NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

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

Thursday 16 November 2023
12.30pm-2.00pm
Via MS Teams

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

	Agenda Item	Lead(s)	Enc.	A/R/S/ D/I	Time	Pages
1.	Welcome and Apologies • Leadership Compact	Chair	Enc. 01	S	12.30pm	2
2.	Quoracy		Verbal			
3.	Conflicts of Interest		Enc. 02			3-4
4.	Minutes of the Meeting held on 19 October 2023 and Matters Arising	Chair	Enc. 03	A		5-13
5.	Action Log Progress Updates on Actions	Chair	Enc. 04	D		14
6.	Questions submitted by members of the public in advance of the meeting	Chair	Verbal	D	12.35pm	
7.	Changing Futures	Peter Tomlin	Enc. 05	I	12.40pm	15-16
	Strategic and System Development					
8.	ICB Chair and Chief Executive Update	DP/PA	Enc. 06	D/I	12.50pm	17-24
9.	System Recovery Plan	PB	Enc. 07	D/I	12.55pm	25-33
10.	Digital Update	CI	Enc. 08	D/I	1.05pm	34-47
11.	Winter Surge Plan	PS	Enc. 09	R	1.15pm	48-140
12.	System Level Access Improvement Plan (SLAIP)	PEJ/PH	Enc. 10	D/I	1.25pm	141-203
	System Governance and Performance					
13.	Quality and Safety Report • Quality & Safety Committee Assurance Report	LT/BS MN	Enc. 11 Enc. 12	S	1.30pm	204-210 211-214
14.	Finance & Performance Report • Finance & Performance Committee Assurance Report	PB/PS MN	Enc. 13 Enc. 14	S	1.35pm	215-227 228-233
15.	Board Assurance Framework	CC	Enc. 15	S	1.40pm	234-262
	Committee Assurance Reports					
16.	People, Culture and Inclusion Committee	SL	Enc. 16	S	1.45pm	263-268
	Any other Business					
17.	**Items notified in advance to the Chair**	All		D		
18.	**Questions from the floor relating to the discussions at the meeting**	Chair			1.50pm	
19.	**Meeting Effectiveness**	Chair				
20.	**Close**	Chair			2.00pm	
21.	**Date and Time of Next Meeting** 21 December 2023 at 1.00pm held in Public - Newcastle Room, Beaconside Conference Centre, Stafford Education and Enterprise Park, Weston Road, Stafford ST18 0B					

ICS Partnership leadership compact

Trust

- We will be **dependable**: we will do what we say we will do and when we can't, we will explain to others why not
- We will act with **integrity** and **consistency**, working in the interests of the population that we serve
- We will be willing to take a **leap of faith** because we trust that partners will support us when we are in a more exposed position.

Courage

- We will be **ambitious** and willing to **do something different** to improve health and care for the local population
- We will be willing to make **difficult decisions** and take proportionate risks for the benefit of the population
- We will be **open to changing course** if required
- We will **speak out** about inappropriate behaviour that goes against our compact.

Openness and honesty

- We will be **open** and **honest** about what we can and cannot do
- We will create a **psychologically safe environment** where people feel that they can raise thoughts and concerns without fear of negative consequences
- Where there is disagreement, we will be prepared to **concede** a little to reach a consensus.

Leading by example

- We will **lead with conviction** and be ambassadors of our shared ICS vision
- We will be committed to **playing our part** in delivering the ICS vision
- We will live our **shared values** and agreed leadership behaviours
- We will positively promote **collaborative working** across our organisations.

Respect

- We will be **inclusive** and encourage all partners to contribute and express their opinions
- We will **listen actively** to others, without jumping to conclusions based on assumptions
- We will take the time to understand others' points of view and **empathise** with their position
- We will respect and uphold **collective decisions** made.

Kindness and compassion

- We will show **kindness**, **empathy** and **understanding** towards others
- We will **speak kindly** of each other
- We will support each other and seek to solve problems **collectively**
- We will challenge each other **constructively** and with **compassion**.

System first

- We will put **organisational loyalty and imperatives** to one side for the benefit of the population we serve
- We will spend the Staffordshire and Stoke-on-Trent pound **together** and **once**
- We will develop, agree and uphold a **collective** and **consistent** narrative
- We will present a **united front** to regulators.

Looking forward

- We will **focus on what is possible** going forwards, and not allow the past to dictate the future
- We will be **open-minded** and willing to consider new ideas and suggestions
- We will show a willingness to **change the status quo** and demonstrate a positive 'can do' attitude
- We will be open to **conflict resolution**.

NHS
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Stoke-on-Trent
Integrated Care Board

STAFFORDSHIRE AND STOKE-ON-TRENT INTEGRATED CARE BOARD
CONFLICTS OF INTEREST REGISTER 2023-2024
INTEGRATED CARE BOARD (ICB)
AS AT 06 NOVEMBER 2023

Kev

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

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

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

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

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

1. Financial Interest *(This is where individuals may directly benefit financially from the consequences of a commissioning decision, e.g. being a partner in a practice that is commissioned to provide primary care services)*
2. Non-financial professional interests *(This is where an individual may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the ICB)*
3. Non-financial personal interests *(This is where an individual may benefit personally, but not professionally or financially, from a commissioning decision e.g. if they suffer from a particular condition that requires individually funded treatment)*
4. Indirect interests *(This is where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g. spouse, close relative (parent, grandparent, child etc) close friend or business partner*
5. Actions taken *to mitigate identified conflicts of interest*
(a) Change the ICB role with which the interest conflicts (e.g. membership of an ICB commissioning project, contract monitoring process or procurement would see either removal of voting rights and/or active participation in or direct influencing of any ICB decision)
(b) Not to appoint to an ICB role, or be removed from it if the appointment has already been made, where an interest is significant enough to make the individual unable to operate effectively or to make a full and proper contribution to meetings etc
(c) For individuals engaging in Secondary Employment or where they have material interests in a Service Provider, that all further engagement or involvement ceases where the ICB believes the conflict cannot be effectively managed
(d) All staff with an involvement in ICB business to complete mandatory online Conflicts of Interest training (provided by NHS England), supplemented as required by face-to-face training sessions for those staff engaged in key ICB decision-making roles
(e) Manage conflicts arising at meetings through the agreed Terms of Reference, recording any conflicts at the start / throughout and how these were managed by the Chair within the minutes
(f) Conflicted members to not attend meetings, or part(s) of meetings: e.g. to either temporarily leave the meeting room, or to participate in proceedings but not influence the group's decision, or to participate in proceedings / decisions with the agreement of all other members (but only for immaterial conflicts)
(g) Conflicted members not to receive a meeting's agenda item papers or enclosures where any conflict arises
(h) Recording of the interest on the ICB Conflicts of Interest/Gifts & Hospitality Register and in the minutes of meetings attended by the individual (where an interest relates to such)
(i) Other (to be specified)

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

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

Minutes of the Meeting held on Thursday 19 October 2023 1:00 pm- 3.00pm Via Microsoft Teams

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

Members:	Quoracy	20/04/23	18/05/23	15/06/23	20/07/23	21/09/23	19/10/23	16/11/23	21/12/23	18/01/24	15/02/24	21/03/24
Paul Winter (PW) Associate Director of Corporate Governance & DPO, Staffordshire & Stoke-on-Trent ICB		✖	✓	✓	✓	✓	✓					
Steve Grange (SG), Midlands Partnership University NHS Foundation Trust		✓	✓	✖	✓	✖	✖					
Helen Ashley (HA), University Hospitals of North Midlands NHS Trust			✓	✖	✖	✓	✖					
Claire Cotton (CC), University Hospitals of North Midlands NHS Trust		✓	✓	✖	✓	✓	✖					
Lynn Tolley (LT) Acting						✓	✓					
Chris Sands (CS), Chief Finance Officer, Midlands Partnership University NHS Foundation Trust				✓	✖	✖	✖					
Helen Dempsey (HD) Director of Finance & Performance, Staffordshire & Stoke-on-Trent ICB				✓	✖	✖	✖					
Mish Irvine, People Directorate, Midlands Partnership University NHS Foundation Trust				✓	✖	✖	✓					
Karen Webb (KWe), Deputy SRO Learning Disability and Autism, Staffordshire & Stoke-on-Trent ICB					✓	✖	✖					
Katie Weston (KW), EPRR Strategic Lead, Staffordshire & Stoke-on-Trent ICB					✓	✖	✖					
Jacqui Charlesworth, Deputy Finance Director, Staffordshire & Stoke-on-Trent ICB							✓					
Rachel Gallyot, Staffordshire & Stoke-on-Trent ICB							✓					
Gill Hackett (GH), Executive Assistant, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✖	✓	✓					
Kay Johnson (KJ), Executive Assistant, Staffordshire & Stoke-on-Trent ICB					✓							

		Action
1.	**Welcome and Introductions**	
	DP welcomed attendees to the ICB Public Board meeting. DP advised that the was a meeting being held in public to allow the business of the Board to be observed and members of the public could ask questions on the matters discussed at the end of the meeting. DP reinforced the importance of the Leadership Compact document which was included in the Board papers as a reminder that meetings should be conducted in accordance with the agreed principles. It was noted that the meeting was quorate.	
2.	**Apologies**	
	Apologies were received from Jon Rouse, Heather Johnstone (Lynn Tolley attending), Paul Edmondson-Jones (Rachel Gallyot attending), Paul Brown (Jacqui Charlesworth attending), Jack Aw and Julie Houlder.	
3.	**Conflicts of Interest**	
	Members confirmed there were no conflicts of interest in relation to items on the agenda other than those listed on the register.	
4.	**Minutes of the Meeting held on 21 September 2023**	
	The minutes of the meeting held on 21 September 2023 were **AGREED** as an accurate record of the meeting and were therefore **APPROVED.**	
5.	**Action Log**	
	There were no actions to review.	

6.	**Questions submitted by members of the public in advance of the meeting**	
	Stephanie Thompson – Stroke Association *Given that stroke is a leading cause of death and disability, with stroke survivors leaving hospital with an average of 7 disabilities, many needing complex and life-long care and contributing to delays in discharge and pressures across the health and social care system, how does NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) plan to appropriately fund and resource the Integrated Stroke Delivery Network as the essential delivery mechanism for meeting guideline level standards of care and achieving the Long Term Plan's stroke commitments?* **Response**: Stroke is a key priority as part of the Long-Term Plan and it is a clinical priority within the ICS Long Term Conditions Portfolio which is driving the strategy for stroke and long-term conditions. RG gave assurance that there was a structure in place, working with all partners across the system in terms of the integrated stroke delivery networks. *What protection and security can you provide to the committed and valuable stroke network staff who are working tirelessly to improve the quality and safety of local services for this clinical priority?* **Response**: We are part of the North Midlands network looking across the full pathway approach through prevention through optimal diagnosis, early detection treatment and working around the hyper acute stoke pathways. It is a key priority for us and we continue to build the partnerships and working together to ensure that it is a key priority for the ICB and the ICS.	
7.	**ICB Chair and Chief Executive Update**	
	DP stated that as of Month 5 the system level were reporting a year to date deficit of £58.6m which was a £45m adverse variance against £13.6m deficit plan. This would be covered in the system recovery plan that was on the agenda. Clearly there was a lot of work to be done to mitigate and improve that position. Whalley's Quarry – DP recognised the work that had been done between the ICB Medical Director, the GP Federation and the LMC in the North to assist with managing some of the concerns that were raised by the resident population. DP highlighted the Maternity & Neonatal Senior Advocate appointment and was pleased to see that within the report. PA reiterated the financial position. He emphasised that they were not in a great position and were behind where they wanted to be in the plan. He added that this had compounded the risks that sat within the initial in the plan by inflation pressures. However, he was pleased in how the system had come together and operated in unison to build and collectively sign off the recovery programme. The Recovery programme was as operationally clinically focused as it was financially focused. He confirmed that they were not resting on that plan alone and they continued to work with Chief Executives across the system to mitigate that financial challenge. Urgent and Emergency Care – PA reported that there was significant pressure across the system, but were working again as a collective to address that situation. He thanked everyone who was involved in mitigating and managing the challenges at the moment. The Staffordshire and Stoke-on-Trent Integrated Care Board **NOTED** the contents of the report for information.	

8.	**System Recovery Plan**	
	JC advised that the System Recovery plan had been worked on for a number of months now. It became very clear that they were going to be struggling for this financial year in terms of meeting the plan. And as such the recovery plan was developed early in the year starting at an event on the 14th July and a further event on 29th September to look at those areas further. From those events, they had identified seven big ticket items to get the granularity around what was deliverable, what was measurable and what the milestones were which had now come into fruition. However, they were mindful of overestimating some of the elements and recognise the risk of double count. IC advised that the issue remained whether they had the resources to deliver those big ticket items. The financial position had been discussed with NHSE and they would be soon getting some support to investigate what the risks were and whether they were doing what they had to. DP asked when would they see that they were flatlining certain things. PA headlined that they were already seeing an improvement in CHC. It was initial, but it indicated that the actions they were taking were having an impact. In terms of granularity of all seven programmes – the event three weeks ago showcased the work that had been done on each area and they asked leaders from across the system to test those people that were responsible for each programme. So, they really got into the detail. The conversation concluded with a question "are you content with the level of detail on the 7 programmes" and the answer was yes. PA added that there was still work to be done and he was assured at system level that they were in a good place. DP asked about the linkage back to stakeholder boards that regular feedback was taking place. PA confirmed that they had regular conversations in the CEO forum and would be meeting again the following week about the recovery plan. He added that they were absolutely immersed in this. He also confirmed that the Deputy CFO group operated in the same way. DP asked if workforce with the agency cap and bank spend was adequately picked up amongst the seven big ticket items. MI gave assurance that they were considering if they needed another stream on workforce. They were engaged with conversations at CPO level and were taking it through the People, Culture and Inclusion board. She confirmed that the work was happening and would be fed through the governance route. DP referred to the ownership of recovery plan and asked if it was linked to the committees and that they were linked into those groups. JC confirmed that PB had been going through various forums to share the recovery plan. He had met with the LMCs, PCNs etc. It was also part of the staff team briefs. PA added that the System Performance Group had regular conversations about the recovery plan, which included CFOs, COOs, CNOs etc. It had also been socialised through the F&P committee. PA confirmed that the leadership across the seven workstreams was distributed across the system and Richard Harling from the County Council was leading on the care home element of the programme and other providers were leading on other aspects. MN commented that the recovery was very much around financial and performance recovery, it was not just a financial recovery plan. She emphasised the KPIs within the report that were around the delivery of improved services for end of life care. She asked how were they ensuring that the clinical review process sat closely with the financial provisions they needed to make. PA responded that the QIA process was applied wherever it was needed. If there was any indication there was to be a quality impact, then that would flow through the quality committee and there was a parallel set of conversation through both the F&P and Quality committees.	

	JC confirmed that with regard to CHC they had daily meetings, not just on costs but also on quality of care. She added that they also had a joint NED connectivity that sat on both committees and asked about the clinical senate connectivity. RG confirmed that the senate had been close to this every month as well. She added that the leadership of those programmes were clinically led. Clinical leadership was running through each of the programmes and PB also attended the senate meetings. The Staffordshire and Stoke-on-Trent Integrated Care Board **WERE ASSURED** and **NOTED** the progress of the System Recovery Plan and RATIFIED the decision of the Finance and Performance Committee to approve the Recovery Programme	
9.	**Quality and Safety Report**	
	BS advised that no new quality risks were identified over the last months. However, she added that Risk 115, Looked after Children Initial/Review Health Assessment compliance was discussed and acknowledged as a shared system risk and there were further plans and mitigations being put in place to address those. BS reported some positive news from a maternity perspective in that there were monies identified by government for additional neonatal obstetric consultants to bolster that staffing environment. A recent assurance review meeting for the maternity unit at Royal Stoke was positively received and both the team and NHSE colleagues who visited, identified that there were significant improvements being undertaken and actions that were associated with both CQC and Ockenden report were becoming embedded. BS added that they also had Healthwatch who had offered support and do the walk through the maternity and neonatal services which would be enacted in the coming months. She advised that UHDB recently had a CQC visit for their maternity services and were awaiting the outcome of that report. BS reported that the safeguarding team were working together to safeguard children consultation and they were participating in that and giving advice and guidance in terms of what they would like to see within that documentation going forward. The safeguarding team were also working on the serious violence strategy which was led by Paul Edmondson-Jones' team, the police and other services about safeguarding those individuals who were subject to domestic violence and vulnerability. The NHSE Impact was launched recently and they were asked to provide a baseline response that was submitted as an ICB, but all provider colleagues were also asked to complete that as well. BS advised that they were continuing to drive the system participation though the quality improvement network to achieve aspects of impact that had been identified. QIA was progressing and would continue to change as and when needed. BS reported that the CQC visited MPFT mental health services recently and had lifted the Section 29A warning notice. The Staffordshire and Stoke-on-Trent Integrated Care Board**:** • **RECEIVED** the reports and sought clarification and further action as appropriate.	

	• **WERE ASSURED** in relation to key quality assurance and patient safety activity undertaken in respect of matters relevant to all parts of the Integrated Care System.	
10.	**Finance and Performance Report**	
	JC reported that the Month 5 financial position was £58.6m deficit which was £45m adverse variance to plan. She explained that the main areas were slippage on efficiency, CHC and prescribing pressures. Other areas that affected the slippage were being unable to the close the escalation beds that were opened in the winter and had been required to stay open from a performance point of view. They were also undergoing industrial action every month, except May, which was impacting performance. Urgent and planned care – PS reported that they have had a further period of industrial action at the beginning of the month impacting both consultants and junior doctors, which had a negative impact on both planned and urgent care delivery and confirmed that there were no further industrial action dates confirmed, although they were watching the national situation. Urgent care – PS reported that there had been a significant increase in covid related demand which was also impacting on staff absence levels. For performance he advised that they remain at 4 & 12 hour performance against national targets and were currently working through refreshes of plans around those and as part of the Tier 2 oversight meetings with Region. PS advised that there had been some improvement on long length stay patients and Category 2 response time had also been better. He reiterated that they were still in a highly challenged position. UEC improvement plan – PS drew attention to the virtual wards, where they had seen significant improvement in both capacity and utilisation in the North of the county, but were still working in the Southeast and Southwest to deliver the improvements there. The Surge Plan for winter was progressing through the system governance routes and the QIA process had been completed. Surge plan for winter was progressing through the system governance routes and would be presented to the board the following month for ratification. He explained that this was built on the learning from last year but had risks attached to it from a capacity, financial and workforce point of view. PS reported that UHDB had been moved into Tier 1 for elective and cancer performance and the latest information they had was showing an increase in 78 week waits. For UHNM, they had cleared the 104 week waits and delivered the plan for September. They were now working to get that to zero and deliver against the 65 week wait target for the end of the year to ensure patients have had an outpatient appointment by end of October. PS advised that for cancer performance there were a range of actions in place and they also had support from NHSE in for those 2 sites. DP referred to the overview of key underpinning and asked when would they get those mitigations identified against the red lights. PS replied that they had some progress around those and they would be able to provide an update next month on the revised trajectory because they need to meet the national standard of 76% performance by the end of the year. He added that the capital investment business case was around additional capacity at UHNM and they had received national funding. The challenges around that were the physical build, but they were mitigating that in terms of capacity. Bed occupancy remained a challenge and the 92% target was going to continue to be difficult. Virtual wards performance had improved. He mentioned that clinical	

	assessment services had moved forward as part of the regional procurement for NHS111 had been awarded and would be starting in April next year. MN emphasised the remedial notice that had been issued to Totally regarding performance issues with NHS 111 and GP out of hour services and would be receiving a further report at the Finance & Performance Committee in November with regard to that. MN mentioned the System Surge Winter Plan and confirmed that the Finance & Performance Committee &P approved that plan and it would be presented to the next board meeting in November. MN referred to the Outwoods development in Burton and stated that the Finance & Performance Committee received a presentation on this. She confirmed that this had now been taken off pause and a business case would be completed to receive £8m and UHDB, Staffordshire County Council and the ICB were working together on that business case. The Staffordshire and Stoke-on-Trent Integrated Care Board **NOTED** the contents of the reports for information and **RATIFIED** the decisions made at the Finance & Performance Committee.	
11.	**Assurance Reports from Committees of the Board**	
	People, Culture and Inclusion Committee SL confirmed that there was continued focus on workforce and they have had a more detailed look at Q1 and the reasons for sickness, in particular around stress and depression being high and trying to recognise some of the challenges that they have around managing sickness absence. Overall, there was a level of monitoring and they were keeping a close eye on that. They had a discussion around the freedom to speak up report on how they need to make sure, across the system, that this was critical. TS, MI and colleagues were working to make sure people were aware of the FTSU policy and the processes to be able to speak up. TS added that it was FTSU month and they were focusing on the barriers people may have. She reiterated that there was a lot of activity across our NHS partners and they were also carrying out the self-assessments across providers as required by NHSE. The Staffordshire and Stoke-on-Trent Integrated Care Board **NOTED** the contents of the report for information.	
12.	**Any Other Business**	
	No other items of business raised.	
13.	**Questions from the floor relating to the discussions at the meeting**	
	Ian Syme **Finance** *There was an increase of £10.8 million in the deficit a month 5 - you work with other partners that are involved in low maintenance care, especially the local authorities and the voluntary sector. All of which themselves are in severe financial difficulties and accept this is throughout the whole of England and the as the whole of the ICBs. You mentioned that it is now on risk register at 25 and in the report, it is mentioned that*	

	without further mitigations, the deficit would be £141 million at year end and that you are not going to break even. Is the £141 a worst-case scenario? **Response** PA confirmed that £141m was before the mitigations in the Recovery Programme start. He added that any industrial action or inflation that may happen had not been played in. JC confirmed that the other caveat is the elective recovery fund. They were assuming that they would be able to achieve and receive the elective Recovery Fund in full. However, industrial action means that is affecting our performance in terms of elective care, as it is with everyone else in the country. We are therefore waiting to see what NHSE do that that elective recovery fund which was the main risk around the $141m. – we are planned that we will receive this funding, however IA is impacting performance in terms of elective care and awaiting to see what NHSE do with the recovery funding. **Ambulance** *You mention that Category 2 calls had reduced. However, the Association of Ambulance Chief Executives have indicated that their data is showing an increase of Cat 2 call in September. Is it likely that Cat 2 calls will increase throughout the rest of the year, given the winter etc. How assured are you that the lessons learned from last year that you have systems in place that swiftly respond to these trip points and will be given due credence and to ensure the whole system will respond to mitigate ambulance delays.* **Response** PS agreed that they do not want to repeat the challenges from last year. The plan is based on the learning from last year but it is not without risk. There is a plan and they were working through how we do escalation and risk share across the system which was a key learning point from last year. ***NHS111*** *Ian Syme questioned the amount of money going to NHS 111 and GP Our of Hours, but the action remedial plans had not been met by the provider. When is Totally going to abide by its contractual obligations?* **Response** We have been part of a regional procurement for a new 111 contract which commences in April next year. The provider of that will be DHU – Totally (formerly Vocare) provide 111 GP OOH and other primary care services. PS would be happy to share separately a log in terms of performance issues with 111. He confirmed that they had reached agreement with totally around some recovery trajectories for answering calls within 60 seconds and for clinical call back within 20 minutes, all of which are outside of contractual allowance. *How are you managing the transition with Totally and DHU in 2024/25* We have a meeting next week with the new provider and Totally to talk about the transition. This will be a phased transition and Totally have committed that they will work with us to ensure that the transition is done in a safe, managed way. He was reassured that DHU had taken on the contract with the rest of the region and had already been through a transition. The transition process will start from October and will be completed in April next year. The were no further questions received online.	
14.	**Meeting Effectiveness**	

	The Chair confirmed that the meeting followed the compact.	
15.	**Close**	
	The Chair closed the meeting at 2.10pm	
16.	**Date and of Next Meeting**	
	16 November 2023 at 12.30pm in public via MS Teams	

ACTION STATUS KEY
ACTION DUE
ACTION PENDING
ACTION COMPLETE

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Staffordshire and Stoke-on-Trent ICB Board Meeting

Date of Meeting 16/11/2023

Open Actions

Reference Number	Meeting Date	Agenda Item	Agenda No	Action	Due Date	Responsible Officer	Outcome/update (Completed Actions remain on the Live Action Log for the following committee and are then removed to the 'Closed Actions' Worksheet)
2023-24/004	20/07/2023	Questions from the public	14	TB to correspond with Ian Syme information in relation to work being undertaken by the Medical Director in relation to re admissions from virtual wards/beds.	**21/12/2023**	**TB**	**Update 22/08/2023** - Work is still ongoing in relation to virtual wards. When complete it can be shared.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 05

Report to:	**Integrated Care Board**					
Date:	**16 November 2023**					
Title:	Changing Futures					
Presenting Officer:	Gemma Finn and Peter Tomlin					
Author(s):	Gemma Finn and Peter Tomlin					
Document Type:	Report		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☐
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	Choose an item.				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Click or tap here to enter text.					

(1) Purpose of the Paper:

To provide board members with:

- An overview of the Changing Futures Programme, and the context of multiple disadvantage and demand for services in Stoke-on-Trent.
- Overview of current model of operation within the project and funding longevity.
- Positive outcomes and case studies to highlight best practice and benefits of the programme.
- The work of the Multi Agency Resolution Group (MaRG) and impact to date
- Programme's interaction with the wider health system

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

(3) Implications:	
Legal or Regulatory	N/A for the report
CQC or Patient Safety	N/A for the report
Financial (CFO-assured)	N/A for the report
Sustainability	N/A for the report

Workforce or Training	N/A for the report
Equality & Diversity	N/A in terms of Equality Act 2010 or Public Sector Equality Duty
Due Regard: Inequalities	Access to services and reducing inequalities is implicit throughout
Due Regard: wider effect	N/A – no decisions are required for the paper itself: it is to raise awareness

(4) Statutory Dependencies & Impact Assessments:

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

(5) Integration with the BAF & Key Risks:

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

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

Click or tap here to enter text.

(7) Recommendations to Board / Committee:

Board members to be familiarised with the programme and the current context of multiple disadvantages within Stoke on Trent, and the interdependencies within other initiatives and investment within the health system.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 06

Report to:	**Integrated Care Board**					
Date:	**16 November 2023**					
Title:	Chair and Chief Executive Officer Report					
Presenting Officer:	David Pearson, Chair, and Peter Axon, CEO					
Author(s):	David Pearson, Chair, and Peter Axon, CEO					
Document Type:	Report		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☐
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	Choose an item.				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Click or tap here to enter text.					

(1) Purpose of the Paper:

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

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

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

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

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

CQC or Patient Safety	This report type may assist the 2024 ICS CQC inspection
Financial (CFO-assured)	N/A for the report, although the topics covered each have financial implications
Sustainability	N/A for the report, although item 1.2 may have some Greener NHS implications
Workforce or Training	N/A – no specific training implications; workforce matters are inherent to each topic
Equality & Diversity	N/A in terms of Equality Act 2010 or Public Sector Equality Duty
Due Regard: Inequalities	Access to services and reducing inequalities is implicit throughout
Due Regard: wider effect	N/A – no decisions are required for the paper itself: it is to raise awareness

(4) Statutory Dependencies & Impact Assessments:

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

(5) Integration with the BAF & Key Risks:

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

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

Click or tap here to enter text.

(7) Recommendations to Board / Committee:

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

1.0 System and general update

1.1 2024/25 Planning

We are now starting our annual planning round using broadly the same approach we took to develop our 2023/24 plans.

For the local system level outputs there are two key high-level documents:

- Our one-year operational plan for 2024/25 which is supported by a range of local documents. The one-year operational plan covers all our portfolios, enabling functions and strategic developments. It is supported by a set of other documents which go into more detail, for example, deliverables by quarter, finance plans, metrics, workforce plans, project improvement plans, etc.
- The Joint Forward Plan (JFP) is a five-year plan for which 2024/25 will be the second year. National JFP guidance will be published again in November and on that basis, we are already working through which elements will be refreshed to reflect some of the longer-term (Integrated Care System (ICS) ambitions and strategies which have emerged since the JFP was published. The JFP will provide us with an opportunity to explain how we will use our operating model (the “3 P’s” - Place, Provider Collaboration and Portfolios) to deliver our annual objectives. Throughout the coming year this model will be augmented by our emerging Neighbourhood programme, focussing our attention on integrated community working, using a PHM approach to enable proactive and preventative support for local populations.

There are also a set of national NHS England (NHSE) driven outputs which we need to develop in line with national planning guidance. These include the NHSE technical templates, which cover activity, finance, and workforce numbers. These technical templates tend to cover a broader spectrum, particularly for activity, around elective, urgent care, mental health, primary care trajectories. There are then a set of narrative templates which are usually narrower in focus, last year’s was particularly focused around elective recovery and urgent care. National operational planning guidance is anticipated to be published in November or December, but the exact date is yet to be confirmed.

All our plans will be developed and co-produced with a range of system partners. The timelines for producing and finalising our plans aren't too dissimilar to last year, aiming for final versions by March 2023. From November 2023, planning task and finish groups will be stood up, to support development of the plans. This will include the System Planning Task and Finish Group and the Activity, Workforce and Finance Task and Finish Group. These groups will formally feed through to the System Finance and Performance Committee.

1.2 Citizens Access to Medical Records

From 31 October 2023, practices are contractually obligated to provide online records access for their patients. As of 31 October 2023, Staffordshire and Stoke-on-Trent are offering 98% of patients access. This is the second highest level in the region, and one of only four ICSs over 90%.

1.3 Staffordshire and Stoke-on-Trent Workforce Summit: Aiming Hire and Higher Update

Following on from the update in the October report, we are now able to share the newsletter capturing the event. Planning is underway for leaders from across the system to meet to further the work kick-started at the Summit.

Three workshops are planned which will focus on:

- Securing our Trainee Pipeline – considering training model and growing the pipeline
- Attracting new Communities to work in Health and Social Care – what are we missing? Our supply and training routes, access into jobs, wider reach into local communities
- The Flex Working Conundrum – how do we remove the barriers to flex working so to improve the health and wellbeing of our workforce?

Work will then begin on the detailed actions plans which will help to shape the Staffordshire and Stoke on Trent Long Term Workforce Plan.

1.4 Agency

Following the NHS England (NHSE) communications to system and providers, we are working with partners to revisit the agency toolkit and the rules associated. Providers report to NHSE and NHSE Midlands monthly, on non-framework agency use.

Locally we know that our agency usage is a challenge due several factors including sickness, recovery and industrial action. However, we are working in collaboration to review our current position regarding the rules and exploring alternative and innovative resourcing options.

1.5 Awards

The ICB's Governance team has been shortlisted in two national awards following the development of the system Board Assurance Framework (BAF).

Firstly, they Chartered Governance Institute (CGI) Awards has shortlisted the team in the 'Governance Project of the Year' category. In confirming the shortlist, the CGI said: once again, the standard of the nominations has impressed our esteemed judging panel and continues to demonstrate how far the profession has come and how seriously companies are now taking transparency and accountability. Being shortlisted is seen as a genuine recognition of your achievements. The winners will be announced later this month, at a ceremony in London.

Secondly, is the entry for this year's National Healthcare Finance Awards in the Governance category. The winners will be announced in London at the Healthcare Financial Management Association (HFMA) conference next month. The HFMA is the professional body for finance staff working in healthcare. For over 70 years it has provided independent support and guidance to its members and the wider healthcare community.

Wishing the team success and we will update at a future Board.

2.0 Finance

At month 6, at a system level we are reporting a £52.7m adverse variance against plan. The drivers behind this adverse position are continuing health care (CHC) and prescribing inflationary pressures, slippage on efficiency programmes, the ongoing retention of escalation beds due to Urgent and Emergency Care (UEC) demands and Industrial Action throughout the financial year. We agreed to plan to break even; we simultaneously signalled that this would require a best-case outcome across a range of assumptions. Unfortunately, a number of challenges described at year start have now come to fruition. The system has agreed a recovery plan which was signed off by all CEOs and system executives on 29 September 2023. Collectively these measures will improve the outturn but will not be enough to achieve break even. During the week of 6th November all NHS Trusts and ICBs received a set of directives from NHSE regarding a refresh to 2023/24 system plans. As such we are in the process of reviewing various aspects of our forecast outturn. All systems are required to submit refreshed plans by 22nd November. We will work with all system partners to produce an inclusive submission by that deadline.

