and tested in previous years. Plans were in place to ensure that designated funding was swiftly allocated to agreed projects to address local workforce priorities and the Health Education England (HEE) Mandate. System partners, associated plans and processes have had to morph and adapt in direct response to the challenges that the Covid-19 pandemic has brought to both the local population and our system workforce during 2021/22.

Allocation of funding was based on the system workforce priorities identified by partners of the People, Culture and Inclusion Board, with a focus on: Staff Health and Wellbeing; Ageing workforce profile; Trainee supply pipeline;
Digital workforce development; Work experience opportunities; Deployment of staff across the sectors; Retention of current staff; Hard to fill vacancies; Development of existing employees.

HEE provided each ICS with a workforce transformation allocation in 2021/22. For Staffordshire and Stoke on Trent, this allocation was £370,000. A breakdown of this allocation is provided in the table. This funding has helped deliver the outcomes detailed in this report

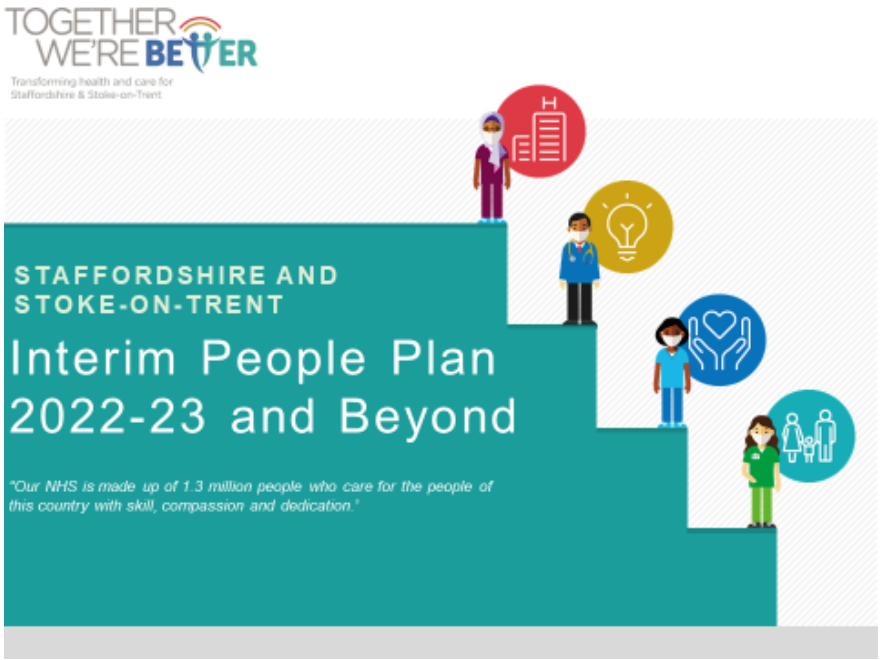
2022/23 HEE funding allocations are yet to be confirmed, however once confirmed the process of allocation will mirror previous years.

Objective	Funding	Description
LOOKING AFTER OUR PEOPLE		
Health & Wellbeing	£100,000	Health and Wellbeing/OD Leadership Programme
BELONGING IN THE NHS		
Belonging	£60,000	ICS Outreach Programme
NEW WAYS OF WORKING & DELIVERING CARE		
New ways of working	£100,000	ICS Retention Programme Virtual Work Experience Programme
GROWING FOR THE FUTURE		
Contingent Workforce	£110,000	ICS Apprenticeship Career Pathway ICS People Hub
TOTAL	£370,000	

Developing Plans for the Future 2022-2027

We have developed with system partners during the pandemic, our **Local People Plan,** which sets out our system commitments to our People; our workforce, our most valuable asset. Looking forward; we will focus our work programmes on priority areas, delivering high impact projects to address the gaps and deliver the changes required to transform, retain and sustain our workforce.

Appendix 1



The programme has set out its key deliverables against the National Context, ICB Strategic direction and the local People Plan. The 'In Year' (12 months) and Future Delivery (2-5 years) Plans are summarised in the next two slides

Summary of In Year Delivery 2022-2023

System Staff Health and Wellbeing Strategy

Retention Co-ordinators

++ Health & Care Reserves

Cohort 3: System Health & Care Apprenticeship

GP & GPN Fellowship

ARRS Facilitators

System wide well being Event

Stepping Up

Inclusion School

Scope for Growth Conversations

System NHS Staff Survey

Pharmacy Technician Apprenticeship

Jobs access for seldom heard communities

Virtual Work Experience

System Reciprocal Mentoring

Out Reach Project Manager

Clinical Director EDI Champion

Clinical Retention Champions

System Health & Care Recruitment

People Hub Recruitment

Talent Management Career Conversations

New Futures Diverse Leadership Programme

Diverse Coaches

Our System Connects

High Potential Scheme Cohort 1 completed

Scope for Growth

ICS People Programme Website

Digital People Strategy

GPS Coaches: Primary Care

GP Apprenticeships

Potential & Development Conversation Toolkit

Leadership development within Social Care

Step Forward Workforce

System Workforce Planning

System Apprenticeship Levy Share

System Education, Training & Development Group

ICS People Metrics include Social & Primary Care

Workforce planning across clinical pathways

ICB Director Appointment (inc. Chief People Officer)

System Approach Clinical Placements

Wellbeing Enabler Project

ICS Widening Participation Strategy

System Staff Survey Action Planning

Workforce Green NHS Plan

Workforce Cell response to System Pressures

System Workforce Planning Expertise

HR & OD efficiencies programme

Refugee/ Out Reach Project

Workplace Learning Schemes

ICS OD Programme

Formalised ICS People Function

Anchor Employer

ICB People Function

Summary of Future Delivery Plans (2-5 Years)

Deep Dive – Staff Experience

Wellbeing Champions

Workforce Planning along Clinical Pathways

Widening Participation: System Approach

System Workforce Race & Inclusion Strategy Actions

ICS Retention Programme

Annual System Wellbeing Events

Tackling health inequalities

System wide Work Experience Portal

Cultural Education Programme

System recruitment to 'Hard to Fill' roles

System Recruitment: Streamlining Processes

Diverse characteristics proportionally represented across the ICS

Stepping Up / New Futures Alumni

EDI System Metrics

Career Progression Tracking

Support non-NHS partners developing inclusion

System Talent Development Tools

Core offer for PCN Leadership Development

Inclusive Talent Leadership Programme

HPS Cohort 2

Talent Pipeline

Long Term Volunteer Buddy Scheme

System joint roles & Career pathways

System Training Delivery Review

Work with Staffs & S-o-T LEP

Digital Leadership Programme

Career Coaches

System commissioning training & HEI engagement

ICS Career & Leadership Pathways

Develop System Training Academy

Understand service user experience & work with communities

ICS People APP & Digital Staff Passport

Health & Care career ambassadors

People Functions provider collaboration & delivering at scale

Positively impacting our Communities

System Streamlining Dashboard & Metrics

System streamlining re Agency & Bank rates

Engage our workforce

Recruiting from seldom heard communities

People Plan aligns to ICS Strategic Aims & Population Needs

ICB structures operating

Working Together Better