3.0 Planned Care

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

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

Significant work has been undertaken to eradicate 104-week breaches. It is forecasted there will be one patient who will breach 104 weeks at the end of October at University Hospitals of North Midlands NHS Trust (UHNM) which is due to patient choice and will be treated in November. Therefore, it is hoped that the system will have no further 104-week breaches.

For patients waiting beyond 78 weeks for treatment, the number of breaches forecasted across the system at the end of October is 148 (136 at UHNM and 12 at Nuffield), the forecast position for the end of November is now 92 (88 at UHNM and 4 at Nuffield) but a continued focus is required to ensure that we reduce this further.

Good progress is being made overall on the 65-week-wait cohort. Numbers have continued to improve with the potential cohort of patients breaching 65 weeks by the end of March now standing at circa 13,000, this is compared to over 37,000 at the start of the financial year. This is ahead of trajectory, but it is becoming clear that some specialities are making much better progress than others. Work is ongoing to identify the specialties where performance is not currently assured to allow appropriate support to be given.

To accelerate delivery of the 65-week-wait target, NHS England issued a letter on 4 August asking that systems challenged themselves to ensure that all patients within the 65-week-wait cohort had received their first outpatient appointment by the end of October. UHNM has completed their analysis to identify which specialties will deliver on the ask and which won't – as at 22 October there were 2,962 patients in total who still require a first outpatient appointment, 450 already have one booked before 31 October, 738 have one booked after 31 October and 1,774 were still without an appointment booked.

As a result of industrial action, we had seen an increase in the 78-week-wait cohorts for Staffordshire and Stoke-on-Trent patients awaiting treatment from providers outside our system, this has now started to improve. The number has decreased from 134 as at 24 September to 124 as at 15 October. Similarly, Staffordshire and Stoke-on-Trent patients in the 65-week-wait cohort awaiting treatment outside our system has been static over the last three weeks at around 2,400.

3.2 Cancer Performance

University Hospitals of North Midlands NHS Trust (UHNM) is reporting a continued steady reduction in the 62-day cancer backlog, following a period of deterioration during September. As of 29 October, the 62-day backlog was 427 against a revised trajectory of 430, this has been an improved position since the start of the month where the backlog was 495 against a revised trajectory of 466. The 104+ day backlog has reduced, as of 29 October, to 130 against a fair share's trajectory of 78, this is a reduction from 143 as at 1 October. The total Patient Treatment List (PTL) volume has reduced this week (30 October) and is currently at 3,783, it was previously remaining stable at around 4,100.

The position of 28-day faster diagnosis standard for cancer has again improved with performance at 72.6% and the September milestone of 70% was achieved and is on track to deliver the national target of 75% by March 2024.

4.0 Urgent and Emergency Care (UEC)

Unvalidated 4-hour performance has been challenged, considering the recent pressures seen within UEC with October reducing to 65.3%. Most of this reduction has been felt at the main Emergency Department (ED) sites with Minor Injury Unit (MIU) activity continuing in the high 90s. The latest 6-week average is reporting as 66.6%. 12-hour unvalidated performance has additionally felt the impact of the increased pressure rising to 9.9% for October, contributing to the declaration of a Business Continuity Incident at University Hospitals of North Midlands NHS Trust (UHNM). The mean for the calendar year has increased to 8.3% with the week ending 29 October rising as high as 11%, significantly higher than the desired 2% target.

Long Length of Stay (LoS) performance continues to show a positive step change with strong performance regionally, with each of 7+, 14+ and 21+ numbers reporting below pre-pandemic levels for the month of October.

Category 2 performance continued to rise because of delays within the local system and at regional level. The latest 4-week average saw Staffordshire and Stoke-on-Trent slip down to 8th out of 11 regionally and 32nd out of 42 nationally.

Medically Fit for Discharge (MFFD) experienced an increase at Royal Stoke Hospital, primarily in Medicine, whilst County Hospital continued to show little variation.

Whilst COVID-19 bed numbers began to fall towards the end of the month, having peaked at 147, there continues to be pressure on demand for beds, and COVID related staff absences are also falling. The latest flu surveillance report, indicates a probable return to the normal timing of the traditional flu season with an expectation of increasing numbers during the coming month.

Work continues via the system surge Multi-Disciplinary Team (MDT) to mobilise capacity schemes in line with the system winter plan. Bed modelling identified that October and November are forecasted to be challenging as community schemes mobilise in support. Currently work is focusing on any additional actions or steps to be taken to bring forward December capacity to open in November.

5.0 Key figures for our population

		Jun-23	Jul-23	Aug-23	Sep-23
*	111 calls received	29,849	30,868	29,579	30,021
	Percentage of 111 calls abandoned	8.0%	5.3%	8.2%	5.8%
	A&E and Walk in Centre attendances (UHNM)	21,052	20,696	19,573	20,501
	A&E and Walk in Centre attendances (other providers)	18,530	17,880	16,959	17,258
	Non elective admissions (UHNM)	7,637	7,594	7,424	7,761
	Non elective admissions (other providers)	5,635	5,746	5,504	5,581
	Elective and Day Case spells (UHNM)	7,075	6,685	6,873	6,645
	Elective and Day Case spells (other providers)	8,443	8,011	8,082	8,047
	Outpatient procedures (UHNM)	4,674	4,306	4,931	5,015
	Outpatient procedures (other providers)	8,997	9,048	9,262	8,612
	GP Appointments (all)	523,955	500,967	506,811	580,922
**	Physical Health Community Contacts (attended)	136,955	132,625	128,320	
**	Mental Health Community Contacts (attended)	48,060	46,000	43,540	

NHS 111 - latest month is provisional and subject to change
***Physical and Mental health contacts - latest month is provisional and subject to change and both datasets are sometimes one month behind the other datasets depending upon the publication dates*

Most datasets are subject to change following refresh

Variation in Planned Care type activities (e.g. Elective/ Day Case admissions, OP/ GP appointments) is influenced by a variety of factors, including the number of working days in the month (activity in some months is affected by bank holidays). We will flag up if variation in these activities is abnormal.

6.0 Quality and safety

6.1 Allied Health Professional Award

A Midlands Partnership University NHS Foundation Trust Allied Health Professional (AHP) team at the Haywoods, have won the national "AHP innovation and improvement within integrated care systems award 2023", from NHS England. The announcement on the NHS England website states:

"Having identified a need for integration with voluntary services and a service gap to support long term neurological rehabilitation, the team worked collaboratively with the voluntary charity Headway to devise a new interdisciplinary therapy model. This was in line with the NHSE Long Term Plan and Integrated Care System (ICS) visions. The project epitomises collaborative partnership models that join up services for improved patient care, reducing health inequalities, and increasing access to services."

The award was presented to:

- Margurite O'Mara, Service Lead
- Chloe Popplewell, Clinical Lead Physiotherapist
- Elizabeth Theobold, Specialist Occupational Therapist

6.2 Nursing Times Award

Two University Hospitals of North Midlands NHS Trust (UHNM) nurses were shortlisted for the Nurse Leader of the Year Award at the recent Nursing Times Awards on 25 October 2023. Alison Cooke and Fiona Hibberts were pipped to the post but had a wonderful night with great photos and especially memorable during this 75th year of the NHS.

7.0 COVID-19

COVID-19 and flu vaccinations are continuing with excellent early activity data with clinics continuing throughout November. The accelerated programme supported sites to vaccinate as many eligible individuals as possible prior to 31 October 2023. There are now around 100 COVID-19 vaccination sites offering COVID, together with flu wherever possible. COVID-19 and flu vaccinations will continue into November and December with targeted work to improve inequalities continuing until 31 January 2024.

7.1 COVID-19 vaccination data

- Total COVID-19 vaccinations given = 242,102 (as at 1/11/2023)
- Staffordshire and Stoke-on-Trent is the second highest performing system within the region at 51.8% of eligible individuals vaccinated this autumn (other systems 32.7-55.3%).
- Staffordshire and Stoke-on-Trent has the top performance in region for care home residents: >93% of all care homes are now complete for COVID and flu vaccinations.
- Current performance for 5-11 at risk is slightly below national average, however, there have been clinics running during half-term and we have increased capacity for these individuals to access clinics over the coming weeks.

Uptake Performance by ICS and JCVI Cohorts

Data Source: https://ppds.palantirfoundry.co.uk/workspace/contour-app/overview/ri.contour.main.analysis.29ccdc59-3b93-4ea0-a9df-a9c72f77e184?viewMode=edit

Uptake by AW23 Cohorts – As at 30th October

Data Correct as at 30/10/23

NHS England Midlands

AW23	England	Midlands	BSOL	BC	CW	Derby	HW	LLR	Lincs	Nhants	Notts	STW	SSOT
1: Care Home Residents & Residential Care Workers	77.0%	77.1%	70.5%	65.9%	80.4%	78.5%	80.3%	78.1%	77.8%	78.5%	78.7%	80.3%	★ 80.5%
2: Healthcare Workers	23.1%	21.8%	15.9%	14.7%	21.5%	26.9%	★ 27.4%	22.1%	24.8%	22.5%	19.5%	23.2%	27.1%
3: Social Care Workers	17.6%	17.5%	12.9%	13.7%	23.0%	20.0%	★ 23.7%	18.4%	18.1%	17.1%	14.4%	16.7%	18.5%
4: 80+	68.1%	67.8%	56.4%	56.9%	70.8%	70.4%	★ 77.1%	69.3%	70.0%	71.1%	65.5%	68.2%	72.9%
5: 75-79	69.1%	69.0%	60.3%	57.6%	70.9%	71.6%	★ 77.3%	69.8%	69.9%	72.0%	67.1%	68.7%	73.4%
6: 70-74	64.0%	63.7%	53.3%	50.5%	66.1%	67.2%	★ 72.6%	63.6%	67.1%	66.9%	61.1%	63.3%	69.7%
7: 65-69	54.5%	54.4%	43.2%	40.7%	57.1%	59.1%	★ 64.0%	53.4%	59.2%	57.8%	50.9%	54.8%	61.5%
8: At Risk	21.6%	21.4%	14.3%	15.1%	22.8%	25.0%	★ 27.8%	20.8%	26.5%	24.2%	18.5%	22.0%	26.6%
9: 12-15 At Risk	4.1%	3.4%	2.6%	1.9%	4.6%	3.4%	4.2%	3.2%	★ 5.5%	3.8%	2.5%	1.9%	3.9%
11: 5-11 At Risk	6.3%	4.5%	3.6%	1.6%	★ 7.2%	4.5%	5.6%	3.3%	5.9%	6.5%	5.3%	3.6%	2.7%

7.2 Flu vaccination data

- Total flu vaccinations given = 323,326 (as at 1/11/2023)
- Highest vaccination activity within region for Staffordshire and Stoke-on-Trent
- School Age Immunisation Service (SAIS) teams have seen a good early start showing the highest vaccination events in schools compared to other systems within the region.
- COVD-19 and flu vaccinations are continuing with excellent early activity data. The accelerated programme is supporting sites to vaccinate as many eligible individuals as possible prior to 31 October 2023. There are now around 100 COVD-19 vaccination sites offering COVID-19, together with flu wherever possible.

8.0 Summary of recommendations and actions from this report

ICB Board members are asked to note these updates.

David Pearson, ICB Chair

Peter Axon, ICB Chief Executive Officer

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 07

Report to:	**Integrated Care Board**					
Date:	**16 November 2023**					
Title:	**System Recovery Programme Update**					
Presenting Officer:	Paul Brown					
Author(s):	Alexandra Robinson					
Document Type:	Assurance Report					
Action Required (select):	**Information (I)**	☐	**Discussion (D)**	☒	**Assurance (S)**	☒
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	YES				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	None					

(1) Purpose of the Paper:
The purpose of this paper is to provide an update on how the System Recovery Programme is being implemented.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	**Date**
System Performance Group (Turnaround Board) – D/A	25/10/2023
System Finance & Performance Committee - A	07/11/2023

(3) Implications:	
Legal or Regulatory	This programme of work should contribute to the system's requirement to deliver a balanced position in 23/24 and 24/25.
CQC or Patient Safety	There is clinical leadership embedded within the System Recovery Programme. QIAs are currently under development for new projects and are being reviewed for existing projects that are being turbo charged. The System Recovery Programme should contribute positively to some of the quality challenges in the system, especially End of Life Care.
Financial (CFO-assured)	The System Recovery Programme should contribute positively to the system's financial deficit, especially the CHC projects.
Sustainability	Some of the recovery projects may require additional resources if they are to become a sustainable offer for 24/25. This is particularly relevant to community service provision.

Workforce or Training	We have identified a range of workforce risks to the delivery of the programme.
Equality & Diversity	Where appropriate, an EIA will be completed for each project alongside the QIA process.
Due Regard: Inequalities	Many of the projects are looking to redesign existing service models so that they better address inequalities which are currently driving up inappropriate hospital conveyances
Due Regard: wider effect	None

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☒	☐	*If N, why This will be completed for each project rather than the Programme itself* *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☒	☐	*If N, why - this will be completed for each project rather than the Programme itself*
	QIA	☐	☒	☐	*If N, why If N, why This will be completed for each project rather than the Programme itself* *If Y*, Approved by QIA Panel on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☒	☐	However we do plan on having a comprehensive communications strategy which runs alongside the programme of work for both patients and staff

(5) Integration with the BAF & Key Risks:

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

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

In previous reports we have set out the eight thematic areas of priority and the 16 underpinning projects which make up the System Recovery Programme, which are both financial and operational in nature.

This paper builds on those documents and takes it one stage further and identifies 25 products (key deliverables) which we expect to be delivered as a result of implementing the 16 projects.

These products were approved at the System Performance Group on 25th October, and moving forwards, we will be reporting on the delivery of these 25 products as opposed to the priorities / projects themselves, as we believe that this will provide the level of granular assurance that is required.

We have started to identify a range of workforce challenges and emerging risks, which will be monitored closely by the weekly system recovery meeting, and escalated appropriately.

We continue to finalise the Recovery Dashboard, which should help to demonstrate whether the 25 products are having the required impact on the metrics chosen. This will be included in future reports.

(7) Recommendations to Board / Committee:

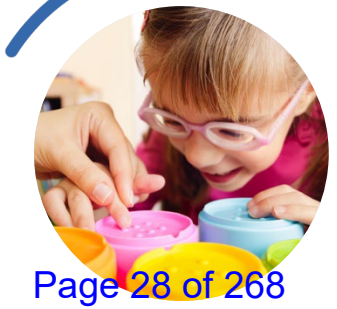
The Integrated Care Board is asked to:
- note the approval of the 25 products by the System Performance Group (Turnaround Board), which will now become the primary currency for monitoring delivery
- note the emerging risks and workforce challenges to delivering the programme of work
- note that the Recovery Dashboard will be included in future reports

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

System Recovery Programme Update

Integrated Care Board

16th November 2023



Executive Summary

Headlines

- In previous reports we set out the 8 thematic areas of priority and the 16 underpinning projects which make up the System Recovery Programme, which is both financial and operational in nature.
- This paper builds on those documents and takes it one stage further and identifies 25 products (key deliverables) which we expect to be delivered as a result of implementing the 16 projects. These products were approved at the System Performance Group on 25th October, and moving forwards, we will be reporting on the delivery of these 25 products as opposed to the priorities / projects themselves, as we believe that this will provide the level of granular assurance that is required.
- We expect the majority of the products to be delivered within existing staffing resources. However, there are some areas which may require a level of additionality and these are captured on the following slides. We are working closely with the system workforce leads to make sure that all providers and appropriate forums / committees are sighted on these in case they need to be enacted or prioritised.
- We have started to identify a range of risks to the delivery of these products from the weekly recovery meetings, which are set out on slide 6. Where risk scores dictate, we will align to the ICB's risk register.
- We are working on finalising the product specific metrics which will tell us whether the chosen interventions are working or not. These will be included in future reports
- We continue to use the weekly recovery meetings to make sure that all of the projects interconnect with each other appropriately, as very few of them are 'stand alone' pieces of work. An example of this is Care Homes, where we have a lot of activity happening. To date, this has been driven individually by the various recovery projects, but now needs to be sensibly co-ordinated.

Product Identification (1/3)

8 PRIORITIES AGREED	16 RECOVERY PROJECTS AGREED	25 PRODUCTS IDENTIFIED SO FAR (FOR AGREEING)	WORKFORCE REQUIREMENTS
1. Management of CHC	• Review of 1:1's to make sure they all fit the eligibility criteria • Market Pricing • Addressing the CHC backlog • CHC Fast Track	• Financial Due Diligence - Continuing Healthcare Costing Methodology Review • Financial savings (cost out) to the value of £20m in year (FYE aim is £100m) will be validated by the due diligence review • Refresh of the CHC service specification, and redesign of service delivery • Improved End of Life Home Care pathway (formerly known as CHC Fast Track)	• Due Diligence review being undertaken by an external company • Workforce is currently being provided by MPFT with support from ICB as part of Provider Collaborative. Additional capacity required to increase pace of review programme. Existing staff have been pulled from BAU activities which isn't sustainable as we head into winter
2. Discharge	• Integrated Discharge HUB Model	• Expansion of 1.0 Pathway to include voluntary sector offer (settling in services) & greater use of personal health budgets • Test of Change Phase 1 – Frail Elderly Assessment Unit - reduction of current average LOS of 16 days to a maximum 4 days by having them managed by the IDH • Test of Change Phase 2 - Ward 80 will transfer to Complex discharge ward (CDW) under the remit of the IDH to manage admission and discharge	• Additional admin / financial support likely to be required for Pathway 1.0 • UHNM /IDH staffing will support the FEAU and Ward 80 projects
3. Admission Avoidance	• A 12/7 Single Point of Access (SPA) for use across all urgent care pathways • Acute Care @ Home expansion	• Embed a paramedic within the SPA to focus on Cat 3 and 4 calls • Well utilised Virtual Ward step up and step down pathways • Rollout of remote monitoring solutions (i.e. Docobo)	• May need funding to recruit to paramedic role if WMAS agree to proposal • CRIS Workforce remains fragile due to significant loss of experienced staff to primary care ARRS roles. Recruitment requirements being supported being system workforce team • Docobo rollout subject to NHSE business case approval and sufficient staffing in place to interpret / respond to device readings

Product Identification (2/3)

8 PRIORITIES AGREED	16 RECOVERY PROJECTS AGREED	25 PRODUCTS IDENTIFIED SO FAR (FOR AGREEING)	WORKFORCE REQUIREMENTS
4. Care Homes	1. Reduce ED attendances using targeted interventions: • Phase 1 – Top 10 Care Homes driving majority of activity at Royal Stoke Hospital • Phase 2 – all Care Homes	Phase 1 • Comprehensive register of care home residents in place and baseline data sets • Clear responsibility, operating model, performance management and quality assurance of the arrangements for end of life plans for care home residents • Due diligence on current community response to clinical deterioration – “call before convey”; gap analysis; options for future arrangements. • Performance management of the arrangements for clinical reviews for care home residents and a system for recognising and responding to breaches • Guidance and training for clinicians and care homes Phase 2 • Business case for single GP practice with NHS community nursing for all care homes	• Care Home Intensive Support Team (CHIST) made up of of 3 WTE are in place but additional workforce required. Non recurrent funding is available via winter monies and possible options currently being discussed with system workforce team: • Additional B7/8a roles • Additional B4 roles • A business case will be developed to explore the art of the possible
5. Falls Prevention	• Maximise ED referrals into Specialist Falls Services to prevent repeat falls	• Utilisation of specialist falls service resource to best effect through implementation of appropriate pathways for defined cohort of high-risk patients	• MPFT provide the current service. Demand and capacity review will be ongoing to make sure service can deal with increase in referrals

Product Identification (3/3)

8 PRIORITIES AGREED	16 RECOVERY PROJECTS AGREED	25 PRODUCTS IDENTIFIED SO FAR (FOR AGREEING)	WORKFORCE REQUIREMENTS
6. Severe Frailty	• Enhanced Health in Care Homes LES	• Agreed set of metrics for the Care Homes LES which are proactively monitored	• This is being picked up by the primary care team with the support of the ICB Clinical Leads. Some GP practices have a greater level of resource to implement the LES effectively than others
	• Comprehensive Geriatric Assessments	• Phase 1 - completed assessments & treatment plans for a targeted cohort of severely frail patients living in 4 geographical areas. Phase 2 will include rollout across the system subject to evaluation findings.	• This will be done within existing MPFT community teams. However a full scale rollout (Phase 2) may require additional resources
7. End of Life	• Increase Patient Identification & subsequent management	• Patients in the last 12 months of life to be recorded on palliative care registers • An increase in Patients on the Palliative Care Register with ReSPECT Plans • ReSPECT Plans to form part of Mandatory Training	• Palliative care community teams in MPFT are supporting primary care with this • UHNM clinicians are leading on the mandatory aspect
	• Rollout an integrated EoL Offer	• An Integrated Care Offer to be in place for all Palliative Care patients including an additional 18 hospice beds	• Aim is to use existing services but makes sure they are better connected. Additional capacity to be provided by the hospices
	• Implement 24/7 Advice and Guidance Line	• An Enhanced offer of specialist palliative care advice/guidance for carers/patients/professionals known to hospices	• The 24/7 helpline will be manned by hospice staff
8. Medicines Optimisation	• IV to Oral Antibiotics	• Transferring patients from IV to Oral Antibiotics where clinically appropriate and in the most timely manner within a hospital setting.	• Currently being delivered by existing Pharmacy team within UHNM

Emerging Risks

1. There is insufficient staffing (capacity, capability and resilience) to undertake the CHC 1:1 Reviews **as well as** improve care planning (including RESPECT) within care homes **as well as** continue with BAU activities

2. The Acute Care at Home service might not be able to respond to the required increases in referrals due to a depleted workforce

3. We don't have a robust communications strategy for staff or patients which underpins the recovery programme, which will create confusion at best and patients falling through the gaps at worst

4. There is insufficient capacity within existing community teams (especially intermediate care and community nursing) to respond to this programme of work e.g. taking calls from the Single Point of Access and responding to them, responding to readings from remote monitoring tools and devices

5. There is a risk of confusion / duplication of effort / gaps emerging where certain projects straddle multiple Portfolios. This is particularly relevant to CHC and Care Homes

6. We will see an increase in hospital conveyances if we don't adequately support the care homes when we withdraw 1:1 packages of care

7. We will see an increase in hospital conveyances if we cannot provide a 24/7 Single Point of Access for staff which provides advice, guidance and clinical response

Enclosure No: 08

Report to:	**Integrated Care Board**						
Date:	**16 November 2023**						
Title:	**ICB Board Digital Transformation Assurance Update**						
Presenting Officer:	Chris Ibell						
Author(s):	Chris Ibell / Sally Deacon						
Document Type:	Report	If Other: Click or tap here to enter text.					
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☒	
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*		
Is the decision within SOFD powers & limits	**Yes / No**	Choose an item.					
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.					
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.					
Appendices:	Click or tap here to enter text.						

(1) Purpose of the Paper:
To inform and assure the Staffordshire and Stoke-on-Trent ICB Board as to ICS Digital Transformation progress against the Digital roadmap.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	**Date**
Drafted to update on Digital progress for information and assurance	26/10/2023
Reviewed / Updated by Chris Ibell	01/11/2023

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

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

(4) Statutory Dependencies & Impact Assessments:

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

(5) Integration with the BAF & Key Risks:

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

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

Click or tap here to enter text.

(7) Recommendations to Board / Committee:

The Staffordshire and Stoke-on-Trent ICB Board is asked to receive and be assured as to ICS Digital Transformation progress against the Digital roadmap.

SSOT ICB and ICS Digital

Organisational Overview

The Digital enabling function for Staffordshire and Stoke-on-Trent (SSOT) is comprised of multiple stakeholders across the Integrated Care System (ICS), as well as across the Integrated Care Board (ICB) itself. Across the ICB, organisationally there are four key areas where digital is a key enabler, including Population Health Management (PHM), Primary Care, Finance and Digital Transformation, each reporting up through separate executive teams. Similarly, distinct digital teams exist in each of SSOT's health and care's sovereign providers, including across acute, community, mental health, primary care, ambulance and local authority provision. Whilst the Digital (and Data) roles and responsibilities are distributed across teams and organisations, the ICB Digital Transformation team has taken the lead role in coordinating and facilitating digital and data collaboration across these.

System-level Working

Given this organisational landscape and the common goals to improve system working and patient care, an early priority was to agree on certain digital leadership principles with CIO colleagues across the ICS, to establish an appropriate set of ICS Digital governance arrangements and to formulate a long-term Digital roadmap to create the right environment to achieve these goals. In addition, formal relationships between ICS Digital leadership and Portfolios have been established, as well as between the four ICB groups.

In terms of the core behaviours and principles that were agreed early on, these include:

- Engage, influence and collaborate
- Consult with team in advance of strategic procurements
- Display openness, honesty and provide constructive challenge
- Act as a trusted community
- Be positive ambassadors for Staffordshire and Stoke-on-Trent
- Coordinate and 'do things once'
- Research and share knowledge

In addition to the ICB compact, these principles have stood the broader, federated ICS CIO team in good stead since the formation of the SSOT ICB, strengthening the collaboration between ICS Digital stakeholders across the range of strategic initiatives within the Digital roadmap. Examples where this collaboration has yielded good outcomes includes areas such as cyber security, referral management and skills development to name a few.

Governance

Regarding Digital governance, whilst there is no formal ICB Board-level Digital committee, there is a requirement to oversee system-level digital programmes of work, national funding coordination, allocations and reporting, capital monitoring, and PIP management, providing assurance via the F&P Committee to the ICB Board that the Digital Transformation agenda is on track and delivering value. The Digital Transformation function leads and/or contributes to the following governance groups:

- Contribute to / participate in:
    - ICS System Capital Group
    - ICS System Performance Group
    - ICB Board

    - One Health and Care Board (joint SSOT, STW and BC)
        - One Health and Care IG Working Group (joint SSOT, STW and BC)
    - Acute Care @ Home Board (Provider Collaborative)
- Lead:
    - ICS Digital Collaboration Forum - monthly
    - ICS Digital Design Authority - monthly
    - ICS CIO Forum – bi-weekly

The ICB Digital Transformation team prepare the agendas for each of these governance groups that they lead, including minutes and actions for each.

This governance arrangement has the propensity to be able to support the concept of 'grip and control' over our collective digital spend and initiatives and would seek ICB Board support in strengthening the governance accordingly. The ICS CIOs would ask that any ICS system-level IT investment is passed through the ICS CIO group for review and recommendations prior to raising purchase orders. Through this approach, collective expertise on the suitability, cyber security and value proposition of any new system can be brought tp bear, or suitable alternatives/sign-posting to existing arrangements can be proposed.

ICS Digital Vision

Up until recently, the broad SSOT Digital landscape has been characterised by organisations working in siloes, duplicating effort, having separate and disjointed IT systems, with a focus on statutory reporting as opposed to using data for the improvement of service user care, with limited or no patient access and engagement. Underpinning this has been a less than resilient IT network coupled with inconsistent levels of cyber security capability, resulting in a relatively high level of network incidents impacting staff productivity and ultimately patient care.

This is reflected in the findings following the NHSE-mandated Digital Maturity Assessment (DMA) undertaken by all Healthcare Provider organisations early in the 2023/24 financial year, a summary dashboard view shown below:

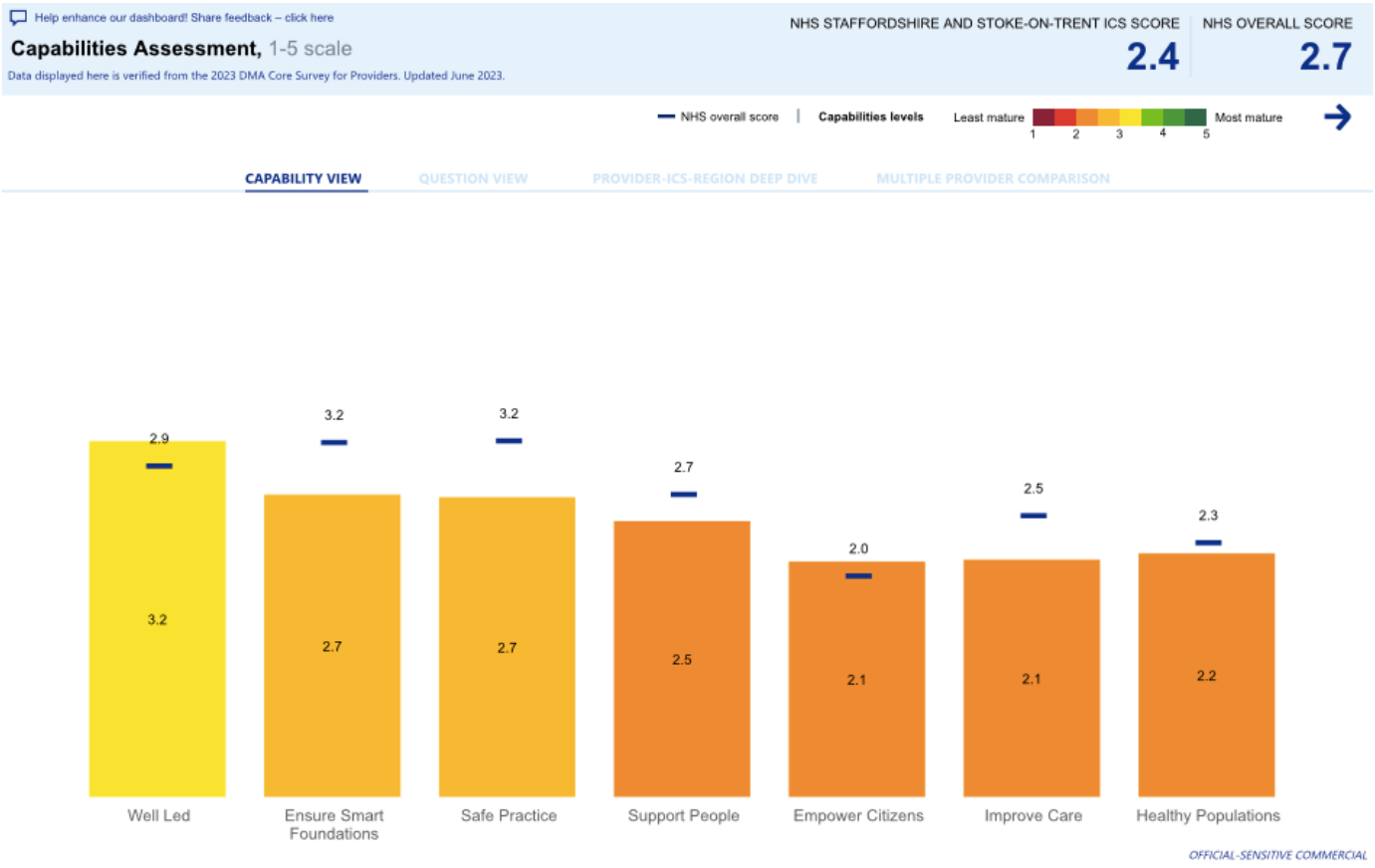


Figure 1: NHSE DMA Capability Scores – SSOT

The Digital vision for Staffordshire and Stoke-on-Trent is to address these challenges systematically, simplifying, consolidating, rationalising and standardising how we manage the health and care workflows, how we manage data, reporting and analytics collectively, how we modernise, streamline and improve the resilience of our technical infrastructure and cyber defences and how we engage digitally with our service users, bearing in mind to avoid digital exclusion.

To this end and to address the below-average digital maturity for the SSOT system, the ICS CIOs have developed a long-term Digital roadmap, and have started to execute and deliver against this, details of which are included below.

ICS Digital Roadmap

The Digital roadmap was developed by the ICS Digital leadership in line with the agreed behavioural principles listed above, ensuring full cross-system buy-in and commitment. Eleven (11) initiatives were outlined in full alignment with the NHSE 'What Good Likes Like' framework and based around the three NHSE pillars of Digitise, Connect and Transform (see Fig. 2).

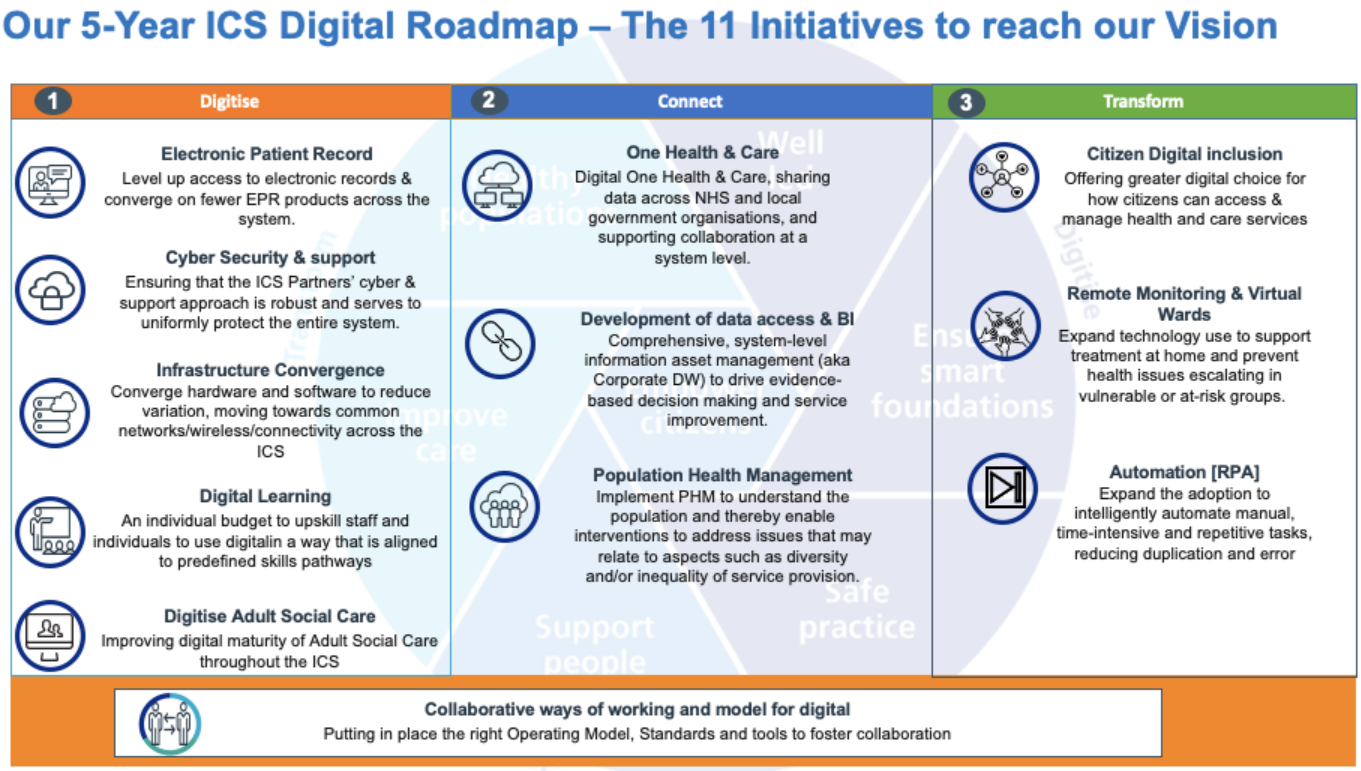


Figure 2 : Digital Roadmap Initiatives

Progress against each of these initiatives has been positive to date, details of which are provided below.

Electronic Patient Record

Each health and care provider, including Primary Care, have their own Electronic Patient Record systems (EPRs) that are by and large run independently of each other with limited, if any, interoperability between them. One exception to this is iPortal, a core clinical workspace developed in-house by UHNM (aka iPortal) that is critical to the delivery of care and used by all system Healthcare Providers. So saying, iPortal is operating on aged development code and requires rewriting that is lengthy and costly. For statutory duty and/or contractual reasons, multiple disconnected EPRs are managed within a single Trust, resulting in organisational inefficiency in managing patients and consequent reporting. In addition, the main acute hospital's EPR contract has reached the end of its original contractual period, requiring a formal re-procurement to be undertaken in the near term.

This has presented the SSOT ICS with an opportunity to fundamentally address this area of low digital maturity, exploring options for a step-change in how clinical workflow, as supported by an integrated EPR, could transform how we coordinate and deliver care more effectively to our service users. Funding was granted early 2023 by NHSE in support of the development of a business case, managed through University Hospital North Midlands and contracted with Deloitte.

Engagement with the EPR Business Case programme has been positive from most ICS stakeholders, with four key options under consideration, namely:

1. Do minimum
2. Separate EPRs with enhanced interoperability
3. Core EPR with integrated strategic / specialist areas
4. Large core EPR across Health and Care settings

The timeline for this business case is ambitious, as is the vision for the EPR itself, with the Outline Business Case (OBC) expected before the end of this calendar year. Should this Business Case ultimately be approved, the deployment of an integrated EPR across SSOT will require significant capital investment and ongoing revenue costs, will take a number of years to deploy fully and holds a fair degree of implementation risk, however the Business Case will explore how this can be offset through improved workflow and system partner coordination, as well as through the reduction of existing clinical systems.

Cyber Security and Support

Cyber security is one of our key risks, both as a system but also individually as health and care providers. The threats posed by cyber criminals is significant and increasing and we need to be as well-prepared as we can be in terms of defining policy, monitoring threats, taking protective measures, responding effectively and being able to recover as and when incidents occur.

Over the past year, plans were developed collectively across both Healthcare Providers and Local Authorities to enhance, level-up and standardise the cyber services across the whole SSOT footprint. The Staffordshire and Shropshire Health Informatics Service (S&SHIS), hosted by MPFT, has expanded their Security Operations Centre (SOC) to support 24x7 monitoring, updated their cyber tooling and are in the process of deploying this for the three existing partners, MPFT, NSCHT and the ICB, as well as UHNM and Staffordshire County Council. Stoke-on-Trent City Council will adopt these services in due course once their current contractual arrangements conclude. The SOC programme demonstrates a system wide collaborative approach. It is estimated that collectively the partners have avoided spending an additional £160k by procuring the product together.

This has been a significant achievement, with all organisations engaging in full alignment with the agreed behavioural principles, resulting in a common, standardised, and improved cyber security capability that benefits the entire system.

Infrastructure Convergence

There is significant scope for a rationalisation of digital infrastructure, systems, and services, including but not limited to data centres, networks, device lifecycle management and telephony to name a few.

Preliminary work has commenced on the identification of data centres across SSOT, including those hosted by Local Authorities (LAs), and a consolidated target identified for long-term retention. This project will commence following the deployment of the SOC as outlined above. Whilst this is unlikely to result in immediate cash releasing, direct Estates-related benefits, savings are expected in running costs and cost avoidance in terms of facility upgrades.

Digital Learning

All SSOT ICS NHS Healthcare Providers are subscribers to the Midlands Digital Health Skills Development Network (Midlands DHSDN), entitling staff to attend a range of skills development webinars and training courses.

As part of this, the “Towards Excellence in Digital Standards” accreditation scheme will be piloted over the next 5 months with the hope to roll out the opportunity to all member organisations from April 2024. The Midlands scheme will be based on the existing successful North West SDN scheme. The standards

are aimed at promoting the personal and professional development of digital staff, helping to ensure that the digital community are recognised nationally for their proactive approach in supporting healthcare and encouraging staff to see professional development as important.

Many NHS organisations are struggling to recruit into digital roles, particularly with the difficulties of competition from private companies. One of the key benefits of the scheme will be raising the profile of digital roles within the NHS and creating a development culture that makes our respective organisations an attractive career option.

Eligibility for participation in the Midlands DHSDN will be extended to include both Primary Care and Local Authorities, starting with Primary Care in 2024.

Digitised Adult Social Care

NHSE have allocated funding to support the digitisation of care homes and other care settings, a critical step in ensuring that all health and care records are digitised. Staffordshire County Council have been leading on this programme, and as of the end of October 2023, 36 locations have spent £135,049.39 with a further 17 locations that have committed spend of £34,732.79, a total of £169,782.18 53 across 53 care settings.

In addition to this, the ICB Digital Transformation team have been engaging with care homes and hospices to enable read-only access to the One Health and Care(OHC) Connected Care Record system, improving the ability of care providers to review their residents' health and care history, with a view to providing better care.

As and when care homes are digitised, this will facilitate improved acuity tracking, coordination of care, advanced warning of possible admissions, as well as reduced handover times and improvements to care planning processes through digitisation.

One Health and Care – Connected Care Record (with SSOT, STW and BC)

The One Health and Care (connected care record) is now four years old and contains a reasonable source of clinical information from health and care providers across all three participating ICSs. Utilisation and adoption have been steadily increasing in support of direct care, but more focus and attention is required in a few areas including extending the breadth and depth of data to support more use cases, to raise awareness of OHC and how to access and leverage the licensed capability on offer and finally, to exploit OHC from an analytical perspective, both for secondary use and PHM. As described below in the section on business intelligence, decisions will need to be made in due course around which platform/s are best placed to support SSOT's long-term data and information assets aka data warehouse.

Recent extensions in data scope have included Shropshire community data, Docobo remote monitoring data collected as part of the Virtual Wards programme, as well as NSCHT in- and out-patient real time data. Other areas including ambulance and pharmacy data are under consideration.

A OHC "Data Access Request" process has been established, enabling analysts and other statutory healthcare organisation personnel to apply for access to the analytic dashboards using fully anonymised data only. A Confidentiality Advisory Group (CAG) application is being developed through the OHC IG Working Party in conjunction with the ICB IG Group for section 251 approval, enabling OHC to be used for secondary use of data and PHM.

Development of data access and BI

As part of the long-term Digital vision for SSOT, the development of a data repository aka information asset that is under the full control of the system, is extensible to include varied sources of data, is a 'single source of truth' for all health and care providers and can be used freely by SSOT stakeholders within the prevailing data privacy constraints.

At present, each individual health and care provider has their own organisation-centric data warehouse, collecting data from their own systems and reporting independently through to NHSE and/or commissioning bodies and in UHNM's case, also to drive workflow and automation. In addition, the MLCSU provides DSCRO services and supports the ICB Finance team through the MLCSU data warehouse. OHC also has a licensed analytics module, including support for PHM, however this requires CAG approval to be fully exploited for secondary use and PHM. This presents an opportunity for rationalisation of the data warehouse and associated ICS-wide reporting services in the medium term, with co-production of an ICS Data and Intelligence Strategy currently underway that will serve to provide that strategic direction.

In parallel, national data management and research initiatives are underway across NHSE, including both the Federated Data Platform and Secure Data Environment programmes. SSOT ICS is one of six West Midlands ICSs participating in the West Midlands Secure Data Environment (SDE). This is a cloud-based (Microsoft Azure) data environment, built and tested to support the management and interrogation of data for research and PHM purposes. The timelines and precise scope of both important national initiatives and how these align with our own plans for a SSOT information repository is not quite clear at present, however the Digital team are actively engaged with these programmes of work and will ensure that this alignment occurs in due course.

Population Health Management

Population health management is critical in treating populations in a more cost-effective way, reducing healthcare expenditures by avoiding costly medical interventions and hospitalisations. PHM offers the hope of improved health outcomes, reducing disease burden through early intervention, enhancing quality of life, ensuring equality of healthcare provision, allocating scarce resources, improving public health preparedness, and supporting long-term sustainability.

Data underpins analytics, which in turn provide insights upon which specific actions can be taken. A good example of how PHM has been used in Cheshire and Merseyside to provide holistic care for vulnerable service users can be viewed as part of a recent NHS Cheshire and Merseyside Integrated Care Board – 28 September 2023 meeting (case study starts from 37 mins 22 secs). Cheshire and Merseyside deploy the same Connected Care Record aka Shared Care Record technology from Graphnet, as well as a separate Share2Care solution (see Share2Care - Home for more details) and serves to the demonstrate the capability we currently have with the OHC platform. Graphnet worked with C&M to focus on fuel poverty, sharing a series of emotional and heart-warming stories where they have managed to provide tangible and practical support to vulnerable residents, reducing hospital admissions and improving their quality of life.

Until such time as we able to secure the CAG application approval, the PHM team will continue to leverage the MLCSU data warehouse, supporting both Optum and Health Navigator. As described above in the section on Business Intelligence, PHM should be able to draw upon data from an ICS data warehouse directly, avoiding the need for multiple siloed information repositories servicing different functional needs.

Citizen Digital Inclusion

Whilst individual organisations record information about patient encounters, the systems themselves are organisation centric. Patients and service users should be able to engage digitally with the NHS in a seamless fashion, regardless of the health and care provider. Covid-19 was a significant catalyst in encouraging the adoption of the NHS App, a single 'front door' for all citizens seeking to engage with NHS services. As part of our patient-centric vision for SSOT, a key criterium for patient-facing systems is the ability to integrate with the NHS App, ensuring the most consistent and streamlined user experience.

NHSE has been investing in Patient Engagement Platforms (PEPs) over the past year, starting with the acute sector and more recently supporting mental health providers. Both UHNM and MPFT have been the recipients of funding and, in line with our Digital principles, have adopted a common PEP platform, namely Patients Know Best (PKB). UHNM has already started to deploy this and all citizens across SSOT who are registered with a GP practice can access this PKB portal (and see data through the NHS App), with 140,000 patients having already enabled the service. MPFT is going live with Mental Health Care Plans this month and will continue to roll out further functionality in coming months and UHNM is using this to deliver letters, appointments, health questionnaires and pre-appointment information.

In addition to this patient portal, a TEC project has been approved, focusing on digital inclusion and empowering hypertension patients.

Remote Monitoring and Virtual Wards

There are a variety of remote monitoring solutions that have been deployed across the SSOT ICS including Docobo, MySense and other technologies, all of which are being tracked and assessed within the governance and oversight of the Acute Care @ Home Board. NHSE has recently offered all ICSs a sum of £700k/ICS as part of the "Tech Adoption and Acceleration Fund". The Digital Transformation team has coordinated the system response, including investment proposals around heart failure, monitoring in care homes, step-up and step-down and general surgery.

Adoption of the Docobo technology has proven to be relatively light, with plenty of headroom for growth from a technology perspective. In order to establish a clear remote monitoring strategy and drive adoption, an ICS Remote Care Strategy Development Day has been scheduled for the 10th November, the outcome of which should be known in time for a verbal update at the ICB Board.

In terms of some positive findings to date, MySense that supports in-home sensors to aid monitoring, has saved over 800 bed days to date which equates to an approximate £369k saving.

Robotic Process Automation (RPA)

Robotic process automation (RPA) facilitates the automation of repetitive tasks currently undertaken by staff members, for example transcribing contents of an email into an IT system.

We currently have over 20 live processes being supported by RPA technology across UHNM, MPFT, Primary Care, collectively generating a projected system savings of £468k. The ICB has established a small RPA Centre of Excellence, hosted by MPFT, that is currently focusing on the automation of HR/Recruitment processes. The first HR process was demonstrated at the Digital Collaboration Forum in October and was well received.

The SSOT ICS Digital leaders are also members of the Midlands RPA Cooperative, an NHSE-managed network designed to share know-how and to provide scale.

Key Risks and Challenges

Cyber Security

Cyber security risks feature on each ICS partners' risk registers, including the ICB risk 34. A key mitigation to address this cyber security risk has been the establishment of the Security Operations Centre as discussed above. This aligns with the ICB BAF risks BAF5 and BAF7 by ensuring our network, systems and software are secure, minimising disruption and improving productivity.

Secondary Use of Data

There is a risk that we as a system are unable to take full advantage of the data available to use in OHC due to legal and governance constraints, which could negatively impact the forward motion of PHM as well as business intelligence and AI initiatives. The CAG application as discussed above is how we plan to overcome this challenge and unlock the potential future opportunities to avoid admissions by taking a proactive approach to patient care.

IT Systems Governance

It is important, as ICS system-level, shared IT systems become increasingly necessary to facilitate shared working and coordination, that appropriate governance arrangements are in place to ensure that IT systems are delivering good value for money, that suppliers meet the current and emerging minimum standards expected, that we are not duplicating effort and are leveraging existing IT system capability. Undertaking ongoing benefit realisation is critical in order to justify and sustain future investment.

During Covid and to some extent post-Covid, especially during elective recovery, there was and continues to be a sense of urgency in deploying IT systems and processes that enable improved coordination and control. However, as we get back to business as usual and within the context of the current economic climate and financial constraints, it is critical that all IT system procurements, including renewals, is scrutinised and options fully evaluated. The governance arrangements outlined above are in place to support this process of Digital oversight and scrutiny of systems, contracts, values, and ICS-wide indicators of performance.

Model Hospital – Digital Investment

The Model Health System is a data-driven improvement tool that supports health and care systems to improve patient outcomes and population health. It provides benchmarked insights across the quality of care, productivity, and organisational culture to identify opportunities for improvement. The Model Health System incorporates the Model Hospital, which provides hospital provider-level benchmarking.

According to the latest Model Hospital benchmark data for SSOT, the levels of organisational investment into Digital do differ substantially. These statistics are normalised, and comparisons are provided against peer organisations, but it is important that further data analysis is undertaken to validate this prior to reaching any specific conclusions. However, it does offer some insight into the variability in Digital investment and an opportunity as the FY2024/25 budget cycle approaches, to consider any adjustments in allocations.

Of the three secondary Healthcare Providers across SSOT, North Staffordshire Combined Healthcare Trust (NSCHT) (ref Fig. 3) has the highest allocation of Digital funding per £100m of income, above peers within the region and across the country.

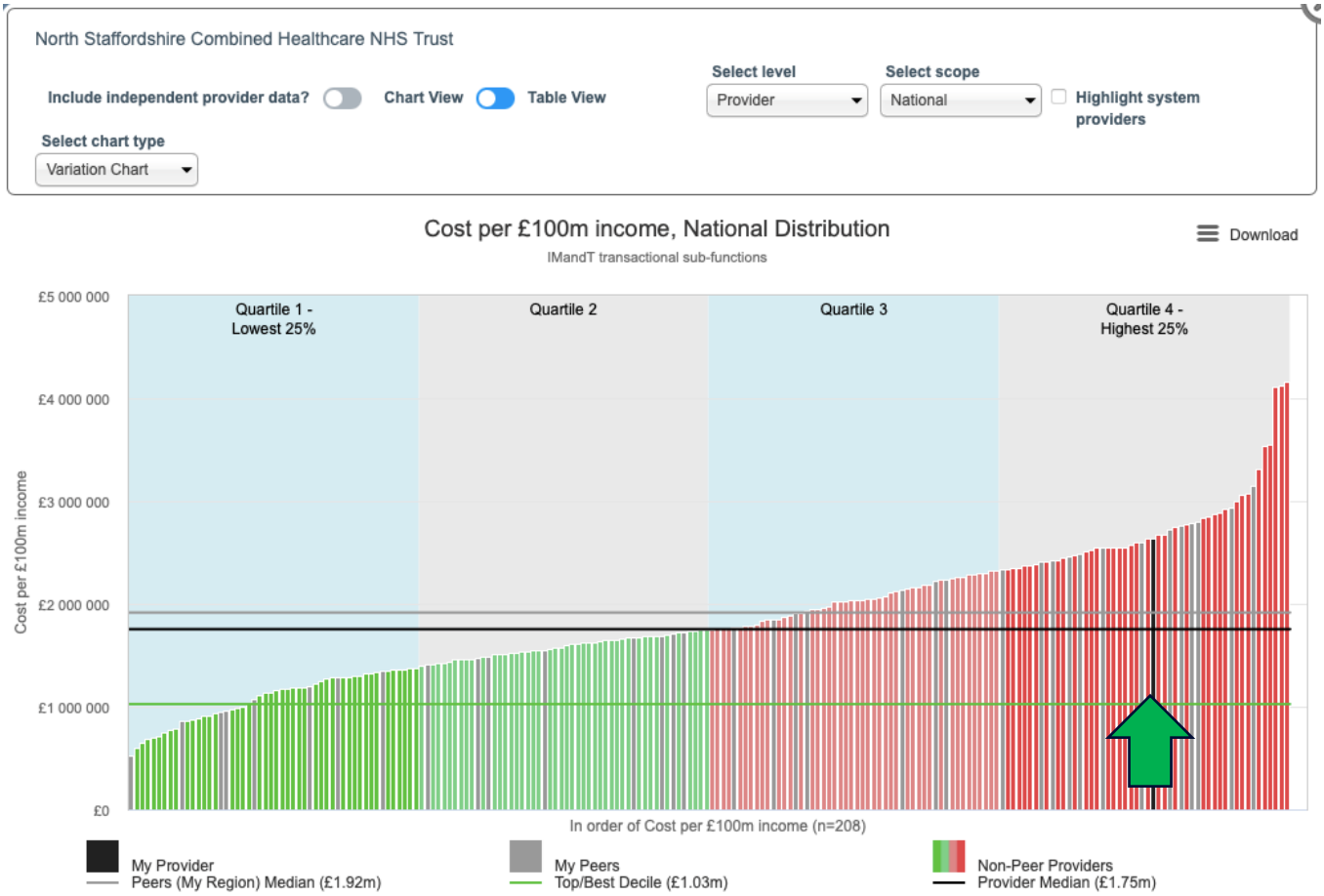


Figure 3 : NSCHT Digital Investment

Midlands Partnership University Foundation Trust (MPFT) follows with digital investment marginally at or below the peer and national median.

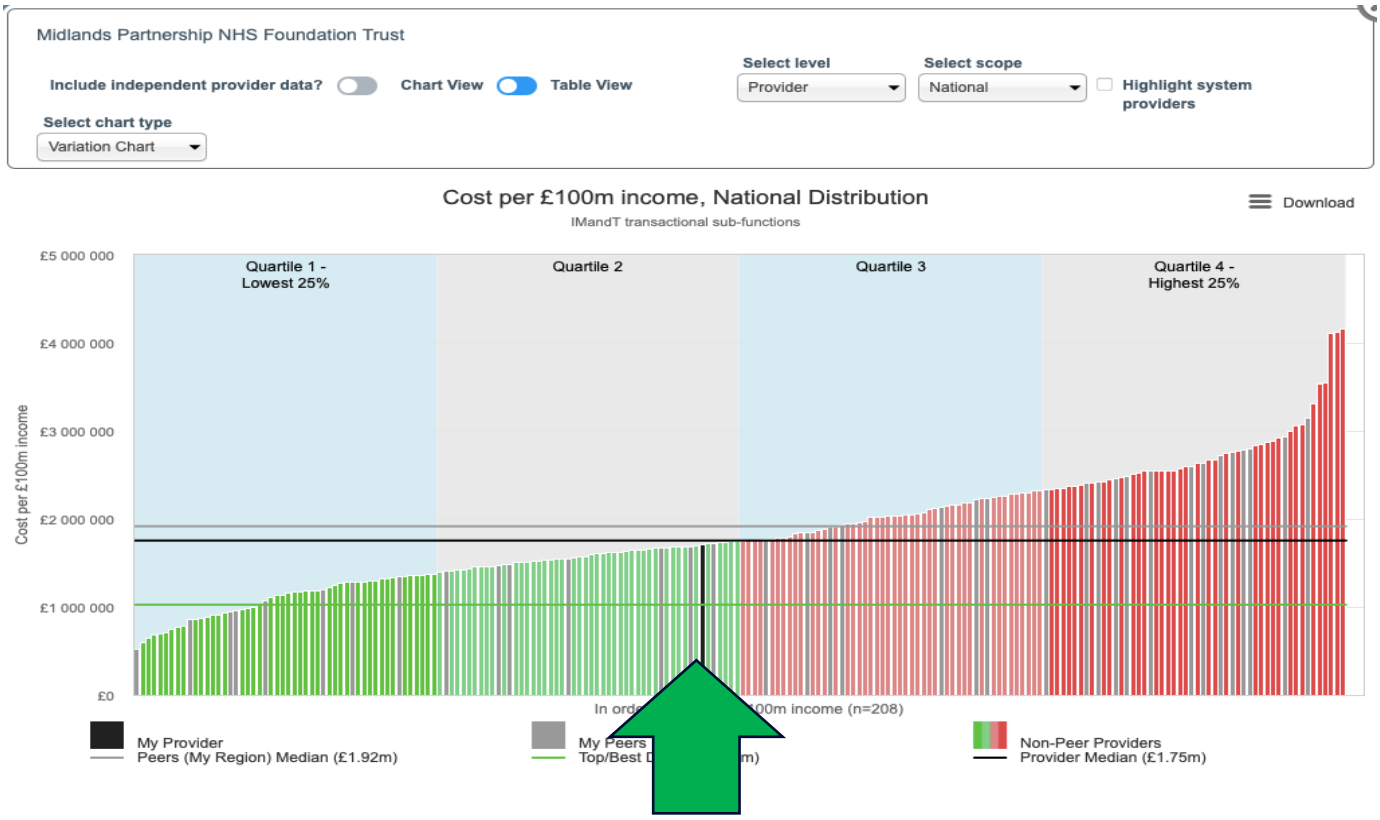


Figure 4 : MPFT Investment in Digital

University Hospital North Midlands, for historical reasons during which efficiencies were sought within and across back office functions, spend significantly less as a percentage of income against both the peer group and nationally (see Fig. 5). As described above, should the EPR business case be approved and proceed to procurement, this would certainly serve to increase the digital investment, in all probability bringing this closer to or marginally above the peer median. Investment in Digital will serve to improve digital maturity, a key goal for NHSE.

In closing, far from seeing low investment in Digital as 'Top/Best Decile' as shown in these charts, organisations need to consider the balance that needs to be struck between investment in digital maturity and the productivity gains and patient outcome improvements that result from this, versus the productivity reduction and patient safety risks that accompany under-investment and as such should not been seen as a race to the bottom.

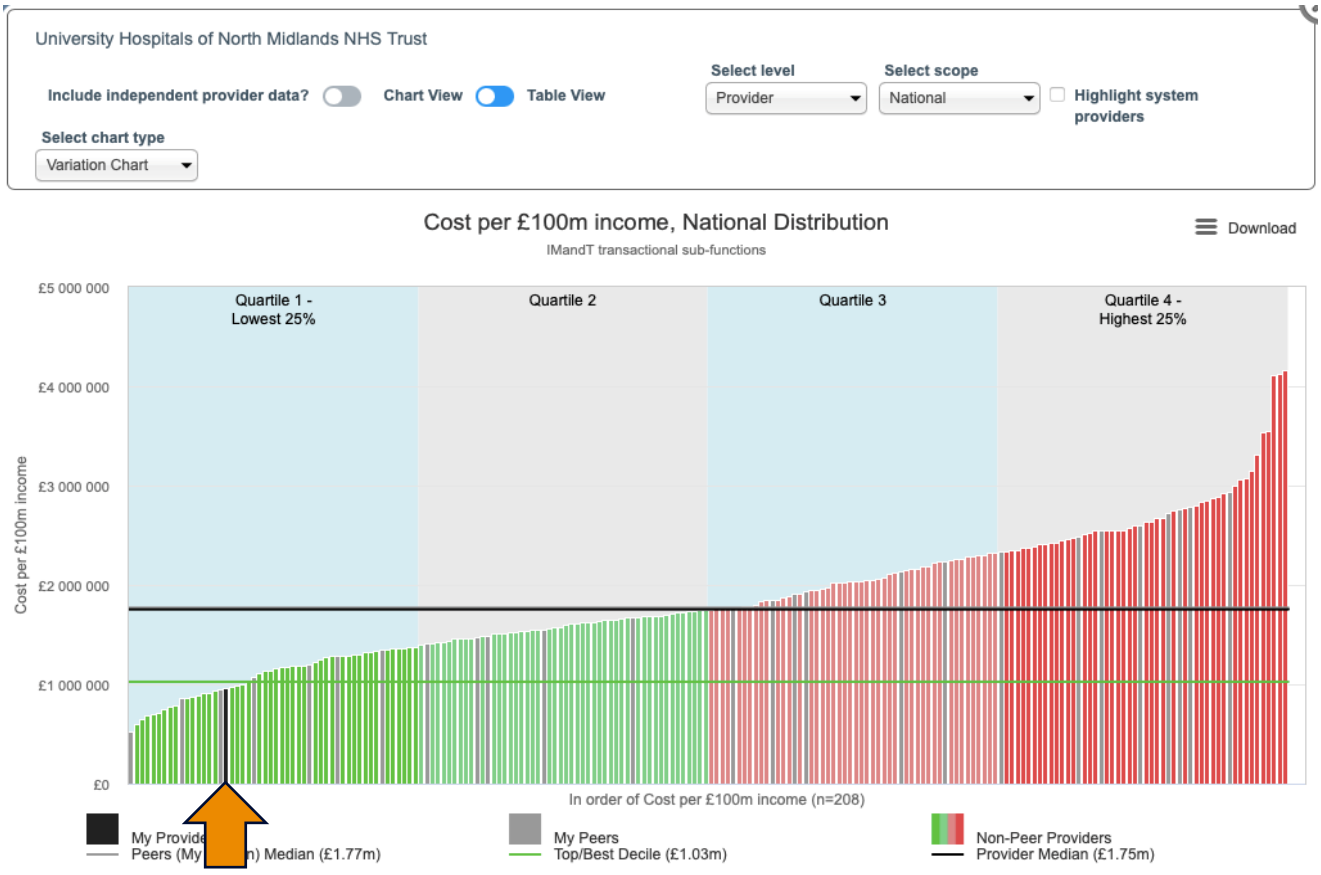


Figure 5 : UHNM Digital Investment

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 09

Report to:	**Integrated Care Board**					
Date:	**16 November 2023**					
Title:	**Staffordshire & Stoke-on-Trent ICB System Surge Winter Plan**					
Presenting Officer:	Phil Smith					
Author(s):	Ashleigh Shatford, Jack Butler, Tom Bailey, Dr Steve Fawcett, Martine Stokes					
Document Type:	System Plan					
Action Required (select):	**Information (I)**	☐	**Discussion (D)**	☐	**Assurance (S)**	☐
	Approval (A)	☐	**Ratification (R)**	☒	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	YES				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	YES *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	System Surge Plan Slide Deck					

(1) Purpose of the Paper:

The Integrated Care Board is asked to ratify the decision of the System Finance and Performance Committee and confirm approval of the System Surge Plan for 2023/24.

The System Surge plan articulates the system approach to mitigating the impacts upon all facets of the UEC system during periods of increased UEC demand, specifically during the forthcoming winter period.

The System Surge Plan describes three core principles of the system approach to surge and winter planning, namely;
* The System Capacity plan
* The System Escalation plan
* The System Workforce plan

Each component is designed to support system partners in proactively putting into place provision to address the forecast increases in demand expected during the winter period. The forecast activity has been calculated utilising the System Capacity Modelling tool and builds upon previous work to forecast bed requirements and activity levels during the forthcoming months.

The collective development of the System Surge plan outlines the many initiatives and schemes that have been or will be implemented to provide mitigation to these pressures and to facilitate the system collective efforts to manage demand during winter.

The Integrated Care Board is asked to review the components of the System Surge Plan in order to ensure that all aspects have been considered and addressed adequately and ratify the decision of the Finance and Performance committee to approve the System Surge Plan.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
Finance and Performance Committee (A)	03/10/2023
Urgent & Emergency Care (UEC) Board (A)	28/09/2023

(3) Implications:	
Legal or Regulatory	System-wide risk relating to non-delivery of Winter Plan. Performance implications will necessitate regulatory oversight and scrutiny.
CQC or Patient Safety	The System Escalation plan component of the System Surge Plan aims to clearly outline and define system responsibilities for risk management and escalation. Quality involvement from all partners has been integral throughout development of the plan – the Quality & Safety Committee is to receive, review and approve the system surge plan to mitigate risks. Quality Impact Assessment was reviewed at QIA panel in October, impact assessments for finalised schemes are complete with finalisation in progress for other schemes being mobilised. All providers carrying out CQC regulated activity are CQC registered.
Financial (CFO-assured)	Spend commitments have been regularly presented to system CFOs throughout the development of the plan – linked to Surge/Winter Plan initiatives and schemes. Additional funding received from NHSE with appropriate assurance and reporting mechanism in place. Local Authority partners have submitted bids for additional UEC specific funding, with agreed delivery schemes to support system-wide surge planning during winter. At the time of writing the outcome of these funding bids has been delayed and is still awaited. To provide contingency, Finance & Performance committee approved funding of £1.5m to facilitate delivery of the Golden Manor Care Home scheme. Monthly reports to UEC Board and UEC Delivery Group are in place to ensure oversight and assurance of all spend and progress against mobilisation. The ICB Finance team is a quorate member of the System Surge MDT and UEC Delivery Groups. The Finance & Performance committee approved the spend commitments as presented.
Sustainability	Risks relating to de-escalation and ensuring funded schemes are stood down in timely fashion added to Risk Register. The System Surge Plan extends into Q1 2024/25 to ensure de-escalation trajectories are built into the plan at the outset.
Workforce or Training	Workforce risks are managed via System Workforce plan & escalated via Risk Register.
Equality & Diversity	Equality Impact Assessment in progress. No current risks identified.
Due Regard: Inequalities	Impact assessments are in progress for all aspects of the System Surge/Winter plan to ensure adequate assessment of inequalities and access to services. Initiatives have been developed with the aim of providing equality of care for all stakeholders and patient groups. Where possible, geographic equity has been implemented to ensure equal access to primary care and other area-specific services.
Due Regard: wider effect	The wider effects of the approval and implementation of the System Surge/Winter plan are manifold are relate to all parts of the health system within Staffordshire and Stoke-on-Trent. While the plan articulates the approaches utilised to address access to urgent and emergency care, the initiatives and schemes developed aim to facilitate an

	improved patient journey, experience and, most pertinently, patient outcomes. To achieve this, a holistic view of the UEC pathway has been considered and action taken to ensure that all points in the patient journey (from admission avoidance to ED 'front door' and all the way through to home first discharges and social care access and support) are supported to ensure optimal patient flow is in place to mitigate the impacts of periods of surges in demand and winter pressures. The System plan also seeks to ensure the protection of Elective Care activity as a requisite foundation to maintain system performance with regard to elective recovery.

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☒	☐	☐	In progress
	QIA	☒	☐	☐	*If N, why* Click or tap here to enter text. *If Y*, Approved by QIA Panel on 02/10/2023
Has there been Public / Patient Involvement?		☐	☒	☐	Click or tap here to enter text.

(5) Integration with the BAF & Key Risks:

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

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

The ICB System Surge Plan has been developed in collaboration with all System partners to map out a Staffordshire and Stoke-on-Trent wide plan in advance of winter. The plan is presented in three primary component parts;

• System Capacity Plan – Containing details of all schemes (including those funded by the ICB, system partner organisations and via NHSE winter monies) designed to provide increased capacity over the winter period, the impacts of those schemes, timescales and funding source(s).

• System Escalation Plan – Outlining the measures to be taken when there are extreme patient safety risks within the system. The Escalation plan is designed to minimise and mitigate risk by sharing risks across the system.

• System Workforce Plan – Setting out the workforce plan to support delivery of the Winter Plan, including additional workforce recruitment and retention initiatives, enhanced bank rates and provider and system level activities to manage workforce risks. The number of additional staff required per each scheme is also presented alongside Risks and Mitigations to ensure a realistic approach to winter.

In addition, the System Surge Plan contains appendices relating to Finance and the system Communications plan.

The System Surge Plan has been developed via a Multidisciplinary Team (MDT) approach,

ensuring that all system partners are sighted on activities, initiatives and mitigations planned across the system. This level of collaboration and engagement is designed to ensure that action taken to address issues in one part of the system do not negatively impact upon another.

Development in this way has ensured that clinical, finance, patient safety and communications partners have been involved and sighted at all stages to ensure a holistic system approach to development of the plan.

Underpinning the development of the System Surge Plan are the outputs from the 2022/23 Winter Lessons Learned event which the ICB hosted and facilitated in March 2023. The actions and outputs are outlined and have been at the forefront of system planning during this cycle.

In addition, all System Risks (as held and reported via the ICB Risk Register) are outlined within the plan to ensure that all partners and providers are sighted on pertinent risks and the mitigations in place ahead of the anticipated surges in demand and winter pressures.

A clear governance route for all decisions relating to the development of the System Surge plan, and the sign-off processes has been undertaken to ensure oversight, scrutiny, challenge and review from a range of organisations, non-executives and experts to foment development of the plan and ensure that it adequately addresses considerations from across the ICS.

The scale of the challenge faced across the ICS during the forthcoming winter period is illustrated utilising outputs from the System Capacity Modelling tool. These outputs show the scale of anticipated demand across the system and focus upon the anticipated acute pressure expected to be placed upon medical beds at the Royal Stoke Hospital site. The forecast demand represents an increase upon levels experienced in 2022/23 but the pressure point (namely medical bed base at RSUH) mirrors that observed previously.

The System approach to mitigating bed pressures is visually presented via waterfall diagram to illustrate how each of the “capacity” schemes developed will offset a proportion of the expected demand. Where capacity is situated outside of the acute hospital, an acute bed equivalent value has been calculated.

A key principle in the development of the System Surge plan was the protection of Elective activity. The system approach to protection of all elective capacity is articulated and agreed system principles set out to ensure that this is adhered to as robustly as possible.

Information is contained relating to financial considerations relating to the Capacity Schemes. Detailed within the appendices is costing information for each of the capacity schemes – both those funded by the ICB or partner organisations and those funded via NHSE winter monies.

System financial spend has been presented to System CEOs and CFOs on a regular basis to ensure that forecast expenditure is accurately reported and that spending decisions are taken forward via appropriate governance to ensure that all financial implications are modelled in line with SFIs and approved accordingly.

The Finance and Performance Committee reviewed and approved all expenditure relating to the delivery of the System Surge Plan and regular monthly update reporting is in place to provide assurance against financial plan and spend.

The ICB approach to System Surge planning has been based upon adherence to the ICS Partnership Leadership Compact. The compact is presented regularly at the outset of all

meetings and governance forums to ensure that, regardless of levels of system pressure, that the wider system team works in a respectful and progressive manner.

Note: the plan is an evolving document and will be under constant review to ensure recalibration and re-assessment with regard to operational context and pressures..

The System Surge Plan as at 06.11.2023 is being circulated through the governance process as outlined within the slide deck and will require approval from all partner organisations to underpin delivery and implementation.

(7) Recommendations to Board / Committee:

The Integrated Care Board is asked to: Ratify the decision of the Finance and Performance Committee and confirm approval of the System Surge Plan for 2023/24.

1. Introduction

The Staffordshire and Stoke-on-Trent ICS System Surge Plan has been developed in partnership with all constituent organisational partners within the ICS.

This includes:

- University Hospital North Midlands (UHNM)
- Midlands Partnership University Foundation Trust (MPFT)
- North Staffordshire Combined Healthcare Trust (NSCHT)
- Staffordshire County Council
- Stoke-on-Trent City Council
- University Hospitals of Derby and Burton (UHDB)
- West Midlands Ambulance Service (WMAS)

Engagement with provider partners that serve the ICS population but sit within other ICSs has been carried out to ensure a joined-up approach and to factor in relevant considerations from partner organisations.

The System Surge Plan is presented within three distinct comprising parts, namely the;

- System Capacity Plan
- System Escalation Plan
- System Workforce Plan.

An overview and summary of these component parts of the System Surge Plan is included within this paper.

The System Surge Plan has been developed via a collaborative multi-disciplinary team (MDT) approach to ensure engagement, awareness and involvement of all system partners. The inextricable links between services provided by system partner organisations, and the ramifications of targeted improvement work within one sphere of the wider system, dictates that this involvement has been critical to ensuring the buy-in and sign-off of the Plan by all system partner organisations.

The System Surge Plan has received enhanced review and scrutiny and has been subject to governance approval from a range of internal and external governance forums. The System Surge Plan has been presented for approval to the below forums:

- UHNM Public Board meeting (4 October)
- North Staffordshire Combined Healthcare Trust Public Board meeting (12 October)
- MPFT Public Board meeting (24 October)
- Stoke-on-Trent City Council Operational Board Meeting (24 October)
- Staffordshire County Council Health and Care Senior Leadership Team (17 October)
- System Health & Care Clinical Senate (12 October)
- ICB Urgent and Emergency Care Board (28 September)

- ICB Urgent and Emergency Clinical Advisory Group (28 September)
- ICB System Performance Group (27 September)
- ICB Finance and Performance Committee (3 October)
- ICB Quality Committee (8 November)
- People, Culture and Inclusion Committee (8 November)
- ICB Public Board (16 November)

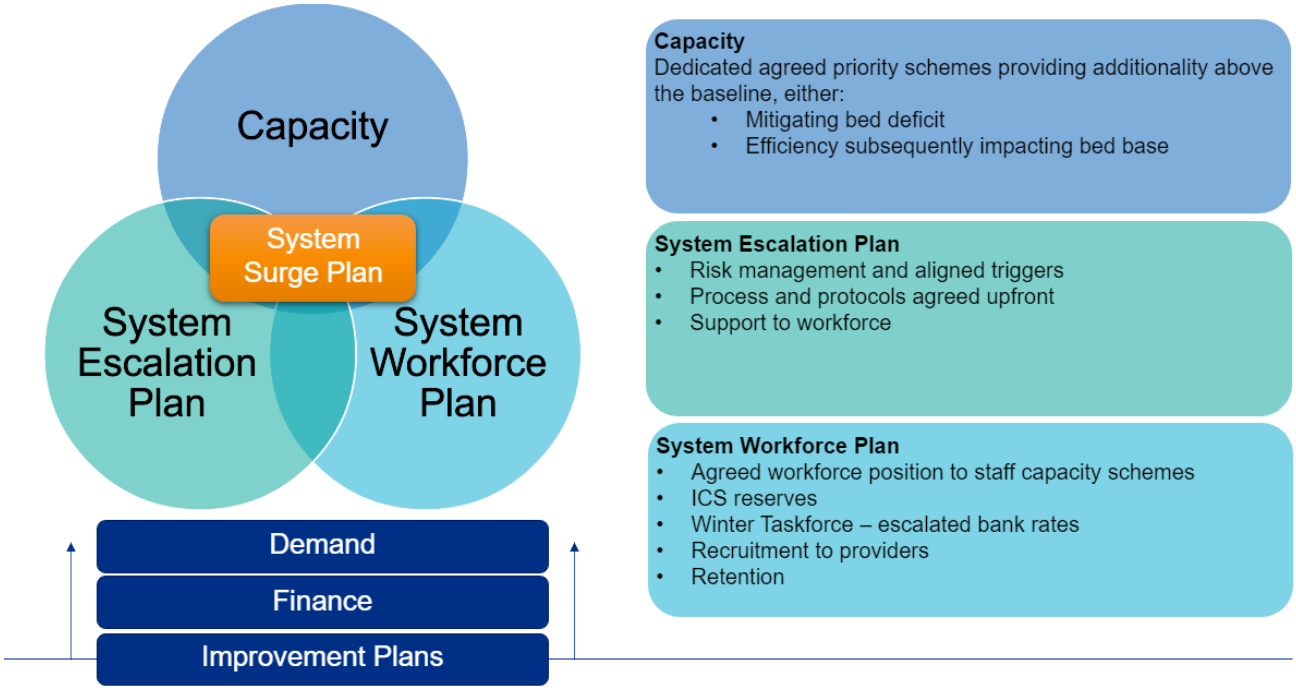
The System Surge Plan is a 'live' document and will be under constant review to ensure that all activities and decisions are made to enhance the system response to the forthcoming winter period.

All relevant System Risks (as held and reported via the ICB Risk Register) are outlined within the plan to ensure that all partners and providers are sighted on pertinent risks and the mitigations in place ahead of the anticipated surges in demand and winter pressures.

2. System Winter Plan Components

The three component parts of the System Surge Plan are briefly described in Figure 1 (below):

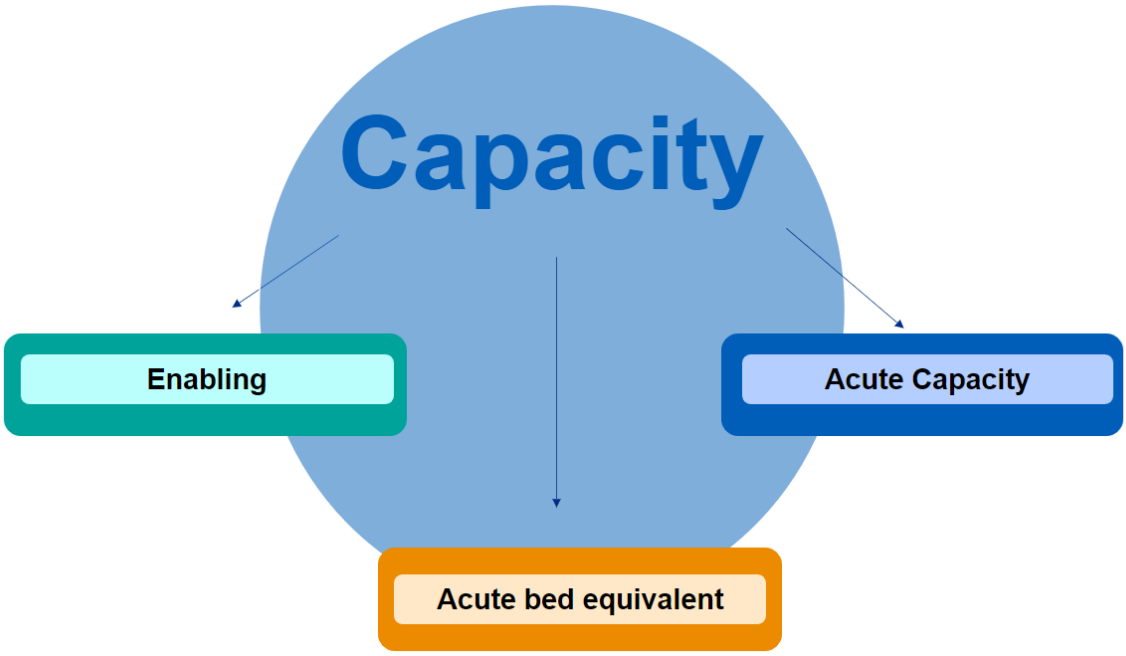
Figure 1:



System Capacity Plan

Figure 2 illustrates the underpinning types of "capacity" implemented within the System Surge Plan.

Figure 2:



The System Capacity Plan is assessed and presented in three parts; described as "Enabling", "Acute Capacity" and "Acute Bed Equivalent" capacity. Underpinning the System Capacity Plan, extensive bed modelling has been undertaken to ensure that mitigations and schemes/initiatives developed and mobilised are proportionate to the levels of demand expected this winter. Initiatives and schemes with the Plan outline system actions to address and mitigate the forecast bed deficit, albeit delivery is dependent on the availability of workforce to deliver. This is a significant risk detailed on the risk register.

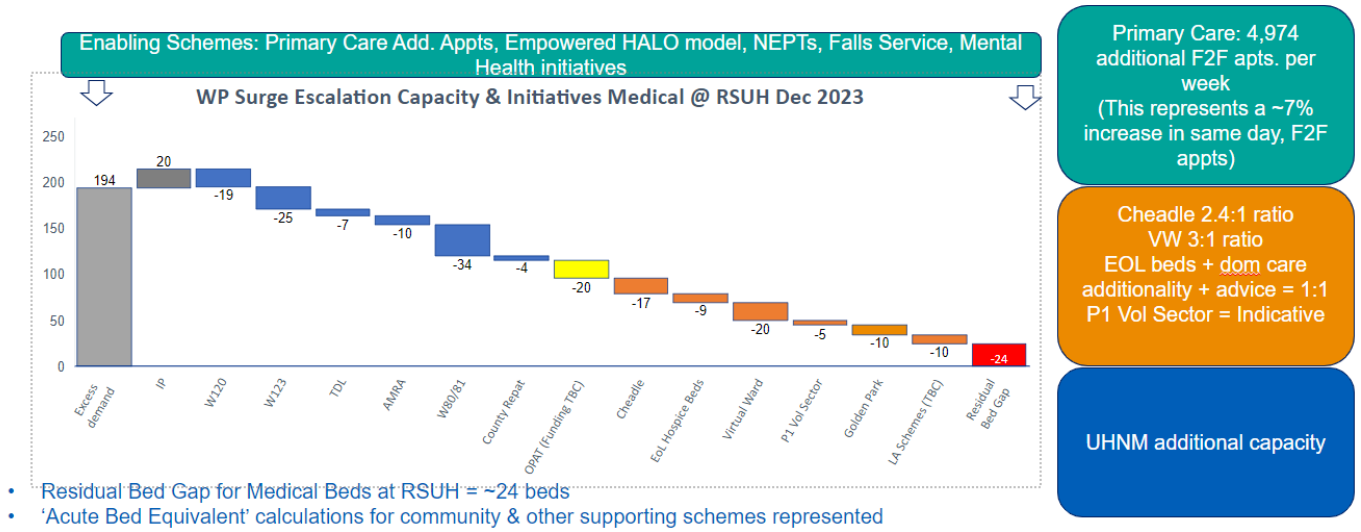
The system capacity model (developed in collaboration with PWC ahead of winter 2022/23) factors in system demand from previous years, levels of flu and Covid-19 infections and related impact upon the system, the system bed base, patient flows, community bed base, virtual wards, ambulance conveyance information, staffing levels, elective demand and activity and other contributing factors.

The system bed model has been refreshed to include 2022/23 actual episodic data and, via development with performance and information colleagues from across the system, is now equipped to present forecast demand and bed need information at a divisional level.

Assessment of forecast demand and pressures at a divisional level illustrates that the area of greatest forecast pressure is the medical bed base at Royal Stoke University Hospital (RSUH). Wider modelling indicates that the other divisions within UHNM and the County Hospital site have sufficient capacity to meet expected levels of non-elective demand.Mitigations have been developed in order to target mitigations and

impact upon this cohort/division. The divisional forecasts are presented within the System Surge Plan and reflect the levels of demand and pressure experienced last year.

The Figure 3 Waterfall diagram (below) illustrates the anticipated RSUH Medical excess demand and system mitigations. The residual deficit during December and January is forecast to be circa 24 beds.



The System modelling is based upon a 'worst case scenario' set of data and assumptions. This a deliberate step and is designed to try and ensure optimal system resilience during the winter period. The underpinning assumptions are presented fully within the System Surge Plan and are modelled upon the impacts of Covid-19, Flu and other seasonal diseases peaking simultaneously and during periods of increased non-elective demand.

All system modelling takes into account the mandated protection of elective and cancer capacity and activity – to address the backlog of need and comply with the Elective Recovery Fund. This represents a shift from previous planning cycles and limits the ability of acute trusts to 'outlie' non-elective patients into elective beds.

The system bed model allows members of the ICS team to proactively model demand and capacity, as well as testing out scenarios (such as increased/decreased Covid-19 or flu impacts) on a 'live' basis to ensure a robust system contingency is in place as winter progresses.

Within the System Capacity Plan, there are three categories outlined. These relate to:

- Acute capacity; physical beds within an acute hospital.
- Acute bed equivalent capacity: community beds or schemes that yield and equivalent tangible impact.
- Enabling schemes; schemes that are designed to provide vital initiatives or programmes of work to mitigate increased non-elective and are fundamental to

system delivery, but do not offer a tangible and quantifiable ‘bed impact’. For example, additional primary care appointments.

All capacity schemes are detailed within the System Surge Plan.

Despite system-wide collaboration and work, there remains a residual capacity deficit throughout November, December and January. Work remains ongoing to source additional capacity and bids for additional funding (presently via Local Authority UEC monies and potentially via other streams) is key to delivering further mitigation.

System Escalation Plan

The System Escalation Plan has been designed to provide system resilience during times of increased demand and pressure, learning from previous experience as the system has become rapidly stressed leading to the development of unmitigated risks.

The Escalation Plan seeks to address issues in light of the increased levels of demand which has contributed to systems pressures, including ambulance handover delays, workforce challenges and increased clinical risk.

The principles underpinning the System Escalation Plan relate to agreed parameters and triggers dictating enhanced action, the need for all partner organisations to be sighted on risk along the entire patient pathway and agree escalation actions to minimise and mitigate risk by sharing risk across the system.

To enact the System Escalation Plan, appropriate structures and forums have been put into place, these include;

Twice daily System Chief Operating Officers (COO) call (including representation from all partner organisations – including West Midlands Ambulance Service and Local Authorities).

System Clinical leadership meeting – a forum to include Nursing Directors, Medical Directors, Directors of Adult Social Care and other clinical leaders.

The continued delivery the ICS System Co-ordination Centre (SCC) as commenced during December 2022, and recognised regionally as an exemplar.

The System Escalation Plan will define system actions in response to critical incidents, escalated OPEL status and other urgent events/incidents.

System Workforce Plan

The System Workforce Plan has been led by the ICS People Function and sets out the plan to support delivery of the System Surge Plan, including the additional winter capacity schemes and initiatives being implemented across the system.

The plan details additional workforce numbers required to support each scheme, actions being taken to recruit/supply this additional workforce (including provider and system level activities), workforce risks and mitigations.

Workforce has been identified throughout the Surge Planning process as presenting the most significant challenge facing the system as we enter the winter period. Increased sickness rates, staff turnover and vacancies across the system all factor into this enhanced level of challenge and risk. Despite a robust System Workforce Plan, the workforce risks are not fully mitigated and remain significant.

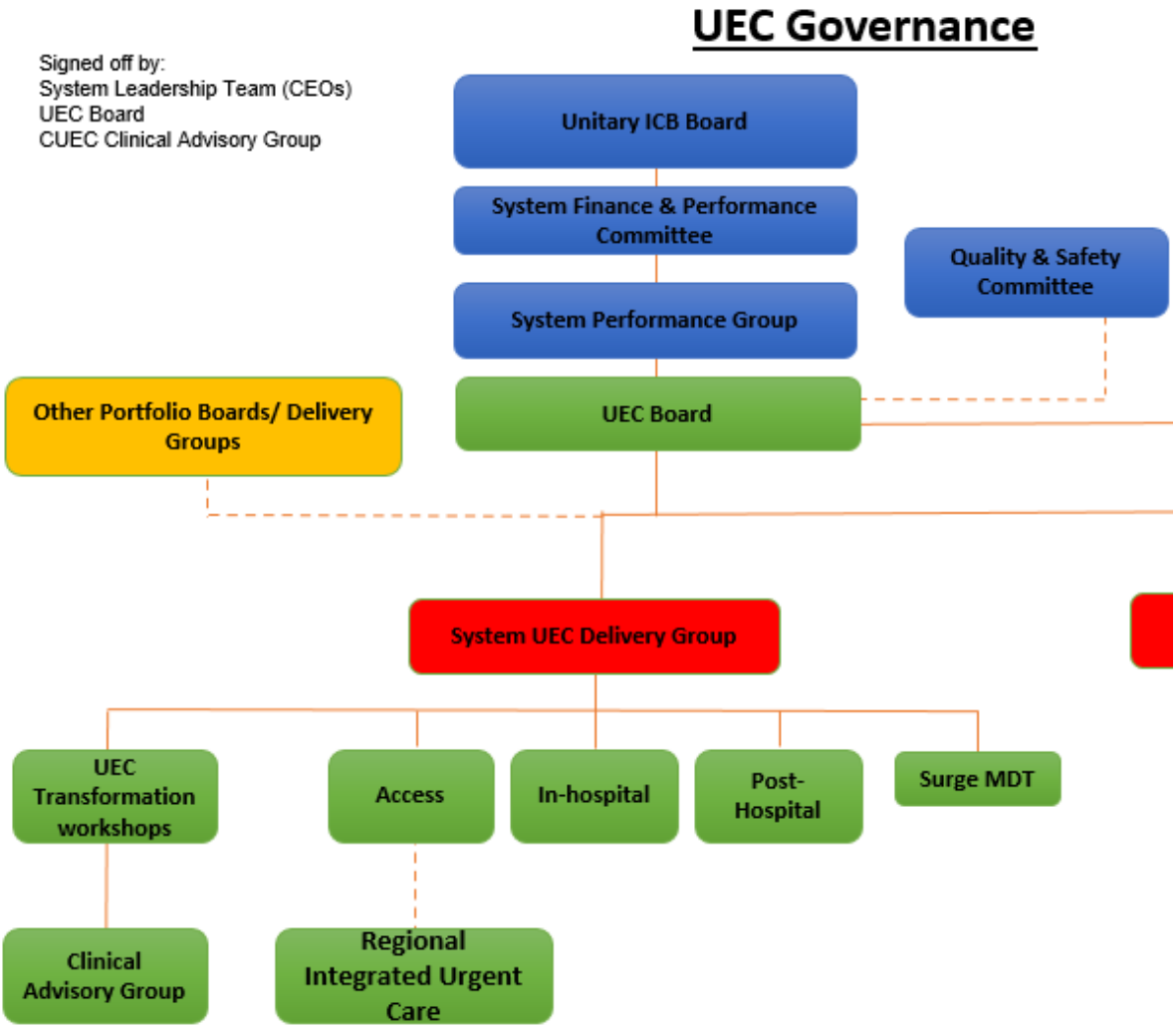
To mitigate these challenges, a collaborative and innovative approach to workforce supply has been developed and adopted to try to engage previously untapped pools of staff and provide attractive offers to incentivise existing staff, or those that may wish to return to work. The workforce plan builds upon system-wide actions and work undertaken previously.

Processes and forums have been put into place to ensure that partner organisations can model and assess workforce supply on a continual basis, to ensure that any one part of the system is not detrimentally affected, leading to wider impact. This holistic approach has led to a degree of system collaboration designed to mitigate demands of individual organisations in order to balance the wider need across the entire healthcare system.

3. Summary and Next Steps

The Staffordshire and Stoke-on-Trent ICS System Surge Plan will continue to be evaluated and evolved according to need as we move through the winter period and beyond. The Surge Planning process has been closely aligned to the UEC Delivery Group, UEC Board and associative workstreams and will remain as a concurrent process to ensure synergies and coalescence with other system priorities. An overview of the full governance cycle in place to ensure appropriate review, challenge, oversight and action is included below in Figure 4 to illustrate the mechanisms utilised and the reporting processes in place.

Figure 4:



To ensure appropriate review, oversight, scrutiny and management throughout the winter period, the weekly System Surge Plan MDT meeting will continue, overseeing mobilisation, recalibration and assessment of operational pressures and issues. Co-Chaired by the ICB Associate Director of Urgent Care and UEC Delivery and Improvement Lead, with representation from senior system operational staff, this forum will continually re-evaluate schemes and utilisation of resources across the system, recommending proactive decisions regarding the deployment of resource to mitigate winter pressures and other events/incidents and reporting directly to UEC Delivery Group and UEC Board. The System Surge Planning MDT has direct links to senior System operational teams and a direct relationship to ensure operational awareness, input, oversight and action.

During Winter 2022/23, in response to the system declaration of a “critical incident” the system mobilised a Winter Steering Group, chaired by the ICB Chief Executive and with input from all system Chief Operating Officers and clinical leaders. This remains a contingent measure to ensure system-wide escalation, if required.

The System Surge Plan will remain a ‘live’ document and be recalibrated as required to try to ensure that the ICS addresses winter pressures in a robust, compassionate and holistic means, prioritising patient care and access and minimising risks to patient safety and system staff and resources.

4. Recommendation

The Integrated Care Board is asked to: Ratify the decision of the Finance and Performance Committee and confirm approval of the System Winter Plan.

Appendix 1: System Surge Plan slide deck.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

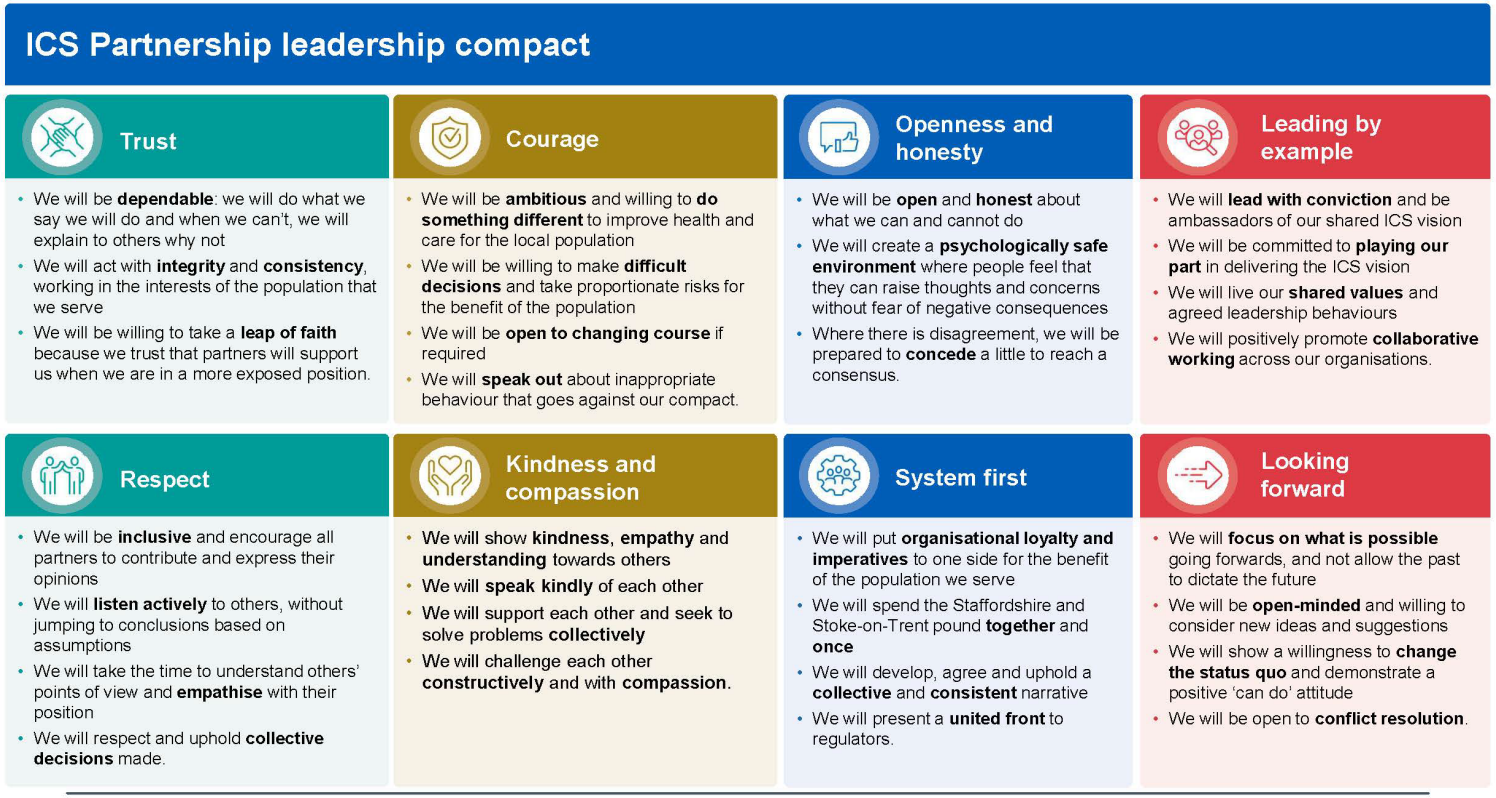
System Surge Plan 2023/24

Content

- Approach
- Lessons Learned
- Priorities
- Governance
- Scope
- Risk
- System Capacity Plan
- System Escalation Plan
- System Workforce Plan
- Finance

Approach:

The ICS Partnership leadership compact is at the forefront of the UEC Portfolio, it supports the entirety of the governance structure and progressive system development.



22/23 Lessons learned: Key learning points

What worked well?	What requires improvement?	Key priorities
Winter Planning development process (involvement of system partners)	Early mobilisation of workforce – role specificity and flexibility	System agreement re Funding. Utilising funding/resource more efficiently
CRIS – pull from WMAS 999 stack, admissions, conveyance & dispatch avoidance	Earlier mobilisation of Surge/Super Surge actions. Recalibrating plans	Continued development of System Escalation Plan/approach to Risk
Governance & system response to Critical Incident	Targeting resource to high impact schemes/initiatives (Focus on smaller number of schemes)	Proactive and collaborative Workforce recruitment approach. Expansion of System Workforce Hub
System partners felt system plan was system owned	Better definition of outcome measures (Wider focus beyond Bed numbers)	Early engagement with Primary Care
Development of System Escalation Plan – positive steps taken to develop, further work will build upon & refine plan	Longer term focus – aligned to System Planning processes	Agreed parameters/measures to facilitate improved responsiveness to pressures
Industrial Action response – SCC coordination	Agreed metrics/triggers re Early Warning Signs	Utilisation of alternative resources (e.g. VCS)
Utilisation of wider system partners (i.e. Staffs Fire Service – falls active response)	Staff engagement and comms	Investing in existing services/staff
Mutual Aid	Adherence to Leadership Compact	Building upon & further embedding the System Leadership Compact
	Supporting & empowering clinicians during periods of pressure	CEO support for EPRR leads to develop System Escalation Plan

22/23 Lessons Learned: Actions and outputs

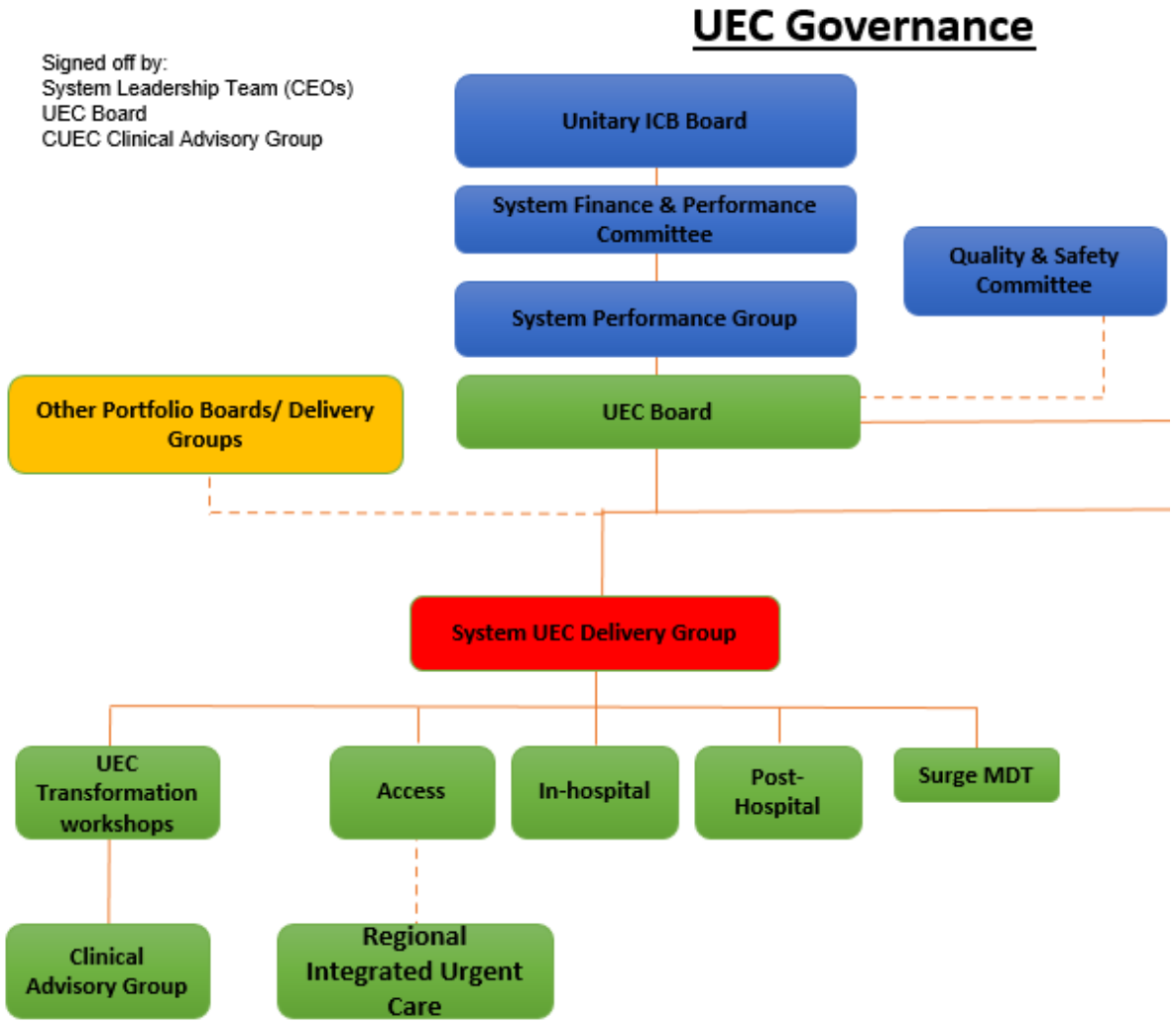
Behaviours & Approach	Escalation & Risk Sharing	Finance & Planning	Embedding Learning
Adherence to the System Leadership Compact & empowerment to speak up	Continued development of the System Escalation Plan and Risk sharing	System agreement re financial allocation for 2023/24 - to underpin development of Surge plans	Qualitative assessment of Winter/Surge plan
Surge/winter planning to commence in April 2023	CEOs to collectively support EPRR leads to further develop System Escalation Plan	Expansion of the System Workforce Hub – to include ASC	Feedback to be shared with attendees, evaluation of Workshop to be conducted
Engagement and advanced work with Primary Care	Development and definition of System Outcome and Early Warning metrics	Refresh of the System Bed Model with updated 2022/23 data	Utilising Lessons Learned event outputs to shape system planning
Greater involvement and input from voluntary care and other sectors	Wider sharing and acknowledgement of System Escalation plan to ensure partner buy-in	Prioritisation of resource/spend allocation	Defining outcome measures and metrics to evaluate future plans at the outset
Greater involvement of other system portfolios; e.g. End of Life, Frailty	Further development of Early Warning metrics and triggers	Prioritisation of future plans; doing more of what works and dedicating less resource to what does not	

Priorities

Six key areas of focus for SSOT Surge Plan:

1. Using our lessons learned to reflect and continue our improvement journey
2. Focus on reducing duplication with clear priorities
3. Admission avoidance
4. Teamwork and compassionate leadership is the culture needed across ICS to manage the challenges
5. Risk sharing across the system
6. Addressing harm as a system approach

Governance structure



System Surge MDT Membership

- ICB UEC Delivery and Improvement Lead - Chair
- Associate Director of UEC Delivery and Improvement ICB - Chair
- ICB UEC Clinical Director
- Deputy Chief Operating Officer - UHNM
- Deputy Chief Operating Officer - UHDB
- Associate Director of Urgent Care – MPFT
- Deputy Chief Operating Officer NSCHT
- Paramedic Practice & Patient Safety Director – WMAS
- Assistant Director, Care Commissioning Health and Care Staffordshire LA
- Assistant Director of Adult Social Care Stoke LA
- Head of Operations – CRIS & UCCC
- ICS Acute Care at Home Programme Manager
- ICB Primary Care Programme Lead
- Head of ICS People Team
- ICB Urgent Care Operations Manager
- ICB Head of Programme Finance – Acute and Community
- ICB Associate Director of Quality and Patient Safety
- ICB Associate Director – Mental Health, Learning Disability and Autism and Children and Young People
- ICB Senior Intelligence Analyst (UEC portfolio)
- ICB Planning and Assurance Manager
- TDU management lead

Surge governance timetable

Meeting	Anticipated Date (TBC)	Papers	Mtg date
UEC Board	August	14/08/23	24/08/23
NHS England Surge Plan Template	September	NHSE Template Return due for completion by September 6 2023	
NHS England Regional Assurance Visit	September	12/09/23	
CYP Programme Board	September	13/09/23	20/09/23
NHS England Surge Plan Template	September	Opportunity to resubmit NHSE Template following feedback September 25th	
System Performance Group	September	21/09/23	27/09/23
UEC Board	September	18/09/23	28/09/23
UEC Clinical Advisory Group	September	24/09/23	28/09/23
Finance & Performance Committee	October	25/09/23	3/10/23
UHNM Trust Board	October	27/09/23	4/10/23
ICS People Collaborative Board	October	4/10/23	11/10/23
NSCHT Trust Board	October	3/10/23	12/10/23
Clinical Senate	October	28/09/23	12/10/23
SOTCC Operational Business Meeting	October	10/10/23	24/10/23
MPFT Trust Board	October	19/10/23	26/10/23
SCC Health & Care SLT	October	17/10/23	24/10/23
Staffordshire Health OSC	November	TBC	TBC
System Quality Committee	November	30/10/23	8/11/23
ICS People, Culture and Inclusion Group	November	1/11/23	8/11/23
ICB Board (ratification)	November	6/11/23	16/11/23

Scope

- This is Staffordshire and Stoke on Trent (SSOT) ICS Surge Plan.
- SSOT ICB are the responsible ICS for UHNM.
- Given our flow we are linked with UHDB and RWT colleagues to understand their assumptions, however their acute bed plan is being managed by Derbyshire and Black Country ICBs respectively. It is recognised that we also have large volumes of flow to Walsall and Dudley which the plan supports.
    - The interdependency of the SSOT community offer is clear and is managed through the UEC System Surge MDT & System Delivery Group, reporting to UEC Board.
- The national £650m MSIF investment in Social Care will be included in the plan as the delivery mechanisms are known.

Note: the System Surge Plan is under continual review and detail may be subject to change through the system surge planning MDT and ratified through UEC Board.

Risk register

Risk Title	If (Cause)	Then (Event)	Resulting in (Effect)	Date of Update	Mitigations and Updates	Target date	Inherent Score	Residual Score	Target Score
UEC Workforce/Staffing	If we fail to improve on the current vacancy rates, or experience increased staff sickness	Then there may be an acute impact upon the system	Resulting in workforce constraints dictating that the system is forced to prioritise urgent services - with a negative impact upon patient flow/patient experience/safety and experience and may lead to negative publicity and increased scrutiny.	**15/09/2023**	15/09/2023 Update This was previously a winter risk and has been amended to reflect it is a year round risk. Update The System Workforce plan remains in place to try and mitigate workforce issues and ensure adequate staffing The plan has been updated as part of 2023/24 Surge Planning work. Workforce plan will once again be a key component of the UEC Surge Plan for 2023/24 and will be completed and shared with ICB and partner committees/boards in September/October. Discussions remain ongoing at Surge MDT and other forums to ensure Workforce considerations are forefront with regard to surge planning & underpin mitigatory planning and initiatives/schemes. HRDs and other senior system colleagues are sighted & involved in order to e.g. ensure mitigating actions are in place and reflect system-wide planning. Assessment of additional opportunities is underway. Agreement that prioritisation of initiatives/schemes/services with greatest impact is required. No change to risk score.	31/03/2024	**25 (5x5)**	**25 (5x5)**	**10 (5x2)**
Virtual Wards	If we are unable to recruit a sufficient workforce to staff the additional Virtual beds b due to workforce challenges, including recruitment to VW roles and sustainability of the number and capacity of clinical leads needed to manage remote care and virtual wards.	Then we will not be able to roll out the planned number of Virtual beds.	Resulting in a significant gap in UEC Plan	**18/09/2023**	18/09/2023 Update Recruitment initiatives continue across all roles with recruitment improving across the system into vacant role within VW. The ICS people function are supporting with initial understanding of workforce vacancies being collated as part of the winter planning workstreams. ICS workforce schemes are expanding the utilisation of reserves/bank staff as a system priority. The team have been expanding the utilisation of remote/digital monitored beds within lower acuity pathways to release additional workforce capacity. Joint working across MPFT has taken place, with the CIS teams in the South West supporting with some of the face to face visits within there skill mix and available capacity. A further meeting is held with Acute Care at Home clinical and operational leads on the 29th September to understand the required recruitment to expand the beds against the trajectory and support with mitigations.	31/03/2024	**15 (3x5)**	**12 (3x4)**	**6 (3x2)**
D2A Capacity	If the on-going challenges with flow from D2A capacity, due to capacity issues in the domiciliary care and care home markets, persist.	Then there will be reduced D2A capacity.	Resulting in a significant gap in the winter capacity plan.	**20/09/2023**	20/09/2023 - Wording updated following UEC Delivery group. Score remains the same. Currently reporting all delays within daily escalation calls to partners within CSU and LA and also reporting into the system coordination centre. Delays remain.	31/03/2024	**15 (3x5)**	**15 (3x4)**	**3 (3x1)**

Risk register

Risk Title	If (Cause)	Then (Event)	Resulting in (Effect)	Date of Update	Mitigations and Updates	Target date	Inherent Score	Residual Score	Target Score
Mobilisation of System Surge Capacity	If the system is unable to implement sufficient system surge and escalation capacity during periods of increased UEC pressure and demand	Then there is a significant risk to system resilience due to insufficient capacity to meet periods of increased demand and surge, particularly during winter	Resulting in significant risk to patient safety, system performance, system delivery of the UEC improvement plan and overall system resilience Alongside this, negative impacts upon system performance is likely to lead to increased scrutiny and adverse public comms and coverage	**15/09/2023**	System surge planning for 23/24will be finalised during September & aims to ensure that sufficient system capacity is available and scheduled for implementation during acute periods of increased pressure, utilising the system bed model to inform decision making and recalibrate plans accordingly. UHNM has been successful in application for NHSE capital to open additional beds by way of a new modular build and associative reconfiguration of bed capacity. The mobilisation of this capacity has slipped and is unlikely to be in place to mitigate winter escalation as planned. This is a significant risk to system capabilities to meet periods of surge. The refresh of the System Bed Model is complete and is underpinning and informing all planning discussions and actions. The bed model illustrates a significant unmitigated system bed deficit - peaking in January 2024. This has been escalated to UEC Board and to System SLT/CEOs. System Surge MDT continues to manage development of the Surge (and Winter) plans with regular reports to UEC Board & a full presentation of the System Surge Plan to Clinical Senate, SPG, F&PC, Quality Committee and all provider board meetings in due course. Regular reporting to System CEOs, CFOs and UEC Board is in place to ensure oversight and assessment of approach. NHSE has issued its Winter Resilience letter and supporting documentation. An initial return (both a narrative and numerical template) was submitted to provide assurance to NHSE. Feedback has been received and will be built into the final system plan. NHSE assurance visit took place on 12 September - further feedback and direction from NHSE regional team received and will be implemented as part of the system plan. These requirements have been built into surge planning timelines and is presently on track. The UEC Recovery Plan remains in place to facilitate improvements in performance and efficiency across the UEC system - reporting to Delivery Group monthly. A weekly Executive report is produced outlining key performance metrics & a re-submission of 4hr & 12hr trajectories is imminent	**31/03/2024**	**20 (4x5)**	**20 (4x5)**	**4 (4 x1)**

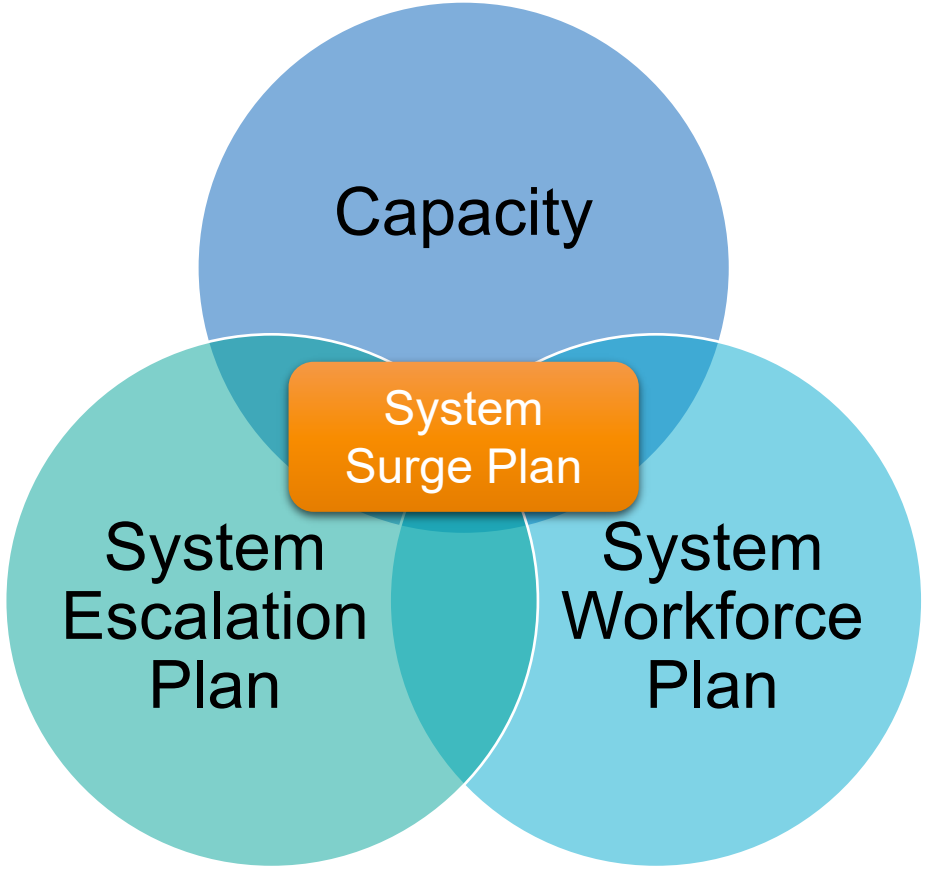
Risk register

Risk Title	If (Cause)	Then (Event)	Resulting in (Effect)	Date of Update	Mitigations and Updates	Target date	Inherent Score	Residual Score	Target Score
Industrial Action	If Industrial action continues, with further days/periods of staff walk-outs	Then there will be periods of additional pressure placed upon the system due to staffing cover and contingency arrangements	Resulting in increased instances of patient harm, increased system capacity issues, compromised staffing ratios and the need for enhanced contingency measures.	**18/09/2023**	18/09/2023 - Reviewed and no change. Planned mitigations working and awaiting voting on offers by professional bodies. Due to no incident and managed well risk likelihood of harm reduced. Approach remains operational to enable optimum system response to further periods of action. No change to risk score.	31/03/2024	**16 (4x4)**	**12 (3x4)**	**4 4x1**
Risk of financial failure at Stoke-on-Trent City Council	If the Council is unable to set a balanced budget	Then the Council failure regime would be enacted and local decision making would be restricted	Resulting in the removal of services, some of which could be essential to the delivery of health and social care to local residents	**18/09/2023**	The ICB continues to liaise with both SOTCC and SCC to ensure joint working to address financial pressures in all organisations. Both Local Authorities had representation at the System Workshop on 14 July. If either Local Authority receives a S114 notice, the impact on the health system will impact on health care in terms of Urgent Care delivery and financial sustainability. No change to risk score. UEC-specific issues to be addressed via UEC Board.	31/03/2024	**12 (4x3)**	**12 (4x3)**	**9 (3x3)**
UHDB Winter Pressures	If mitigations are not sufficient to ensure adequate surge/winter capacity is implemented by UHDB	Then there is a risk that QHB and community services in Staffordshire will be required to mitigate excess demand pressures	Increased demand being placed upon the QHB site and community services covering the East and South East of Staffordshire and increasing pressure upon the system	**04/10/2023**	Mitigations * UHDB represenation at UEC System Surge MDT meetings & UEC System Delivery Group * Additional community service provision in place via System Surge Plan to mitigate additional pressure at QHB and community services (inc Virtual Wards and Acute Care at Home) in South East and East Staffs locality * Additional Primary Care appointments will be implemented as part of System Surge Plan in the East and South East to mitigate additional pressure on ED as much as possible. Updates * UHDB Winter Plan has been shared with UEC team to provide clarity on excess demand levels and expected pressures at QHB * UHDB leads to provide regular updates to UEC System Surge MDT and Delivery Groups re progress with implementation of UHDB winter plan * Primary Care additional appts funding agreed at F&PC, mobilisation underway	31/03/2024	**12 (4x3)**	**8 (4x2)**	**6 (3x2)**

Risk register

Risk Title	If (Cause)	Then (Event)	Resulting in (Effect)	Date of Update	Mitigations and Updates	Target date	Inherent Score	Residual Score	Target Score
Totally PLC Sustainability	If totally not awarded the regional 111 contract (that is currently under evaluation)	This will impact on their operational delivery model within the SSOT system. Totally currently have two 111 contracts (SSOT and National resilience)	Resulting in the model potentially not being sustainable or viable for delivery. If this were the case, this would impact on the SSOT 111 and GP OOHs services.	**18/09/2023**	18/09/2023 Update To time the UEC team have undertaken the following actions. 1. ICB finance and contract representatives who are in receipt of the D&B credit reports are closely monitoring and filter into the UEC MDT for discussion of any concerns. 2. The ICB UEC representative as part of the regional procurement group has met with peers regarding mitigations to the outcome of the procurement, and have agreed that the current provider across the East and West Midlands would be a suitable mitigation to request if they could start the contract earlier if required. The provider can not be contacted until the procurement process has been completed and the outcome is known. 3. Current performance is under continual review for Totally services, managed via the CRM meetings, daily via the System Control Centre and escalated as required. A remedial notice for 111 has been issued to Totally for 111 performance for KPI's 1 - 6. The Remedial plan has being escalated to governing bodies due to non-agreement as per contract. A remedial notice has also been issued for GP OOH's contract due to performance and due to non-agreement has also been escalated to Governing Bodies as per contract. Both contracts are not experiencing quality impacts and are closely monitored through CQRM forums. 4. There is a national resilience platform that would support continual delivery of 111 services if required. 5. EPRR have been requested to support initiate Business Continuity Planning to support next steps in terms of resilience for our system and potential provider failure. 6. Partners from across the ICB and CSU are meeting weekly to discuss progress and planning to support monitor the performance and contract.	31/03/2024	**12 (4x3)**	**12 (4x3)**	**4 (2X2)**
Urgent And Emergency Clinical Assessment Service (CAS)	The inclusions within the regional 111 specification for clinical validation post initial health advisor contact are currently managed locally within our integrated CAS. There are some dispositions that are not included within the regional 111 procurement. The outcome of the regional 111 procurement may result in a cost pressure to the ICB	Then the Clinical Assessment service dispositions not included at a regional level may not be sustainable from April 2024 as currently offered	Then patients triage will be reliant on there Pathways assessment for some dispositions within 111. Pathways is a nationally mandated triage system and can be risk adverse. Therefore patients may not be directed to the right service, first time resulting in increased pressures on our system or patient journeys affected by multiple touchpoints.	**18/09/2023**	18/09/2023 Update The ICB have reviewed the initial data provided and have a meeting in place on 27th September to clinical review areas of the outcome dispositions. This will enable clinical rationale to support what is required post April 24. NHSE are reviewing the dispositions as recognised that Pathways was developed circa 15 years ago, and such dispositions may not be reflective and required moving forward. The UEC ICB team are working with respective partners to understand their workstreams to enable appropriate reflection on the DOS to support patient pathways. There are multiple system access points and service offers across the system that need review to ensure reduced duplication. A stock take of the Urgent Care Coordination Centre to improve and standardise its provision for UEC has commenced and in the initial stages of working towards this being our Single Point of Access as mandated through winter planning by NHSE. Further review of the Directory of services is ongoing to ensure wider services are accurately reflected to ensure patients are directed to the appropriate service, first time.	31.02.24	**6 (3x2)**	**6 (3x2)**	**4 (2X2)**

System Surge Plan Components



Capacity
Dedicated agreed priority schemes providing additionality above the baseline, either:

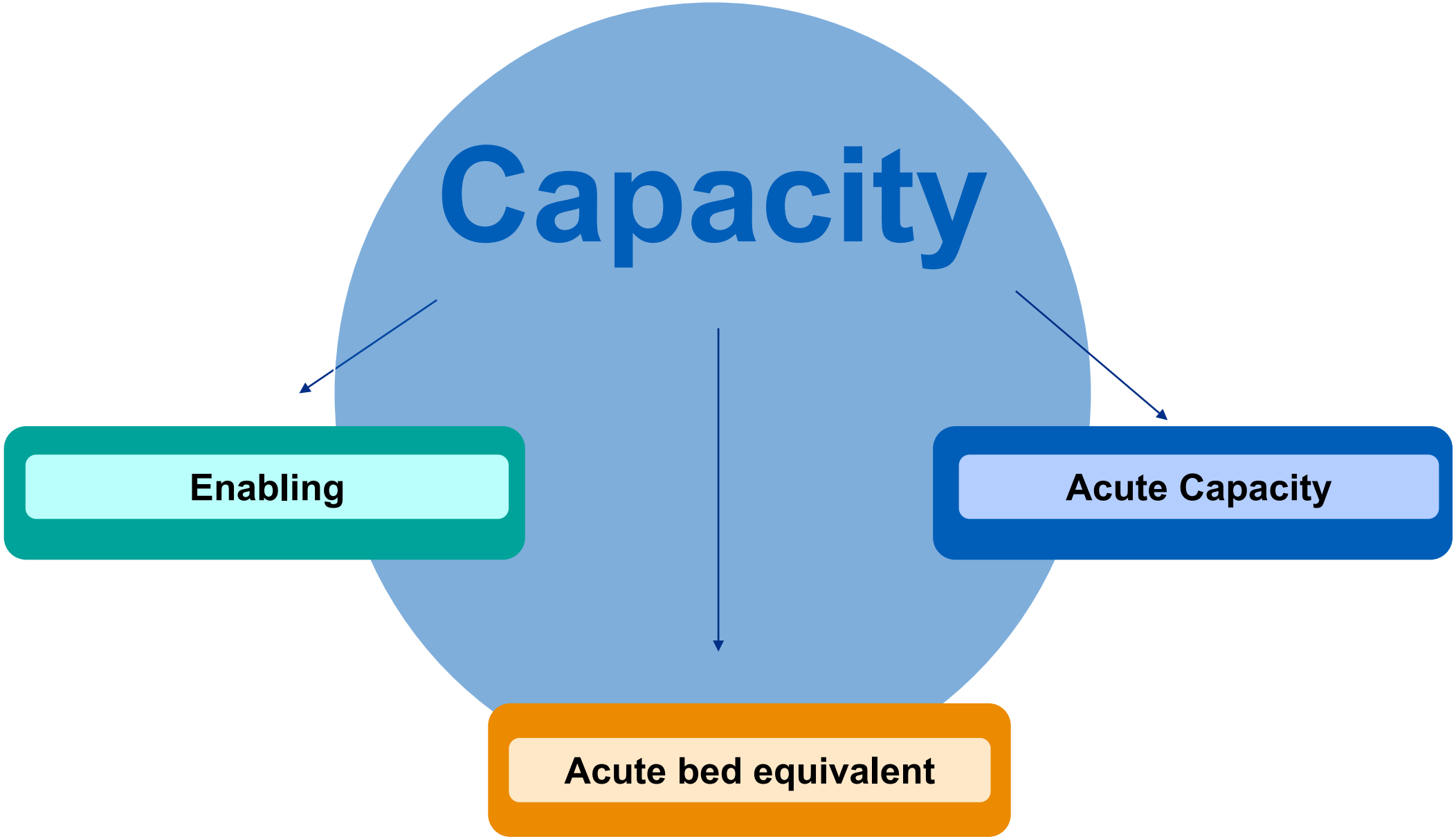
- Mitigating bed deficit
- Efficiency subsequently impacting bed base

System Escalation Plan

- Risk management and aligned triggers
- Process and protocols agreed upfront
- Support to workforce

System Workforce Plan

- Agreed workforce position to staff capacity schemes
- ICS reserves
- Winter Taskforce – escalated bank rates
- Recruitment to providers
- Retention


Capacity
Enabling
Acute Capacity
Acute bed equivalent

Inpatient Capacity Modelling

Underpinning Assumptions

- 92% Bed Occupancy
- Adult G&A Beds Only
- MFFD at 128 patients in a bed overnight (across RSUH and County)
- An average of 33.5 DTAs is included in the demand for inpatient beds
- Flu/COVID (Severe Winter Adjustment) at 2017/18 levels – this equates to a pressure of 6/7% per day
- Annual Growth of 1.8% (as per latest Census/Demographic Data)
- Full protection of Elective activity
- Full Year modelling undertaken
- ALoS of 2.32 days

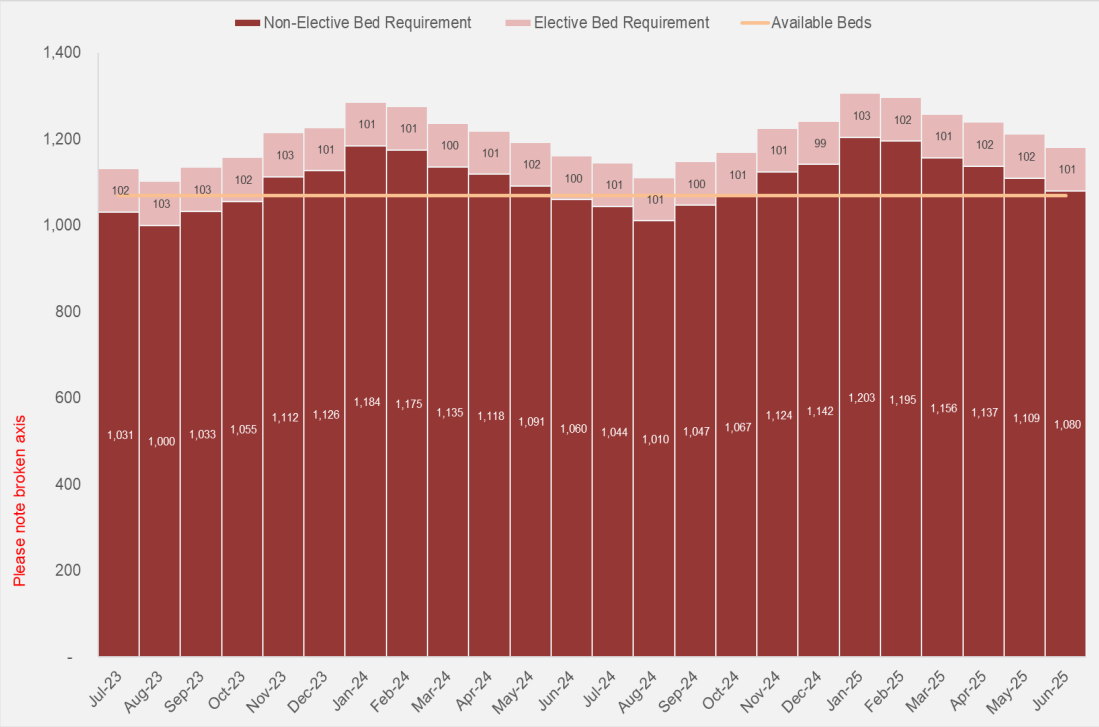
Demand

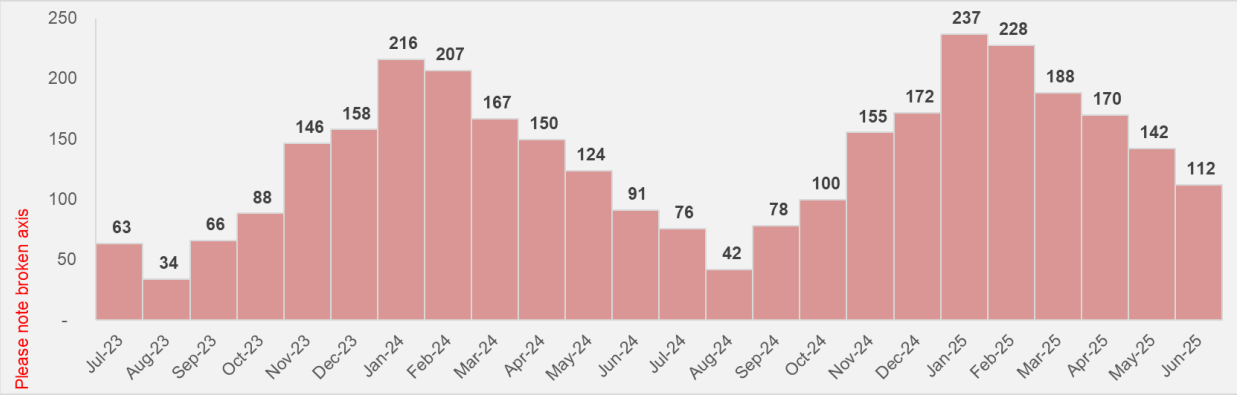
- Demographic modelling indicates that an additional 34 beds this year are required to meet growth (vs. modelling in 22/23)
- The model has been updated with actual UHNM data (to end June 2023) which, given levels of demand experienced last winter, has impacted upon the forecast bed demand
- Growth and demographic changes result in a forecast increase in demand of 108 beds by 2027/28

Impact upon Medical Beds at RSUH

- Demand and bed requirements are particularly acute when assessed against the Medicine division at RSUH
- It is recommended that initiatives and mitigations are targeted with this in mind (modelling illustrates Medical bed demand overleaf)
- Other divisions (Surgical, Network, Children, ICU and County Hospital) bed pressures are mitigated via internal escalation capacity

UHNM Whole Trust Capacity Modelling





Bed Modelling shows a 200+ unmitigated average bed gap in Jan 2024

- Peak Bed Gap is forecast as 231 beds (Mondays in Jan)
- Lower chart illustrates monthly average bed pressure
- This illustration is for All Divisions & across both County & RSUH sites

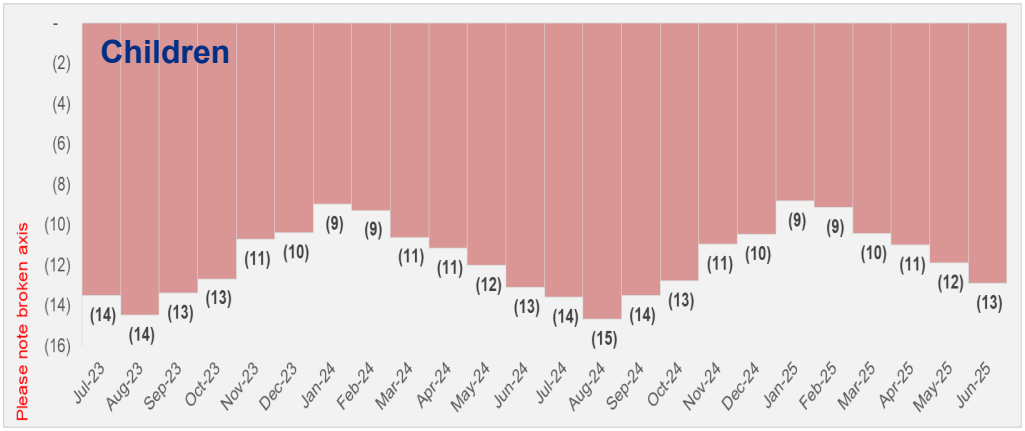
Inpatient IP implications require additional capacity circa. 20 beds

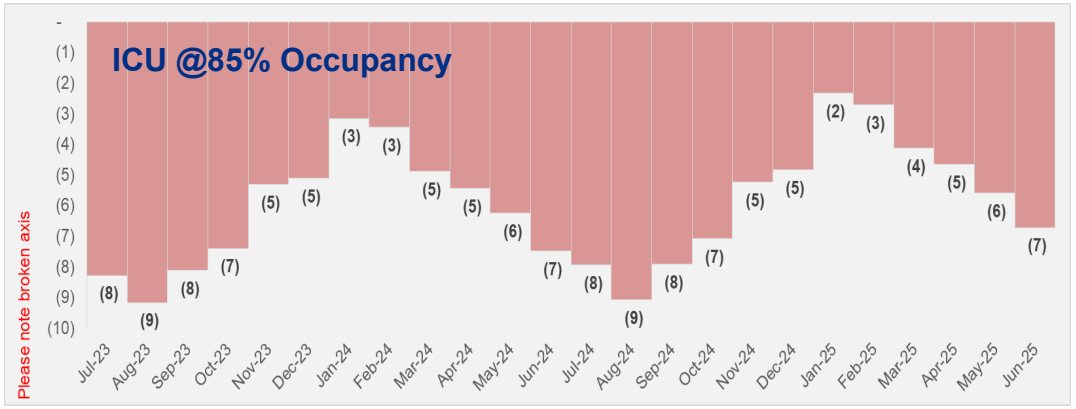
- Updated data (based upon last 12 months to end June 2023) resulted in significant increases in demand and bed utilisation.

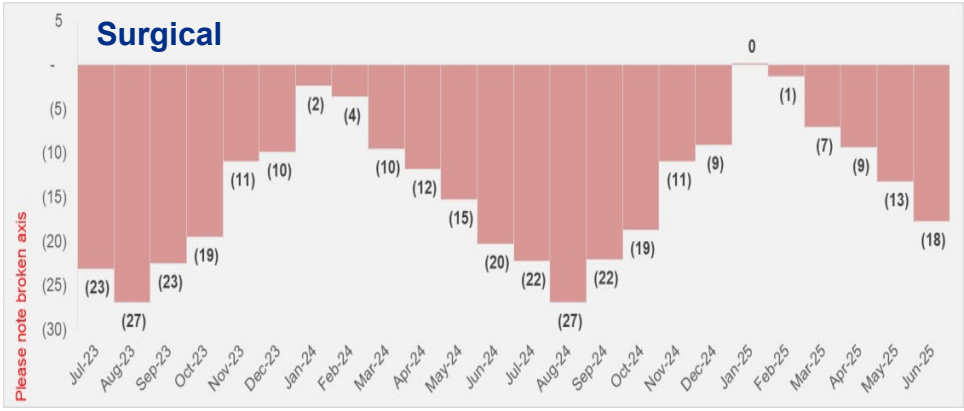
Flu prevalence and impact peaked in 2022/23 earlier (in December)

- To mitigate this planning will seek to mobilise mitigations in Dec

Capacity modelling – Network, Surgical, Children, and ICU

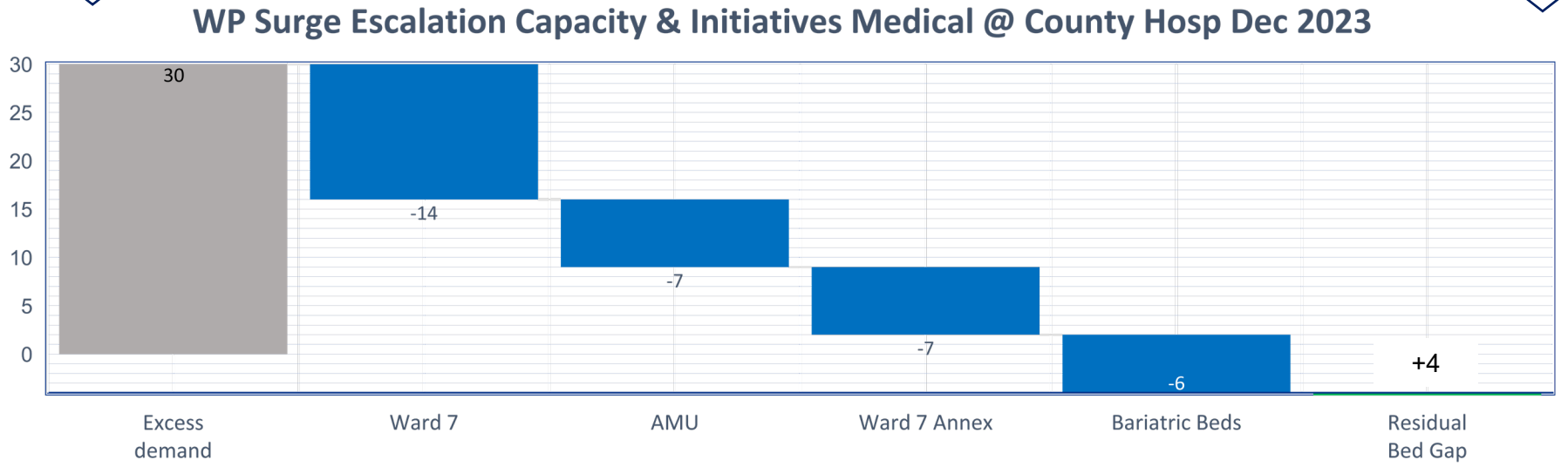






County Hospital Bed Modelling – Residual Gap

Enabling Schemes: Primary Care Add. Appts, Empowered HALO model, NEPTs, Falls Service, Mental Health initiatives

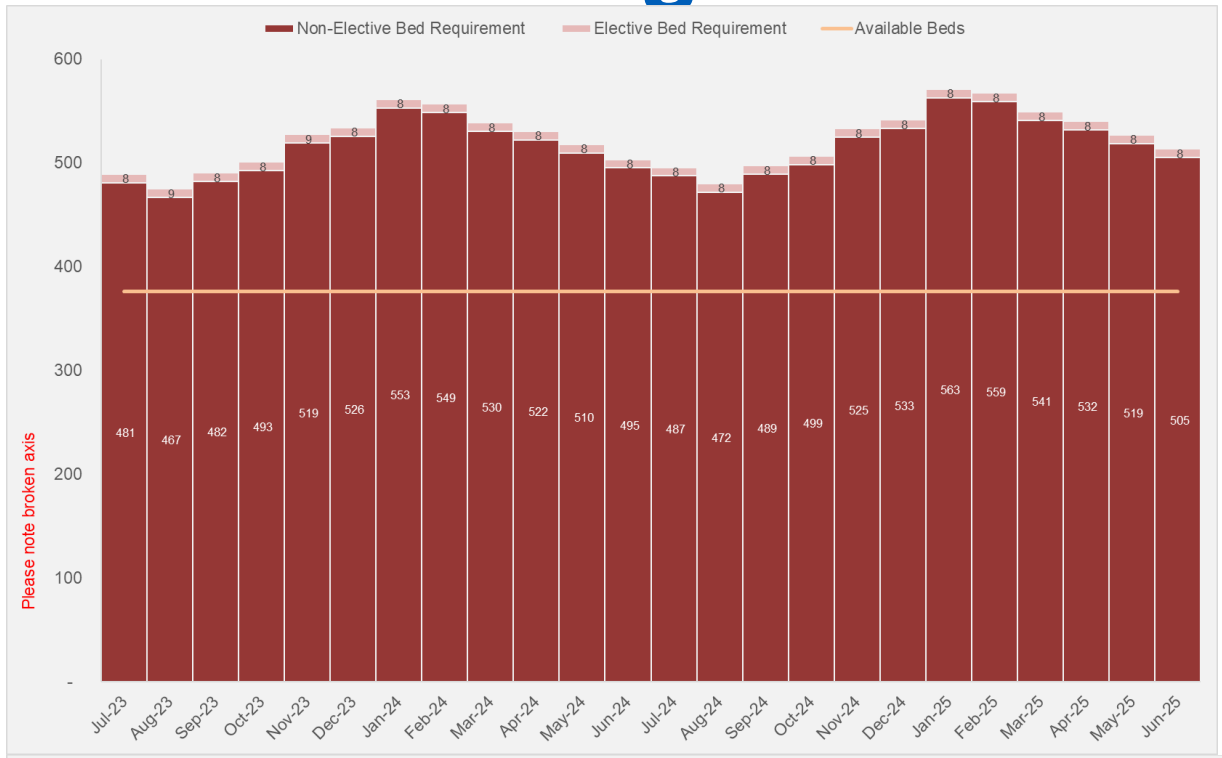


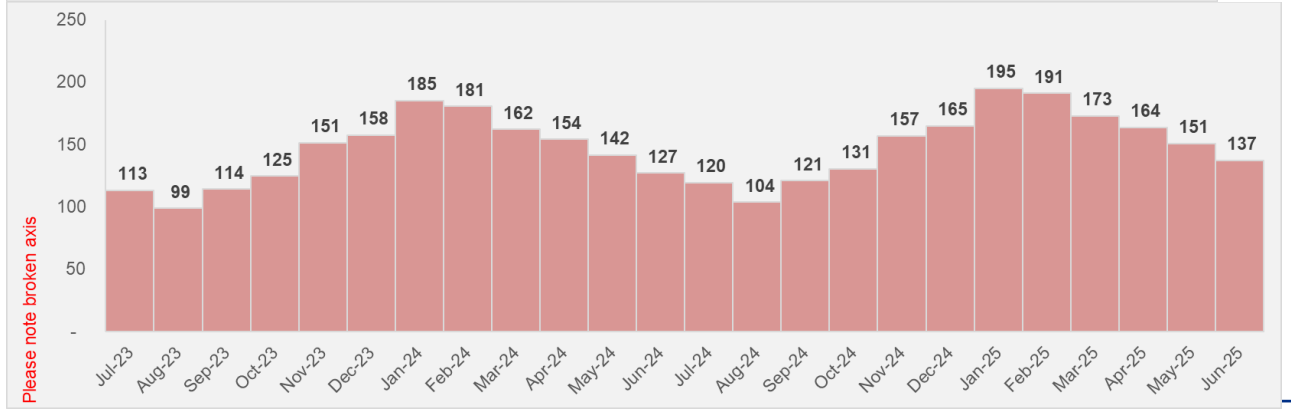
- Residual Bed Gap for Medical Beds at County Hospital = +4 beds currently (equates to 4 bed County Repat. value on RSUH slide)

NOTE

- Peak demand is brought forward to December to anticipate early seasonal spike as experienced in 22/23 and in Southern hemisphere 23 winter.
- Illustration is for County beds and demand only
- LOS efficiencies are netted off by stretched staffing ratios to support additional capacity

Bed Modelling – RSUH Medical

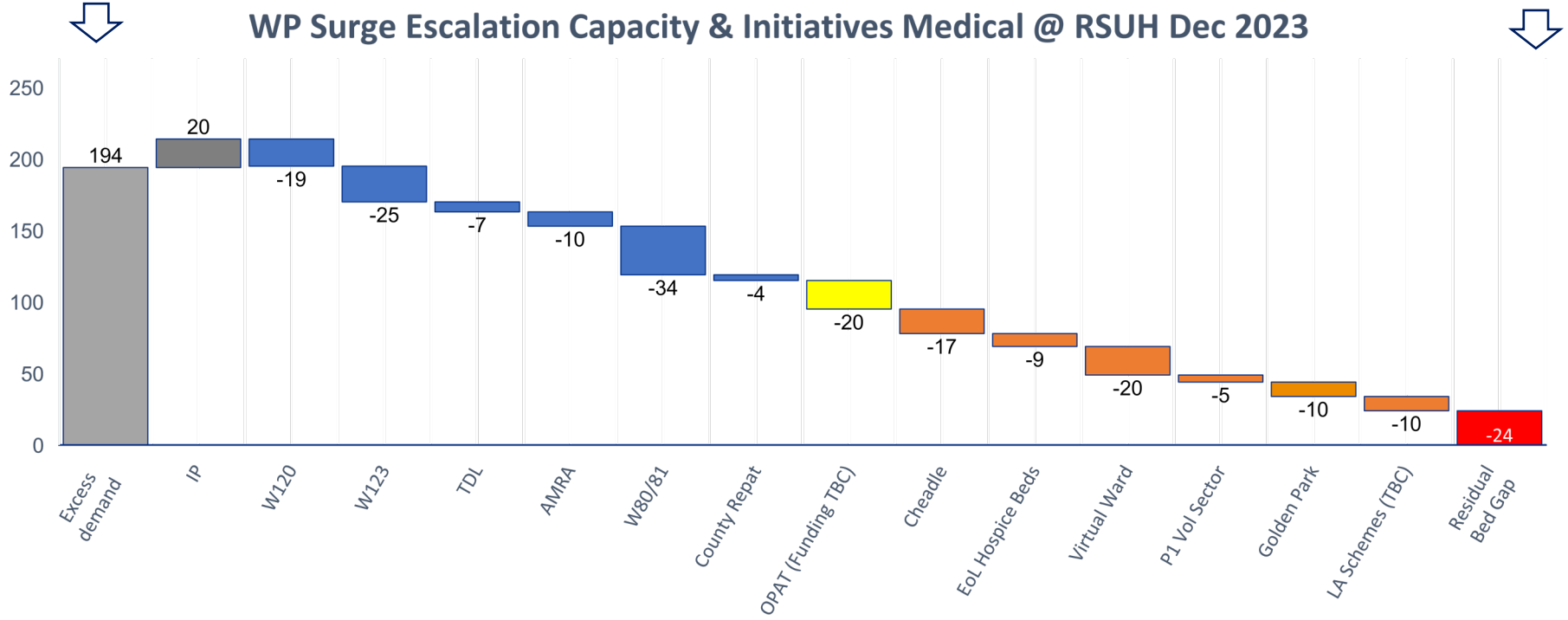




- Approach for 23/24 will be to focus on mitigation of medicine bed gap. The plan will demonstrate that non-medicine beds can be mitigated through internal divisional actions
- Medical Beds at RSUH represents greatest area of concern and highest forecast bed gap
- Peak Bed Gap is 194 Medical Beds at RSUH Mondays in Jan ‘24
- IP considerations and anticipated earlier Flu peak need to be considered in addition

RSUH Bed Modelling – Residual Gap

Enabling Schemes: Primary Care Add. Appts, Empowered HALO model, NEPTs, Falls Service, Mental Health initiatives



Primary Care: 4,974 additional F2F apts. per week
(This represents a ~7% increase in same day, F2F appts)

Cheadle 2.4:1 ratio
VW 3:1 ratio
EOL beds + dom care additionality + advice = 1:1
P1 Vol Sector = Indicative

UHNM additional capacity

- Residual Bed Gap for Medical Beds at RSUH = ~24 beds
- 'Acute Bed Equivalent' calculations for community & other supporting schemes represented

NOTE

- Peak demand is brought forward to Dec-23 to anticipate early seasonal spike as experienced in 22/23 and in Southern hemisphere 23 winter.
- Escalation Wards at County (AMU, Ward 7) not included in Mitigations – utilised to address bed gap at County site
- Additional monies for Modular Solution will not be online until March 2024
- LOS efficiencies are netted off by stretched staffing ratios to support additional capacity

Schemes under development

- Frailty
  - Work with colleagues in ELF portfolio to deliver a reduction of 15 admissions per day in line with system recovery work, delivering the equivalent of 60 acute bed days.

- Care Homes
  - Submission of LA bids to support further schemes to reduce admissions from care homes across the system.

- System Escalation Plan
  - Review and further strengthen clinical escalation model across the system to ensure appropriate risk share in times of surge.

Local Authority UEC Support Fund

This proposed funding is for the provision of support and interventions to be set up by the local authority in collaboration with the ICB.
Outcome of funding applications confirmed 19 October – bed impacts confirmed upon receipt of funding.

Scheme	Provider	Description	Bed Acute Equivalent
Additional bed based provision (Golden Manor/Park)	SSOT ICB	Additional bedded provision to support admission avoidance and discharge	10
Rapid Social Care Support	Staffordshire LA	Rapid domiciliary care provision operating 24/7 to support admission avoidance, including additional Social Worker support	Total schemes equivalent of 10 acute beds
Rapid Social Care Support	Stoke LA	Rapid domiciliary care provision operating 24/7 to support admission avoidance, including additional Social Worker support	
Care Homes	Staffs LA	Additional nursing capacity for patients care planning to support admission avoidance	
Supported discharge programme	Staffordshire Fire and Rescue Service – Lead by MPFT	Rapid discharge support for patients on pathway 0 and pathway 1 to support early discharge and reduce re-admissions.	
24hr Home Care	MPFT	Support to discharge patients home with 24hr wrap around support who do not require a discharge to assess bed.	

Indicative Medical Bed Count

Initial winter plan positin	Lead provider	Position	NHSE funding (£M)	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Bed gap (Inc IP impact)		**-214**		**-153**	**-180**	**-214**	**-214**	**-209**	**-191**	**-162**	**-150**	**-136**
Mitigated by												
W120	UHNM	19		19	19	19	19	19	19	19	19	19
W123	UHNM	25		25	25	25	25	25	25	25	25	25
TDL	UHNM	7		7	7	7	7	7	7	7	7	7
AMRA	UHNM	10		10	10	10	10	10	10	10	10	
W80/81	UHNM	34		34	34	34	34	34	34	34	34	
County repatriation	UHNM	4			4	4	4	4	4			
OPAT	UHNM	20				20	20	20	20	20	20	20
Cheadle	MPFT	17		-	-	17	17	17	17	17	17	
Hospice	Various	9				9	9	9	9	9	9	
Virtual Ward		20		15	17	20	20	20	20	20	20	20
P1 Voluntary Sector		5		5	5	5	5	5	5	5	5	5
Golden Park/Manor - EOL		7			7	7	7	7	7			
Golden Park/Manor - Step up		3			3	3	3	3	3			
Local Authority Schemes (TBC)		10			10	10	10	10	10			
Modular										30	30	30
Balance		-24		-38	-39	-24	-24	-19	-1	34	46	-10

Managing the peak

- The planned interventions described leave an expected peak deficit of -24 across Medicine in RSUH.
- This will be further mitigated by the impact of enabling schemes as above although this has not been quantified.
- The remaining deficit will be managed through a combination of outlying patients, maintaining occupancy in excess of 92%, and the holding of patients with a DTA in the RSUH ED. This will be supplemented by the clinical risk share approach across system partners.
- Should these final actions fail to satisfactorily reduce risk across the System a Business Continuity Incident will be declared and a Command and Control structure established.

Queens Hospital Burton

Queens Hospital												
Bed Plan Vs Capacity												
Month			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Bed Plan: Total Beds Required (To achieve 92% occupancy)			357	348	350	351	344	356	353	352	356	353	351	361
Total Capacity			361	361	361	361	361	361	361	361	361	361	361	361
Core Capacity			333	333	333	333	333	333	333	333	333	333	333	333
Additional Capacity	External	Philip	24	24	24	24	24	24	24	24	24	24	24	24
Surplus/ Deficit (Excluding surplus in the TC)			-18	-7	-10	-13	-6	-16	-13	-13	-16	-12	-7	-18
Predicted Occupancy Rate (Excluding surplus in the TC)			96.8%	94.0%	94.8%	95.5%	93.6%	96.3%	95.6%	95.6%	96.3%	95.3%	93.9%	96.9%
Variance between predicted occupancy and planned level of 92%			-4.8%	-2.0%	-2.8%	-3.5%	-1.6%	-4.3%	-3.6%	-3.6%	-4.3%	-3.3%	-1.9%	-4.9%

- Planned interventions & additional capacity leaves an expected peak deficit of -16 across QHB.
- This will be further mitigated by the impact of enabling schemes as described, although this has not been factored into bed plan vs capacity to ensure resilience in planning approach,

Acute Capacity

Title	Summary	Impact	Timescale	Funding Source
Acute Winter Escalation Beds	Identified winter escalation capacity available for use	W120 – 19 Beds W123 – 25 Beds W80/81 - 34 Beds Transition Lounge – 7 Beds AMRA – 10 Beds AMU (County) - 7 Beds Ward 7 (County) - 14 Beds	Ongoing Total 116 Beds Ward 7 from October	Baseline – risk built into plan

Acute Bed Equivalent Capacity

Title	Summary	Impact	Timescale	Funding Source
Virtual Wards/ Acute Care @ Home	Remote monitoring of Respiratory patients –inc Oxy@home (Amber ARI pathway) Increased utilisation in the South	Equivalent 30 Beds	Oct onwards	Designated VW budget
Cheadle D2A	Opening of 40 additional Cheadle D2A beds 26 beds funded – any additional beds rqr funding	Equivalent 17 Beds	December (pending staffing & completion of maintenance)	MPFT Winter Monies Poss. add. funding
Hospice Capacity & Support	Additional commissioned Hospice beds to support End of Life care	Equivalent 9 beds	December onwards	ELF funding
Pathway 1 Voluntary Sector	Enhanced offer relating to Pathway 0.5 provision	Equivalent 5 beds	November onwards	

Enabling Schemes

Title	Summary	Impact	Timescale	Funding Source
Primary Care	MDT Acute Primary Care Access Hubs – 1 per locality. Providing same day access Additional appointment capacity – 4,974 appts p/week	Admission avoidance Greater Prim. Care provision during surge	December – April	System Funding
Enhanced UCCC	Increasing 111 referrals Embedding WMAS 3 x approaches Increased utilisation of 2hr UCR Recruitment of Triage Nurse/Nurse Co-ordinators	Admission avoidance	October onwards	Baseline
CRIS	Targeted Care Home Work – identification of high A&E referrals ACP Alignment & Education Programme Docobo introduction – improve GP capacity & admission avoidance Falls Service – strengthening existing 'pick up' service & introducing Enhanced Falls Service	Reduced wait time for WMAS response. Reduced variation and gaps in service provision.	November - March	Baseline
Staffordshire Fire Service – Falls Response Service	Falls response service to calls in Staffordshire and Stoke for patients who have had a fall requiring no medical intervention but require being lifted.	Responses within 2 hours	November - March	BCF
WMAS	Empowered Hospital Ambulance Liaison Officer (HALO) cover at RSUH	Reduce extended ED waits	November – March	Winter monies
EMED (NEPTS)	Increase capacity across acute sites that service SSoT patients with clear outcomes for delivery. Priority for ED and emergency portals to support admission avoidance.	Reduce failed discharges, support increased flow.	Oct – March 23	System funding
D2A Additional Hours	1300 additional hours of Home First D2A activity	Facilitated discharges. Improved patient flow	Dec-March	Baseline

Enabling Schemes

Title	Summary	Impact	Timescale	Funding Source
Primary Care	- Seasonal Vaccination Programme - Increase 111 Direct Booking - Proactive QIF prioritisation - Community Pharmacy Provision - Dentistry access	Admission avoidance Increased Prim. Care Access	Specific to each aspect	Baseline
Totally (111)	Seasonal increase in Call Handlers	Increased 111 access	November onwards	Baseline
UCCC/CRIS Care Home Education	Suite of initiatives designed to educate and support Care Homes and CH staff	Increased support for Care Homes Admission avoidance	November onwards	Baseline
Deteriorating Patients Network	Supporting Care Homes with managing extreme frailty	Admission avoidance	Ongoing	Baseline
End of Life	Hospice collaborative offer - 18 System Hospice beds, 24/7 advice line and dom care support	Admission avoidance and discharge support Support OoH admissions	November onwards	System
Mental Health	111 ‘soft launch’ for Option 2 Crisis plans for service users known to services WMAS liaison, education and Crisis Service linkage Police Street Triage MH liaison & High Volume Users team work with ED Health Facilitator work in Primary Care (supporting vacs & imms)	Mental Health admission avoidance Parity of esteem	October onwards	Baseline/ MH funding streams

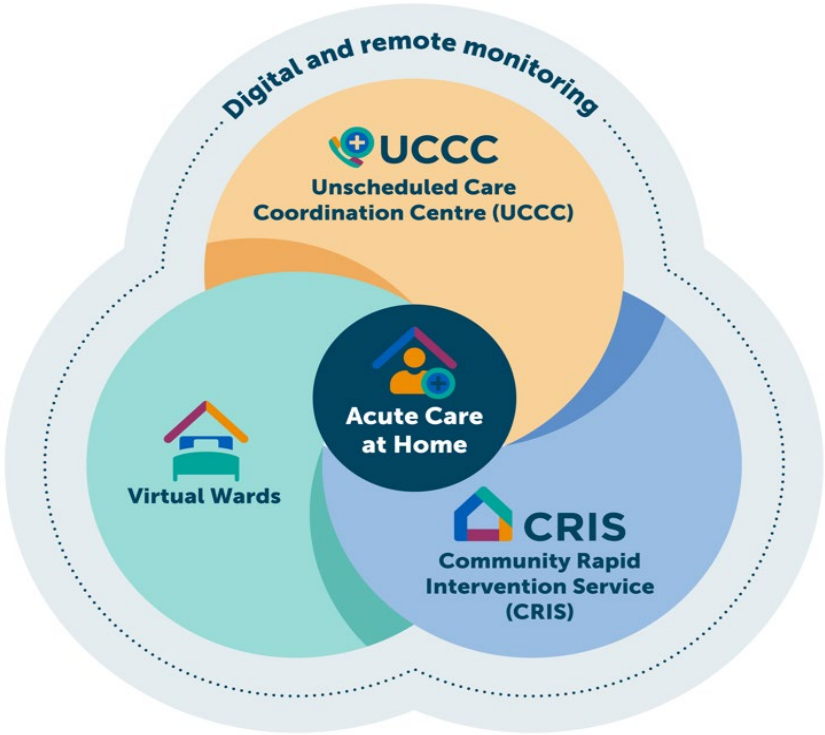
Elective Protection

- Elective operating will continue and be protected where possible through winter.
- This will be facilitated through:
  - Movement of orthopaedic operating to county site with an enhanced recovery model,
  - Day case arthroplasty on the royal Stoke Site
  - Support of the virtual ward for IV in orthopaedic patients (est. reduced LOS)
  - Use of the day case ward overnight and weekend to support plus 24hour stays in elective operating
  - Weekend operating to spread the bed flow

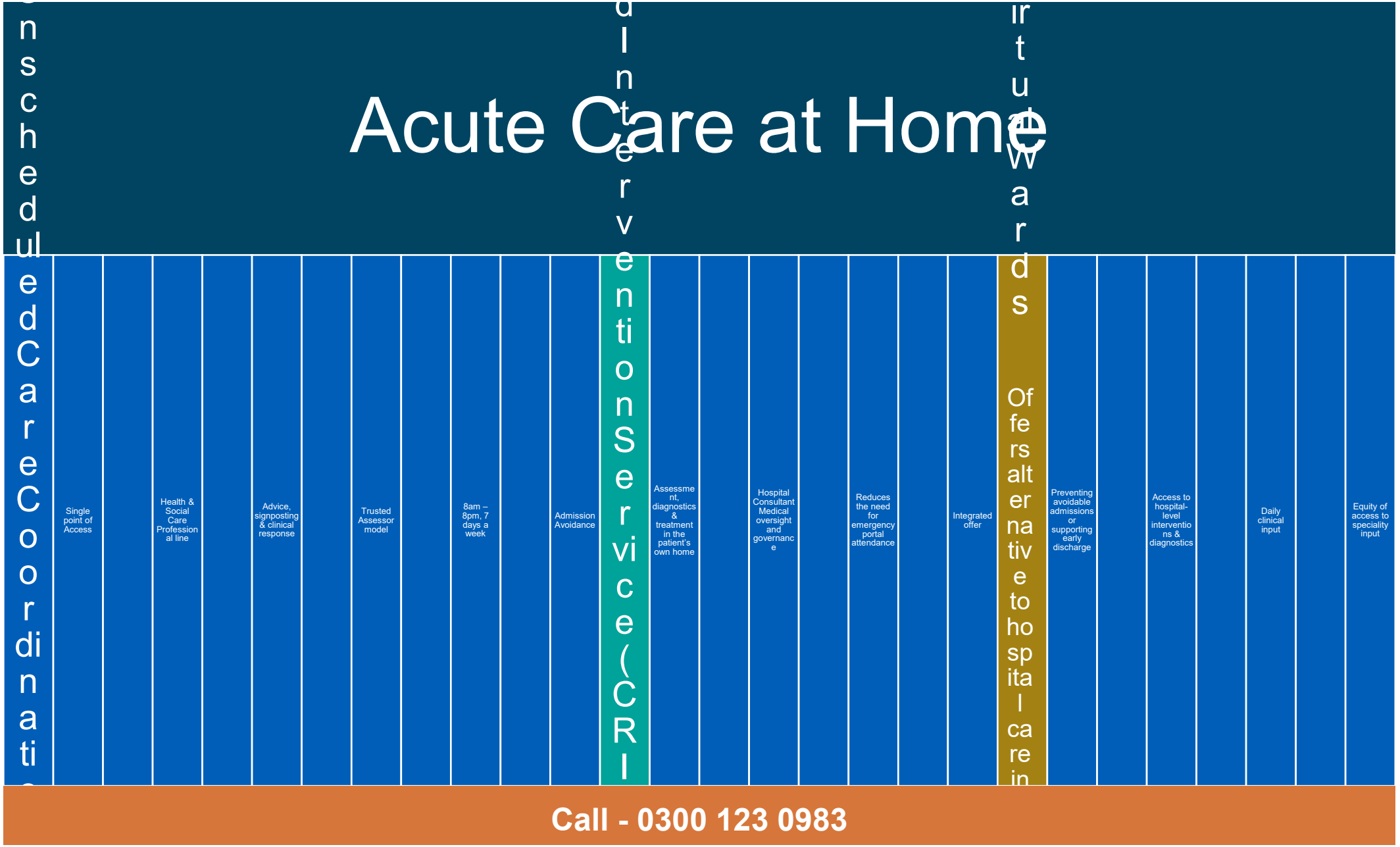
- The impact on the patient flow and bed requirement is currently being worked up

What is Acute Care @ Home?

- Acute Care @ Home (AC@H) is the Staffordshire & Stoke-on-Trent Integrated Care System (ICS) response to admission avoidance across our UEC pathways.
- Provider collaborative across the county offering a single standardised offer. Our partners include;
  - University Hospital of North Midlands (UHNM)
  - Midlands Partnership University Foundation Trust (MPFT)
  - University Hospitals of Derby & Burton (UHDB)
  - The Royal Wolverhampton NHS Trust (RWT)
- **3 Services are integrated to form the AC@H pathway:**
  - UCCC – Unscheduled Care Coordination Centre
  - CRIS – Community Rapid Intervention Service
  - Virtual Wards



Acute Care at Home



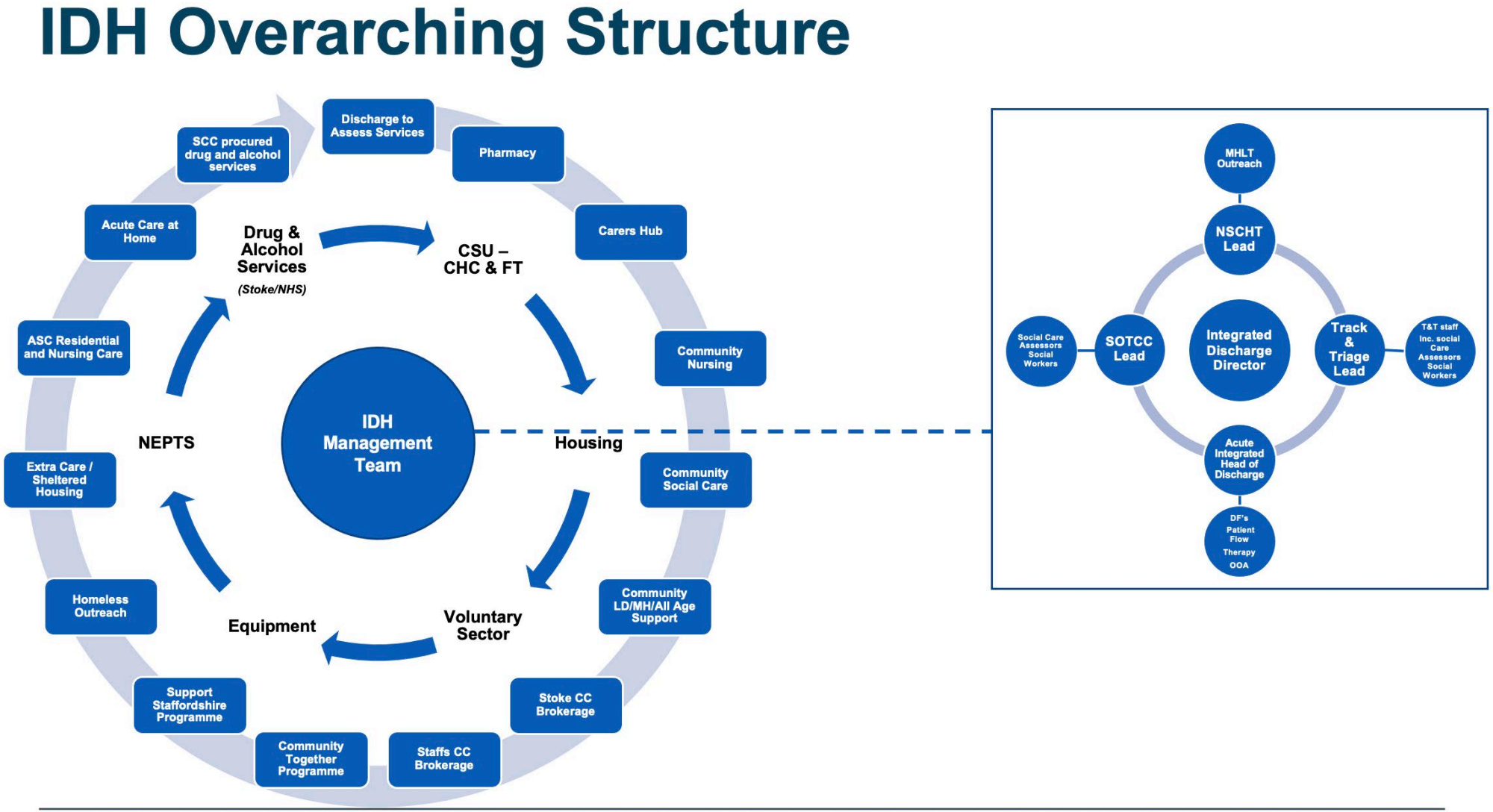
Virtual Ward – Bed Projection – check projections post meeting 06.09.23

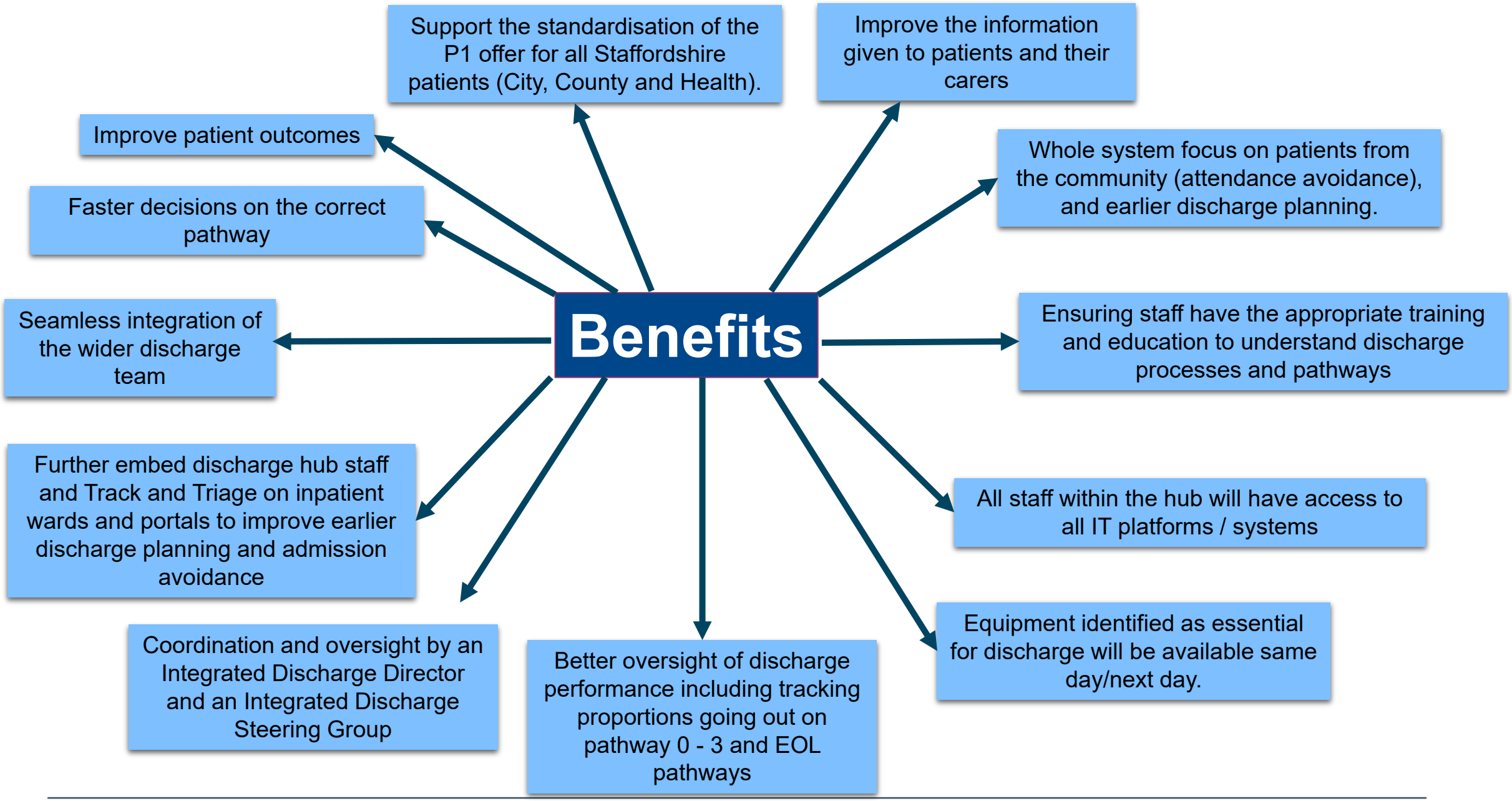
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Operating Plan - 23/24	119	131	141	141	200	251	320	351	388	400	410	420
UHNM	*40*	*50*	*50*	*50*	*55*	*183*	*188*	*188*	*218*	*218*	*223*	*233*
UHDB	*20*	*20*	*30*	*30*	*20*	*20*	*20*	*45*	*60*	*60*	*60*	*60*
RWT	*10*	*20*	*64*	*64*	*64*	*64*	*64*	*64*	*64*	*64*	*64*	*64*
Total	70	90	144	144	139	267	272	297	342	342	347	357
Variance to plan	*-49*	*-41*	3	3	*-61*	16	*-48*	*-54*	*-46*	*-58*	*-63*	*-63*
Winter Additionality	-	-	-	-	-	128	133	158	203	203	208	218

Bed Acutiy Split	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Acute	*40*	*40*	*50*	*60*	*45*	*100*	*115*	*144*	*184*	*184*	*184*	*184*
Sub-Acute	*30*	*50*	*94*	*94*	*94*	*167*	*157*	*153*	*158*	*158*	*163*	*173*
Total	70	90	144	154	139	267	272	297	342	342	347	357

- Challenges & Risks
  - Workforce Capacity
  - Utilisation
  - Acuity – bed position needs to vary based on acuity of patients and may impact on the forecasted capacity.
  - Equitability of access – challenges in the south west due to the variance identified in the RWT clinical model, e.g. County stepdown & clinical skill mix.

Integrated Discharge Hub - What will the "Hub" look like?




Benefits
Support the standardisation of the P1 offer for all Staffordshire patients (City, County and Health).
Improve the information given to patients and their carers
Improve patient outcomes
Whole system focus on patients from the community (attendance avoidance), and earlier discharge planning.
Faster decisions on the correct pathway
Seamless integration of the wider discharge team
Ensuring staff have the appropriate training and education to understand discharge processes and pathways
Further embed discharge hub staff and Track and Triage on inpatient wards and portals to improve earlier discharge planning and admission avoidance
All staff within the hub will have access to all IT platforms / systems
Coordination and oversight by an Integrated Discharge Director and an Integrated Discharge Steering Group
Better oversight of discharge performance including tracking proportions going out on pathway 0 - 3 and EOL pathways
Equipment identified as essential for discharge will be available same day/next day.

Mental Health

Summary of Key Actions for Winter 2023-24	
Discharges	Identifying priority patients for discharge Working with LA partners to minimize the number of patients delayed whilst considered Clinically Ready for Discharge (CRFD) Continue to develop our engage with the system Discharge Hub. Maximize the effectiveness of the A&UC Discharge Post introduced in 2023.
Community Care services	Festive arrangements for Primary Care Services e.g., repeat prescriptions
Winter Contingency Arrangements	Winter Contingency arrangements for additional community hospital and intermediate care capacity – Adverse weather procedures
Workforce	Winter staffing plans across health and social care for winter and for the festive period, including out of hours rotas to support escalation arrangements
Coordinating Capacity and Flow	Enhanced existing huddles and system wide meetings for the winter period including Strategic (GOLD) system calls when necessary. Virtual ICC arrangements with the ability to transition to a physical ICC arrangement if required
'Flu Vaccination'	Staff and patient vaccination plan in place
COVID vaccination	Staff and patient vaccination planning in place, but criteria not currently known
Adverse Weather	Enhanced arrangements for accessing 4x4 vehicles for staff and patient transport, including those owned by staff

Paediatrics / CYP

- Bed modelling undertaken indicates that paediatric capacity is sufficient to meet expected demand.
- Paediatric/CYP considerations have been taken into account within the development of additional ‘enabling’ schemes.
- Specifically, schemes relating to Primary Care access, Primary Care MDT hubs and Acute Respiratory Infection (ARI) services will be geared towards ensuring additional paediatric capacity throughout winter and periods of surge.
- The ARI model utilised in 2022/23 (initially implemented to meet RSV and Scarlet Fever outbreaks and associative effects) functioned well and provided much needed capacity – at a point of low acuity and accessible via community means.

End of Life further detail

- 4 hospices have formed a provider collaborative to deliver 24/7 advice for patients and professionals which will be up and running by November. It will particularly support admissions out of hours when we know most EOL admissions happen.

- Streamlined CHC EOL pathway, phase 1 will go live 1st November will impact on CHC LOS but also referral to decision times – currently on average 48 hours, aim to reduce to within 24 hours.

- 18 Additional hospice beds will be made available subject to funding agreement . Admission criteria and referral criteria TBC by end September.

- EOL integration workshop – 3rd October to bring this all together with partners.

Community capacity for surge

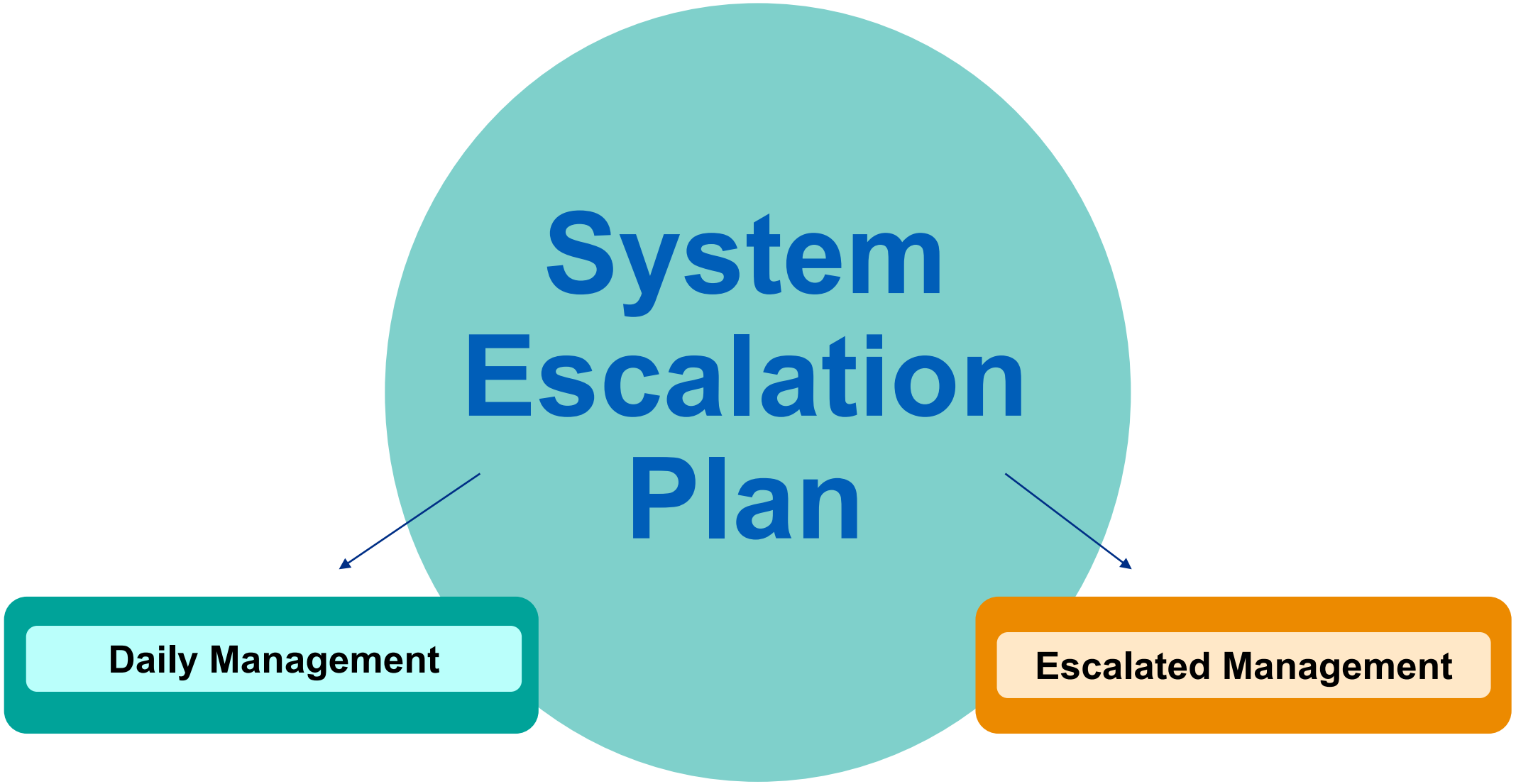
- Home First recommissioned from 1st April 2023 to meet increased demand, including commissioned surge capacity for winter (1300 hours per week, 1st December to 31st March)
- 40 Community beds at Cheadle Hospital
- Revised D2A Care Home bed arrangements
- Embedded Integrated Clinical and Assessment Team to support flow through beds
- Development of new pathway for fast track EOL beds

Staffordshire Better Care Fund

- Joint Commissioning of Home First discharge to assess (with the ICB as Lead Commissioner)
- Investments in market sustainability for home care and for long term care home placements following D2A (to support flow) – includes
  - Joint Workforce Strategy implementation
  - Quality improvement in care homes and support for innovation
  - Managing escalating needs in care homes
  - In-house Enhanced Home Care Service (to support flow after a Home First episode)
- Supporting introduction of Integrated Discharge Hub
- Specialist falls response
- Brokerage service (6 days a week as standard)

Stoke on Trent Better Care Fund

- Market resilience and capacity
  - Increasing capacity to prevent hospital admission and support Hospital Discharge
- Home Care Market
  - Additional capacity to long term nursing care
  - Enhanced residential care
  - Reducing risks to workforce quality and resilience challenges
- Supporting introduction of Integrated Discharge Hub



Note: this is continually evolving, updates may be available following paper submission dates.

System Control Centre – Daily management

- Senior daily operational cover 8-8 x7 days, supported OOH by On-Call Teams, ability to step up if needed.
- Clear escalation process for the SCC within the ICS.
- System support from all partners, effective system calls, bed meetings etc.
- Regular feedback into Regional Team.
- Operational support to providers with a system view.
- Battle Rhythm to ensure consistent approach.
- Various IT systems used for data collection and live position, e.g. NACC, CAD, SHREWD etc.
- Physical room available to step up for Control & Command/EPRR.

Escalation - Learning from 2022-23

- Closer alignment to EPRR framework
- System partner engagement needed strengthening
- Policy is operational plan underpinned by clinical leadership
- Uncertainty whether risk management was equitably shared across patient pathway

OPEL Framework 2023-24

- OPEL underpins all NHS escalation plans
- It defines key triggers and actions for all parts of the NHS
- Most notable change is that ICS OPEL level is defined by Acute provider OPEL level

> *7.2 …Making decisions in extremis for crowding and delays will involve risk: It is recognised that actions within this framework would not routinely be taken. Choosing to enact them should reduce a more significant patient risk in another part of the pathway.*

SSOT Escalation policy next step

- NHSE Winter assurance visit
  - Clear mitigation actions for example prioritization of services
  - Needs local triggers linked to operational challenges
- Task and Finish Group involving all System partners including Local authorities and WMAS – October 2023
  - Needs to be led by Operational teams supported by clinicians
- Further work in parallel to develop local Clinical Risk Management framework


System
Workforce
plan

Workforce Planning Approach

- The ICS Health & Care People Team has taken responsibility as ICS lead in workforce planning and assurance of additional workforce to support Winter Schemes.
- ICS Workforce Leads work in collaboration with NHS, Local Authority, Social Care, Independent providers and ICB to understand the workforce required to deliver the schemes, explore alternative workforce models and skill mix required, and availability of current workforce to determine any gaps.
- Regular communication and involvement of Partners ensures that plans for workforce scheme activity are monitored and reviewed regularly.
- Providers continue assess and review their workforce models and additional capacity required for anticipated scenarios and surge.
- Providers are modelling their workforce internally, utilising a range of roles and skills across the schemes, adopting flexible workforce models which respond to demand accordingly. Providers have plans in place to deliver the additional capacity utilising their internal available workforce through skill mix, redeployment and additional hours.

Risks and mitigation

Main **risks associated with the supply of workforce** in the short and medium term currently include:

- Continued Industrial Action, low morale among workforce, sickness (rising COVID instances), turnover, vacancies, availability of registered workforce

In order to **mitigate** risks, Providers and leads implementing a number of actions including:

- Targeted recruitment campaigns, focussing on 'new to care' wherever possible so as not to destabilise (*what is our Employee Value Proposition*?)
- System wide and local retention programme activities including flexible working and retirement offers, HWB offer, career development opportunities, support for new starters and improved on boarding, 5 high impact actions for nursing & midwifery
- Introduction of competitive and consistent internal bank rates, to provide viable alternative to agency
- Mutual Aid Support and robust process for mobilisation of workforce across System as required
- Growth of Reserves via People Hub, including reaching out to private and volunteer sector. Particular focus on imams boarding and training Reserves in readiness for supporting wards and care homes.
- Vaccination programme for staff

Surge 2023/24 Workforce Initiatives

Reserves

- Continue to grow bank of **Reserves** via **People HUB** – new Hub and Spoke model. Increase numbers of **New to Care HCAs** in readiness for supporting wards. Programme of induction and shadowing already underway in collaboration with UHNM.
- **Corporate Reserves** – expansion of programme to include NHSE colleagues
- Expansion of **volunteer Companion role** for UHNM
- **Scoping extension of Companion role to local businesses –** corporate responsibility

Internal Banks / Flexible Workforce

- System wide approach to escalated bank rates, **creation of bank offer to reduce agency usage and support substantive staff to pick up more shifts,** including HCAs? Split out Band 5 / 6 roles?
- Higher rates for set hotspot areas?
- Scope additional incentives for existing staff

Recruitment

- Take learning from previous Winter campaigns
- Scope **large scale training and induction for New to Care HCAs** (collaboration between UHNM / MPFT)
- Support from Health and Care team for large scale campaigns – including **'Refer a Friend' for New to Care**
- **What is our EVP??**
- **Scope offers of flexible working** – permanent, fixed term working, bank roles, **flexible hours including school hour shifts?**
- Scope 'insourcing' for entire ward (MS speak to Kate Farrow)
- **EDI lens** / seldom heard communities / public health

Retention Programme

- Focus on HWB of existing staff – particularly in light of surge / I A
- **Flexibility / WLB**
- **Flex retirement options**
- Support for **new starters** – buddy systems
- 5 HIAs for nursing & midwifery including menopause support, legacy mentoring, pension awareness, preceptorship framework

Mutual Aid processes

- Ensure robust processes in place for workforce requests / mutual aid support via People Hub

Next phase : Sept – Oct

- Confirmation of additional workforce requirements and numbers from Providers and Partners
- Confirmation of workforce deficit, following provider/partner workforce mobilisation and schemes
- Agree and commence activities to address the deficit / mitigate supply risks
- Agreement on alternative workforce schemes and escalated bank rates
- Ongoing collaboration with CPOs and partners to develop and deliver the system plan

APPENDICES

FINANCE

System Surge Finance as at 21 September 2023

Winter/Surge Allocations

	Funding:	£'000	
ICS	Allocation winter and virtual wards	7,678	
	Virtual Wards	-3,919	
	Residual Winter funding	**3,759**	
	Additional submission	2,850	*not confirmed*
	SDEC revenue funding	1,484	*not confirmed*
	Remaining funding	**8,093**	

- Primary Care Respiratory Hubs and additional appointments from December 2023, costs exclude reinstatement of AVS services
- Care home solution for additional Beds is an indicative cost and has not been approved
- Both UHNM and MPFT have confirmed that the identified costs have been included in their respective M5 Forecasts
- The primary care winter schemes can no longer be funded through anticipated slippage and the care home solution has not been included the forecast of any organisation resulting in a risk to the M5 system forecast of circa £3m.

Winter Schemes

	Scheme	Baseline	Forecast Expenditure	Pressure	Expected Additional Funding	Surplus (+) / Risk (-)
ICB	Respiratory Access Hubs	0	1,394	-1,394	0	-1,394
	Additional Appointments	0	1,568	-1,568	0	-1,568
	HALO Support	0	466	-466	350	-116
	Non-Emergency Patient Transport	0	797	-797	700	-97
	Primary Care in ED	0	100	-100	650	550
	Hospice EOL Support Line	0		0	0	0
	Additional beds (Care home solution)	0	1,500	-1,500	0	-1,500
	Unallocated allocation				1,293	1,293
	ICB	-	5,825	**-5,825**	**2,993**	**-2,832**

	Scheme	Baseline	Forecast Expenditure	Pressure	Expected Additional Funding	Shorfall / Risk
MPFT	Cheadle D2A capacity	1,426	3,007	-1,581	435	-1,146
	Home First Reablement Winter Surge	800	800	0	0	0
	MPFT Total	2,226	3,807	**-1,581**	**435**	**-1,146**

	Scheme	Baseline	Forecast Expenditure	Pressure	Expected Additional Funding	Shorfall / Risk
UHNM	Ward 80 / 81 - Acute bedded provision	-	4,135	-4,135	859	-3,276
	Cohorting / Corridor	-	1,423	-1,423	369	-1,054
	Virtual Wards	3,919	3,206	713	-206	507
	County - Ward 1	624	882	-258	66	-192
	Ward 120/123	2,225	5,321	-3,096	943	-2,153
	FDU / TDL		750	-750	750	0
	IDH - Discharge Facilitators		400	-400	400	0
	Other Schemes; internal capacity	951	1,520	-569	0	-569
	SDEC Revenue costs		tbc	tbc	1,484	1,484
	UHNM Total	7,719	17,637	**-9,918**	**4,665**	**-5,253**

Total Winter Schemes	**9,945**	**27,269**	**-17,324**	**8,093**	**-9,231**

*Full year position shown, subject to full sign off

UHNM Finance Position as at 19.09.2023

Funding	£m
UHNM Funding	
Trust Winter Budget	3.8
Tier 2 Funding	
Frailty Decision Unit	0.8
Integrated Discharge Hub	0.4
Other Funding	
SDEC Modular	1.5
Total Funding	**6.5**
Planned Expenditure	
UHNM Winter Plan Approved	4.5
UHNM Winter Plan External Funding	0.9
UHNM Winter Plan Unfunded	0.8
County Hospital Ward 1	0.8
Total Planned Expenditure	**6.9**
Affordability	**(0.4)**

*Winter uplift costs only

COMMUNICATIONS

Staffordshire and Stoke-on-Trent Integrated Care System

Supporting operational resilience in urgent & emergency care ahead of winter – a summary of the communications strategy

2023-2024

Background

- Earlier this year, NHS England published the Urgent and Emergency Care Recovery Plan, underpinned by an extensive programme of work to deliver improvements across urgent and emergency care ahead of winter.
- This plan, along with the NHS's primary care and elective recovery plans, and the broader strategic and operational plans and priorities for the NHS, provides a firm basis for preparing for the winter period.
- Winter planning will consist of the following products:
  - High-impact priority interventions drawn from the UEC recovery plan that we know lead to a safe and effective service to patients. All systems will be asked to deliver these.
  - Clear roles and responsibilities for each part of the system so that both shared and individual organisational accountability is clear.
  - Returns from systems on system-level resilience and surge planning, to avoid systems becoming overwhelmed at times of peak demand and a narrative return against key lines of enquiry.
- All the interventions over winter should contribute towards the two key ambitions for UEC performance of:
  - 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
  - Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24.

Key messages for winter

- In July, NHS England published its plan earlier than ever before, setting out actions systems and providers should take to build resilience ahead of what is likely to be another challenging winter.
- The winter plan includes creating additional bed capacity, ensuring system coordination centres are open 24/7 across the country, offering financial incentives to trusts that exceed on key performance measures, and expanding acute respiratory infection hubs to be in every part of the country.
- These preparations build on the measures set out in the NHS Urgent and Emergency Care Recovery Plan, and £250million of funding has been invested since the recovery plan was published to boost capacity and speed up discharge.
- The winter plan follows significant improvements in A&E and ambulance performance made over the last six months.
- There are 10 high impact priority interventions that we know lead to a safe and effective service to patients, and which all systems are being asked to deliver.

Objectives

1. Reduce the number of people presenting to our urgent and emergency care services with conditions that could have been prevented, symptoms that could have been alleviated through self care or people who could have been seen and treated by a service closer to the community
2. Promote key national campaigns and public health messages of staying well, keeping healthy and use of NHS111
3. We will revise our plan and look to continue the good work started last year

Objective 1

- Using nationally recognised approach

[Guide to campaign planning: OASIS - GCS (civilservice.gov.uk)]

Action plan – objective 1

Why	What (key message)	When	How	Who
Reduce the number of women 20-44 attending ED and WIC/MIUs with UTI symptoms	Keep hydrated Wipe front to back Take paracetamol Visit your local pharmacy Link to: Urinary tract infections (UTIs) - NHS (www.nhs.uk)	October – November 2023	Re-brand paid for advertising campaign from TWB to ICS Re-issue the UTI campaign material to ICS partners	CSU
Reduce the number of under 18s being taken to ED, MIC and MIU with tonsillitis symptoms	Key messages from Tonsillitis - NHS (www.nhs.uk)	December – January 2024	Social media toolkit using GCS campaign approach, including audience testing	
Reduce the number of under 18s being taken to ED, MIC and MIU with tonsillitis symptoms	Key messages from Tonsillitis - NHS (www.nhs.uk)	December – January 2024	Social media toolkit using GCS campaign approach, including audience testing	
Increase the number of people using self care to prevent exacerbation of symptoms and escalation into ED, MIU and WIC	Ensuring your medicine cabinet is stocked up to alleviate symptoms early and prevent them getting worse	October	Issue news release on the change in season, arrival of the cold weather, colds and Flu (pharmacy spokesperson)	CSU media team

Action plan – objective 1

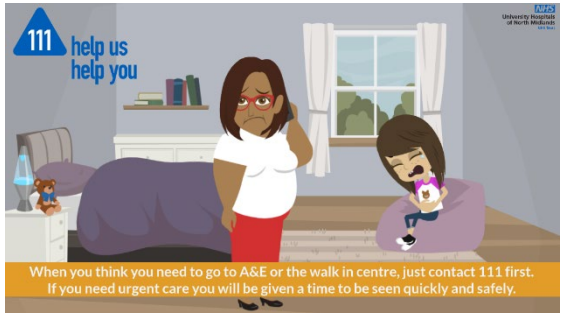
Why	What (key message)	When	How	Who
Reduce the number of older people falling and attending ED	Avoid a trip to accident and emergency departments with your older relative, here are some top tips • Strengthening legs can help prevent falls – stand on one leg, move from sitting to standing – slowly! • Ask their doctor to review any medication to make sure they are taking the right dose • Buy new slippers or shoes that fit properly • Get their eyes checked every year #ThinkFalls Link to: https://www.mpft.nhs.uk/services/falls-prevention-service	When cold weather is forecast (adding messages about avoiding slips, trips and falls)	Target younger relatives with falls awareness toolkit on social media	ICS
Reduce isolation and loneliness leading to attendance at ED	TBC	TBC	Seek information from councils' and voluntary sector on work to combat isolation and promoting be-friending	TBC

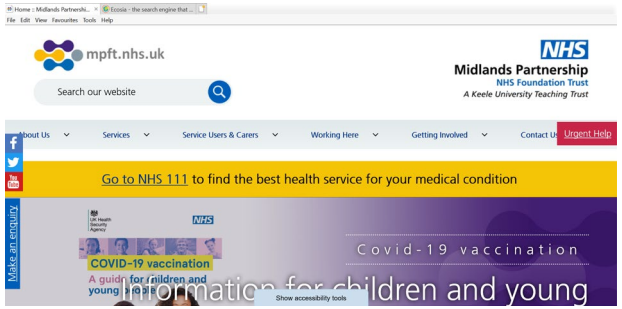
Action plan – objective 1

Why	What (key message)	When	How	Who
Build trust and confidence in alternative services	The local NHS and councils are preparing for winter	When capacity plan goes through first public Board	Media release	CSU media team
	You will be looked after in different ways to prevent you going to hospital and helping get back home as soon as you are well enough NHS and local councils are investing in health and care services (£5.7m from NHS England, plus £1m for ambulance handovers)	Drip fed at regular intervals after capacity plan goes through first Board Re-issue media releases/content during peaks in demand	Media releases profiling each element of the capacity plan Potential for video/audio content	CSU media team
Recruit workforce to deliver surge capacity	Job opportunities available at Haywood and Cheadle hospitals	October	Digital recruitment campaign	MPFT
Reduce the number of people accessing healthcare for reasons associated with cost of living (including access to energy)	Signposting people to existing national and local advice and support web area with a home page and sections on money and debt, energy bills, food and essentials, staying warm and staying well.	October – March 2023	Social posts, messages to partners and stories shared through local media are highlighting the range of advice and support that's available to help people, both from Staffordshire County Council and from partners in our local communities.	Staffordshire County Council
Reduce the number of people using ambulances to take them to ED	If NHS111 says you need to go to ED, you don't need an ambulance to take you – ask a friend or family member	TBC	TBC	UHNM

Objective 2

- Adapting national campaign materials, building on local
- Social media campaign (toolkit issued to all members of the Staffordshire and Stoke-on-Trent ICS)
- Partnership media releases





National campaigns timeline

	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Heart attack							
Cancer barriers							
Bowel screening							
NHS 111							
Talking therapies							
Patient choice							
GP access/pharmacy							
Symptoms							
Flu vaccine							
Covid vaccine							

Resources: Covid & flu vaccination

- The NHS vaccination programme is the most successful in health service history, with almost 150 million vaccines delivered since the rollout began. Since 30 June, the NHS offer is now more targeted to those at increased risk from COVID-19.
- The Autumn/Winter (AW) 2023-24 flu and COVID-19 Seasonal Campaign system letter outlines the timings and next steps for the autumn/winter vaccinations.
- Those eligible for a COVID-19 vaccine include adults aged 65 years and over, people in clinical risk groups, pregnant women, older adult care home residents, carers aged 16-64, household contacts of immunosuppressed or people who have a weakened immune, and frontline health and social care workers.
- Those eligible for a flu vaccine include adults aged 65 years and over; people in clinical risk groups, pregnant women, all children aged 2 or 3 years on 31 August 2023, school aged children (from Reception to Year 11), care home residents, carers, close contacts of immunocompromised individuals and frontline health and social care workers.
- Last winter, the NHS administered 21 million flu vaccinations.
- To maximise and extend protection during the winter and through the period of greatest risk in December 2023 and early January 2024, the vaccination programme is beginning in October.
- The CRC has resources on winter vaccinations.

Resources: Help Us Help You

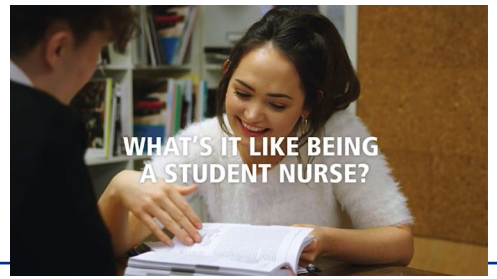
Help Us Help You is an NHS campaign with various strands encouraging the public to come forward for care if they need it and raising awareness of the different services available.

Resources for the following current campaigns are available on the Campaign Resource Centre:

- Heart attack
- Lung cancer symptoms
- Early cancer diagnosis

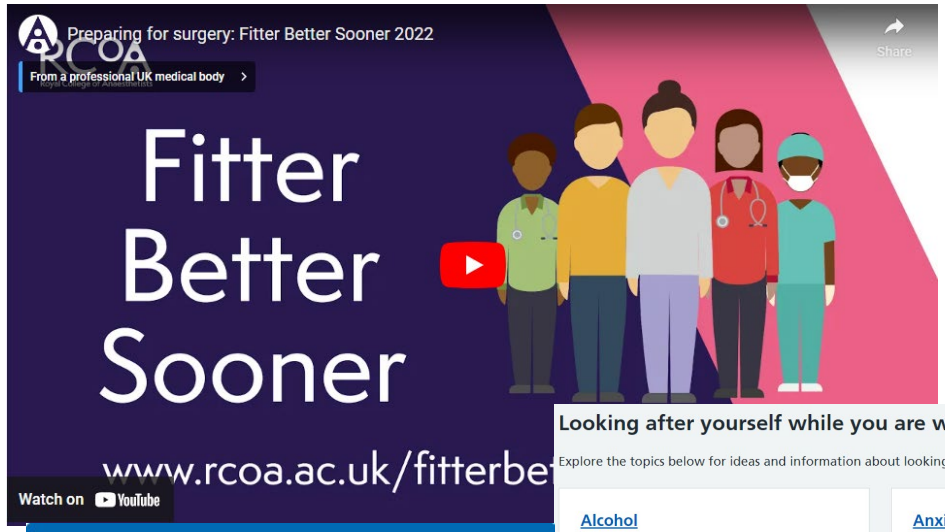
Resources: Workforce

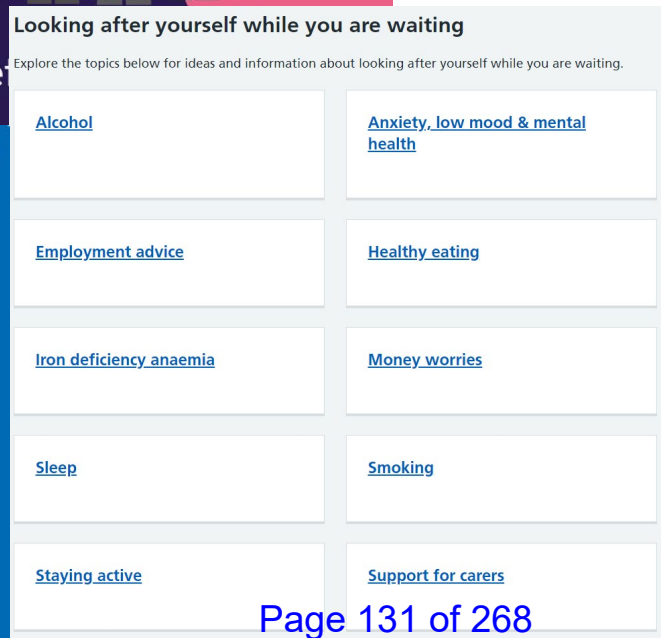
- The We are the NHS campaign aims to increase positive perceptions of working for the NHS and encourage people to think about a career in the health service.
- NHS England will be launching its sixth consecutive annual workforce recruitment campaign ‘We are the NHS’ in October.
- Ahead of the campaign launch, specific activity targeting school-leavers will start from Results Day on 17th August 2023.
- More information on We are the NHS is here.



Resources: Support for people waiting for planned care

- The Elective Recovery Delivery Plan committed to providing better information and support to patients – it is more important than ever that they feel confident they are supported throughout their journey while waiting for planned care.
- The My Planned Care website provides advice and support to patients while they wait and helps them prepare for consultations, treatment or surgery.
- The good communications with patients guidance sets out key principles, helpful resources and information to help providers with communicating to patients about new models of care (i.e. PIFU, specialist advice etc.)





Resources: Staying well this winter

- There are simple steps the public can take to help themselves stay well this winter.
- This includes keeping warm, keeping active, handwashing, looking out for others and making sure they are stocked up on prescriptions.
- A leaflet is available with key actions.

Resources: NHS 111

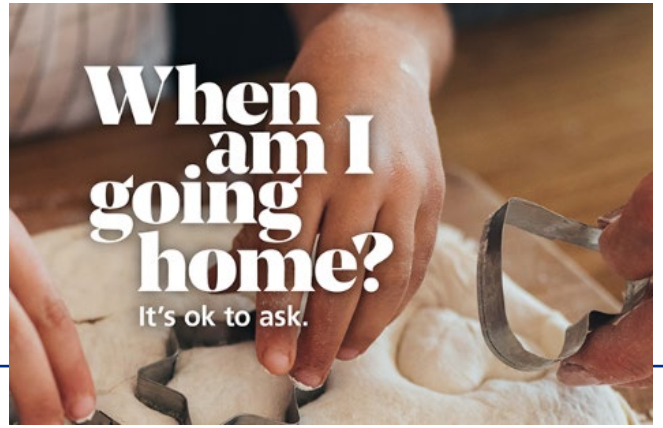
- We want to encourage people to use the NHS 111 online service when they have an urgent but not life-threatening medical need.
- The campaign highlights the online service's ease of use and how it can help people get assess and directed to the right place for them, as quickly as possible.
- A campaign toolkit, assets and media plans are available. Activity will start in November and run through to January.

Resources: High impact interventions for UEC

- Systems and providers have been asked to deliver on the UEC Recovery Plan by ensuring ten high-impact interventions are in place.
- These are focused around reducing waiting times for patients in A&E, improving flow and reducing length of stay.
- The NHS Impact webpages set out an improvement support offer that spans the full iUEC pathway. This includes national tools and guidance, as well as best practice and peer learning.

- Campaign resources are available to help reduce long lengths of stay in hospital:
- Where best next? – assets for healthcare professionals
- When am I going home? – assets for patients

- Virtual wards?



Resources: NHS talking therapies

- This campaign aims to increase the use of NHS talking therapies for people experiencing feelings of anxiety and depression.
- It aims to increase knowledge of the services and the benefits of using them.
- Campaign activity will run from January to February. Materials are available to support this.

Resources: Industrial action

- We need to ensure patients are aware of changes to services during periods of industrial action.
- A toolkit and assets are available to support strike periods.

Resources: Accessing services

- This campaign encourages the best use of primary care services, including general practice, community pharmacy and dentistry.
- A range of materials are available including:
- Pharmacy advice
- GP access routes
- Community pharmacist consultation service
- Dental practice access
- Pharmacy contraception service

Action plan – objective 2

Why	What (key message)	When	How	Who
Increase the number of people contacting NHS111 prior to attending ED, WIC and MIUs (online and via app)	Get medical help anytime – online, on the NHS app Get medical help - NHS 111 NHS App and your NHS account - NHS (www.nhs.uk)	November – January 2024	Re-brand last year's NHS111 toolkit (from TWB – ICB) ICS partners to issue social media posts between Fridays and Mondays every weekend until end of January 2023 ICS partners to add alert bar to website (if technically possible) between Fridays and Mondays every weekend until end of January 2023	CSU to re-brand and ICS partners to share
	Contact NHS111 before setting off to the ED	TBC	Briefing to volunteer drivers	In partnership with Healthwatch
	UHNM's partnership with the pharmacy in Morrisons – if you haven't contacted NHS111 first, you will be asked to use a kiosk and you may be re-directed. Cut out the middle person and the wait, go straight to NHS111	TBC	Media release	UHNM
Achieve Flu vaccine target amongst eligible groups, ensuring no one is excluded	As per national campaign	October - December	Issuing of national campaign resources (when available). Internal comms to staff	ICS partners
Ensure take up of COVID booster amongst eligible groups, ensuring no one is excluded	As per national campaign	October - December	Using national materials from Campaign Resource Centre	ICS partners

P A U S E – during periods of high demand

Problem

- Is there a theme in attendances? What are the presentations that can be diverted?

Audience

- To help us target our communications and ensure our graphics resonate, who is attending? Age, gender, ethnicity…?

Understanding the audience

- What will influence their decision to go somewhere else? What do you know about why they came?

Symptoms and self care

- Use NHS.uk to describe symptoms and self care

Exacerbations and escalation

- What to look for and where to go if it gets worse

MONITORING

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 10

Report to:	**Integrated Care Board**					
Date:	**16 November 2023**					
Title:	**System Level Access Improvement Plan (SLAIP)**					
Presenting Officer:	Dr Paul Edmondson Jones & Dr Paddy Hannigan					
Author(s):	Mel Mahon, Tracey Cox, Vicky Oxford,					
Document Type:	Strategy		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☒	**Assurance (S)**	☒
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	YES				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Appendix 1 – Staffordshire & Stoke on Trent SLAIP Appendix 2 Presentation					

(1) Purpose of the Paper:
To present the Staffordshire & Stoke-on-Trent Draft System Level Access Plan to the Board for information and assurance. The final deadline for the plan is 31st March 2024.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	**Date**
Future Meeting: Primary Care Forum for Information	21/11/2023
Future Meeting: Integrated Care Board for Information	16/11/2023

(3) Implications:	
Legal or Regulatory	NHS England have requested that the draft SLAIP is presented to ICB Boards in November 2023 ahead of the final plan being submitted on 31st March 2024.
CQC or Patient Safety	This is a plan that aims to improve access for our patients and improve the experience they have. All practices are CQC registered and any impact on patient safety should be a positive one.
Financial (CFO-assured)	All finances referenced in the plan are national allocations which finance are aware of.
Sustainability	N/A
Workforce or Training	The plan looks to address the current challenges facing the primary care workforce, through retention schemes and new training opportunities.
Equality & Diversity	The plan ensures the actions being taken to address access are equitable for the public and practice workforce.

Due Regard: Inequalities	The plan addresses the health inequalities within the system and ensures that investment in areas of need is being provided equitably
Due Regard: wider effect	Health & Wellbeing of GPs and Practice staff are considered within the plan.

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☒	☐	*If N, why* No new information is being collected *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☒	☐	☐	An EIA will be developed before the final submission date in March 2024.
	QIA	☐	☐	☒	*If N, why* No service change so not applicable *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☒	☐	☐	There is a section within the plan that describes the patient engagement that has taken place.

(5) Integration with the BAF & Key Risks:

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

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

General practice is seen as the bedrock of the healthcare system, it remains the first point of contact for many people seeking health services in their local community. It plays an important 'gatekeeper' role, ensuring as many people as possible receive the care they need close to home. GPs and their teams make up the vast majority of NHS contacts that take place, in Staffordshire & Stoke on Trent (SSOT) six million appointments took place last year (2022/2023)

General practice is under extreme pressure with intense workload and workforce challenges and is struggling to maintain a level of service that meets the demand and accessibility needs for our patient populations. People want to be able to get through on the telephone at 8am and know how their appointment is going to be dealt with. The ICBs ambition is to enable people to have more choice around when, where and how they access general practice, to have greater continuity where this is needed and to have a positive experience.

A national 'Delivery Plan for Recovering Access to Primary Care' was published by NHS England in May 2023 to help to address these challenges and ensure that general practice can keep at pace with the growing demand and be sustainable and resilient now and in the future. This System-Level Access Improvement Plan (SLAIP) has been written in response to national plan and works through the 4 national ambitions; to empower people, to build modern general practices, to cut bureaucracy and build capacity.

This plan is in draft form and being presented for information and discussion at this stage. The final deadline for submission to NHSE is 31st March 2024.

In SSOT 96% of practices are now on digital telephony systems and there is commitment from the remaining 4% to move as soon as operationally possible. GP practices have already

achieved the 90% target for people to access their own patient records, book appointments & order repeat prescriptions through the NHS App, and further support will be provided to people to understand the advantages of these systems.

It is important that the SSOT population understand how general practice is transforming. The workforce is changing, if a patient phones in with a musculoskeletal complaint (which is 30% of GP contacts) a First Contact Physiotherapist (FCP) may be the right person to see first time. Getting the communications right is vital to ensuring the changes taking place are recognised and understood by our population.

In SSOT 616 Whole Time Equivalent (WTE) posts have been recruited to, such as FCPs, Mental Health Nurse Specialists, Advanced Nurse Practitioners, Paramedics and many more. The aim is to recruit 730 WTE by the end of March 2024.

28,231 referrals have been made in the last 12 months within SSOT to the Community Pharmacy Consultation Service (CPCS) creating additional capacity within the system. The ICB is also working with other community providers to increase the number of services our people can self-refer to, the current plan is to have 6 services mobilised by March 2024, with Audiology already live, and some limited weight management and falls services available by self-referral.

Improving access for our people cannot be done by primary care in isolation, there are many interdependencies with other work programmes and providers across the system who have a part to play. There needs to be a renewed focus on our model of care which builds on the Fuller Stocktake Report, around population health management and integrated teams whilst continuing to develop and deliver on the ongoing work that already exists across the work programmes.

This plan will continue to evolve and grow, and the ICB intends to apply the 5 principles of the NHS Improving Patient Care Together (IMPACT) to help us continually improve our approach to access:
1) Continue to build on our shared vision and purpose.
2) Continue to invest in people and culture, this will reach across the ICS, ICB and into general practice through the workforce programme and Organisational Development (OD).
3) Develop leadership behaviours through the PCN Maturity Matrix that will then act as the foundation for change over time.
4) Build improvement capability and capacity; this will be evidenced throughout this plan as described in the PCARP.
5) Embed improvements into management system and processes. The four main aims of the PCARP are to; reduce bureaucracy, build capacity through its workforce, empower people and implement the modern general practice model, all of which embeds the IMPACT principles.

(7) Recommendations to Board / Committee:

The Board is asked to note the contents of the plan and discuss any amendments required before the final version is submitted in March 2024.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Staffordshire and Stoke-on-Trent Recovering Access to Primary Care Improvement Plan

November 2023

Contents

1. Executive Summary

General practice is seen as the bedrock of the healthcare system, it remains the first point of contact for many people seeking health services in their local community. It plays an important 'gatekeeper' role, ensuring as many people as possible receive the care they need close to home. GPs and their teams make up the vast majority of NHS contacts that take place, in Staffordshire and Stoke-on-Trent (SSOT) **six million appointments took place last year** (2022/2023).

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In SSOT **96% of practices are now using digital telephony systems** and there is commitment from the remaining 4% to advance as soon as operationally possible. GP practices have already **achieved a 90% target for people to access their own patient records**, book appointments and order repeat prescriptions through use of the NHS App, and further support will be provided to outline the advantages of these systems.

It is important that the SSOT population understands how general practice is transforming. *The workforce is changing.* If a patient with a musculoskeletal issue contacts the surgery, they may be redirected to a First Contact Physiotherapist (FCP) in the first instance. **Getting the communications right is vital** to ensuring the changes taking place are recognised and understood by our population.

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5) Embed **improvements into management system and processes**. The four main aims of the PCARP are to; reduce bureaucracy, build capacity through its workforce, empower people and implement the modern general practice model, all of which embeds the IMPACT principles.

The four building blocks from the Fuller stocktake integrate into our existing work programmes and golden threads that will underpin the work we do with general practice for the benefits of our population. This is demonstrated in **appendix 1.**

Signed

Dr Paul Edmondson-Jones
Chief Medical Officer, Deputy Chief Executive and Senior Responsible Officer (SRO) for the System Level Access Improvement Plan (SLAIP)

Dr Paddy Hannigan
Primary Care Clinical Director

2. Our Local Picture

Staffordshire and Stoke-on-Trent ICB-PCN and GP Practices

The current GP registered population for SSOT is 1,191,413 (October 2023). Since April 2019, SSOT population has continued to increase by 3% year on year. This increase is expected to continue in excess of 1.2 million by 2035 (6% increase). The largest increase is expected within age group 65+, whilst the younger age groups will see little variation.

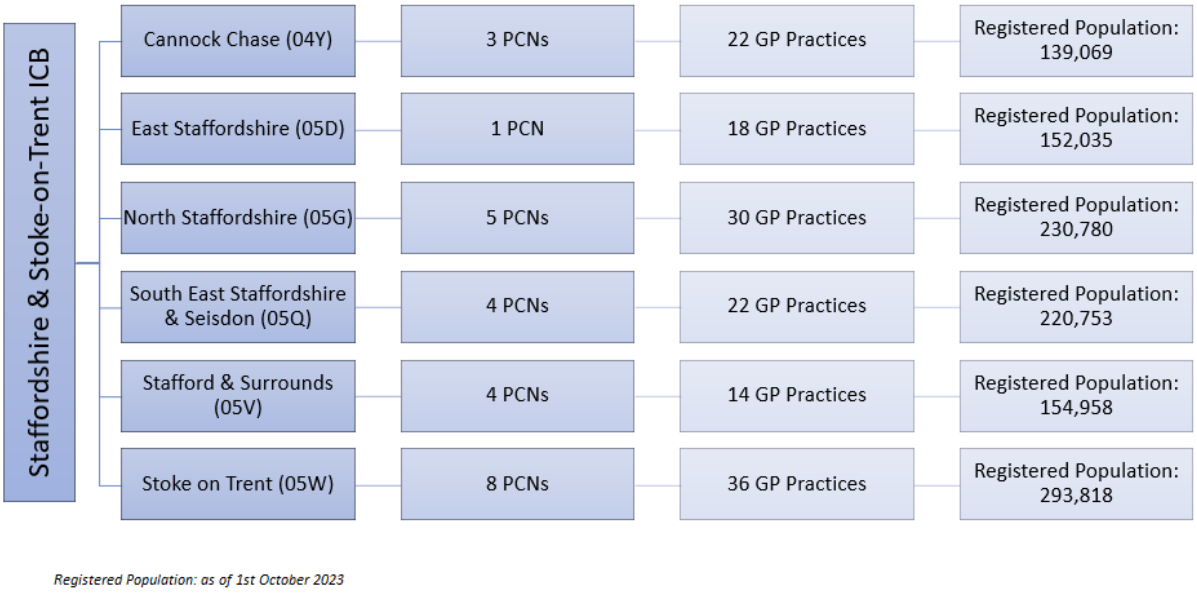


Figure 1: Population break down by locality

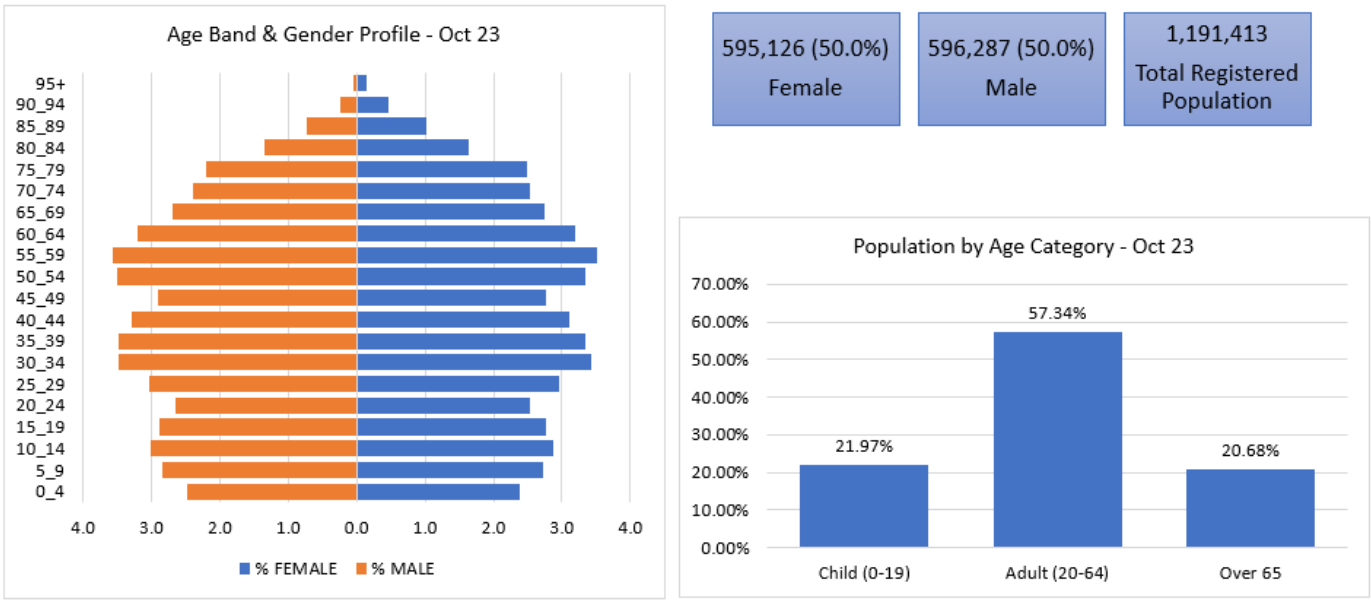
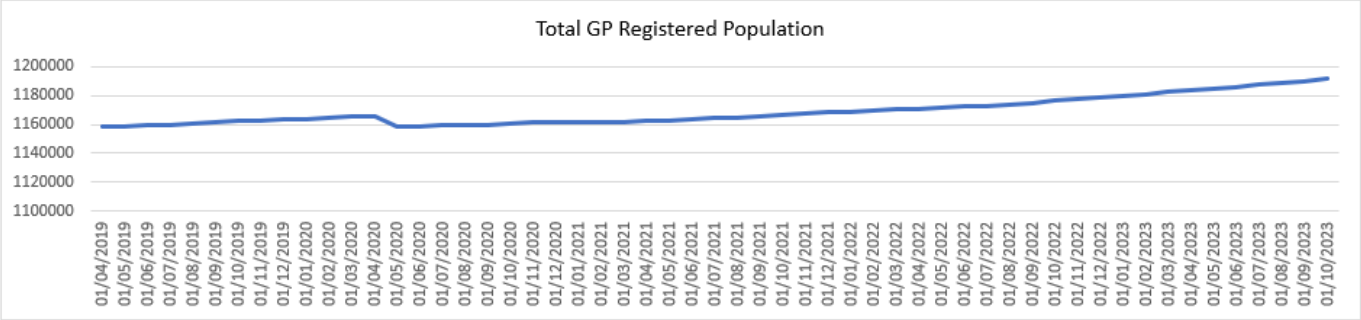


Figure 2: Age and Gender profiles



Data Source: NHS Digital - GP Registered Population Publication

Appendix 2 outlines the location of our Primary Care Networks.

Appointments in General Practice

Below are the key headlines for appointments in general practice:

Appointments risen since Covid-19 with a **peak 573,998** in October 22

In August 23 activity was **25.3% higher** than same period in 2019/20.

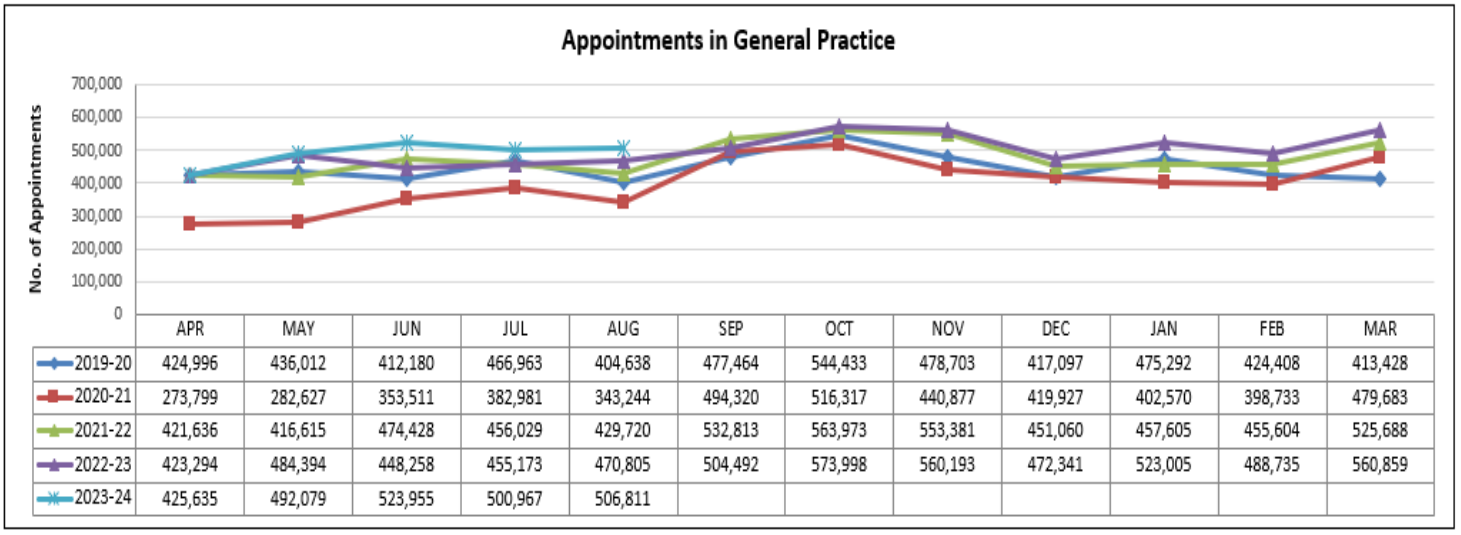
Face-to-face currently 70.7%, higher than the national average of 67.9% for August 23

Practice variation ranges from 29% to 100% for face-to-face, with 68% of practices above the national average.

90.3% of appointments took place within 2 weeks from time of booking above the national threshold (>90%).

Sub-ICB comparison shows 5 out the 6 SSoT locations are in the **highest performing quartile** nationally for appointments within 2 weeks.

Figure 3 Appointments in General Practice from April 19 to Aug 23



	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2019-20	424,996	436,012	412,180	466,963	404,638	477,464	544,433	478,703	417,097	475,292	424,408	413,428
2020-21	273,799	282,627	353,511	382,981	343,244	494,320	516,317	440,877	419,927	402,570	398,733	479,683
2021-22	421,636	416,615	474,428	456,029	429,720	532,813	563,973	553,381	451,060	457,605	455,604	525,688
2022-23	423,294	484,394	448,258	455,173	470,805	504,492	573,998	560,193	472,341	523,005	488,735	560,859
2023-24	425,635	492,079	523,955	500,967	506,811							

Figure 4: Appointment types compared across England & Midlands ICBs

	12 months - Sep 22 to Aug 23			Current Month Aug 23		
	England	Midlands	SSoT	England	Midlands	SSoT
No. of Appointments	343,617,298	66,783,835	6,133,070	28,194,025	5,495,886	506,811
Appointments per 10,000 Weighted Pop.	55,508.5	56,953.0	50,351.6	4,554.5	4,686.9	4,160.8
% Appointments Face to Face	69.3%	70.5%	73.4%	67.9%	69.2%	70.7%
% Face to face with GP	41.7%	41.5%	41.5%	41.0%	40.9%	41.7%
% Appointments with GP	47.3%	47.1%	45.2%	46.2%	45.9%	44.4%
% Same Day Appointments (all national categories)	43.3%	45.0%	45.5%	43.7%	45.3%	46.9%
% 14 Day Appointments (all national categories)	83.1%	83.2%	85.5%	82.7%	82.6%	85.8%
% 14 Day Appointments (8 national nategories)	86.8%	87.0%	89.7%	82.7%	87.1%	90.3%

General Practice Workforce

The overall number of GPs has steadily declined from 2015 to mid-2018. GP Numbers subsequently increased, reaching a peak of 717 Full Time Equivalent (FTE) by November 2021. Since this point there has been a downward trend until December 2022 which saw a steep increase to GPs in Training Grade Specialty Trainee (ST) 2. A further increase has been seen over recent months, with the **overall GP numbers at 700 FTE for August 2023**.

A year-on-year comparison to August 23 shows the number of fully qualified GPs has remained **stable at around 500 FTE**. There has been **20% increase (32 FTE) within the GP training grades.** Over the same timeframe, there has been a **4% increase within the Nurse staffing** group.

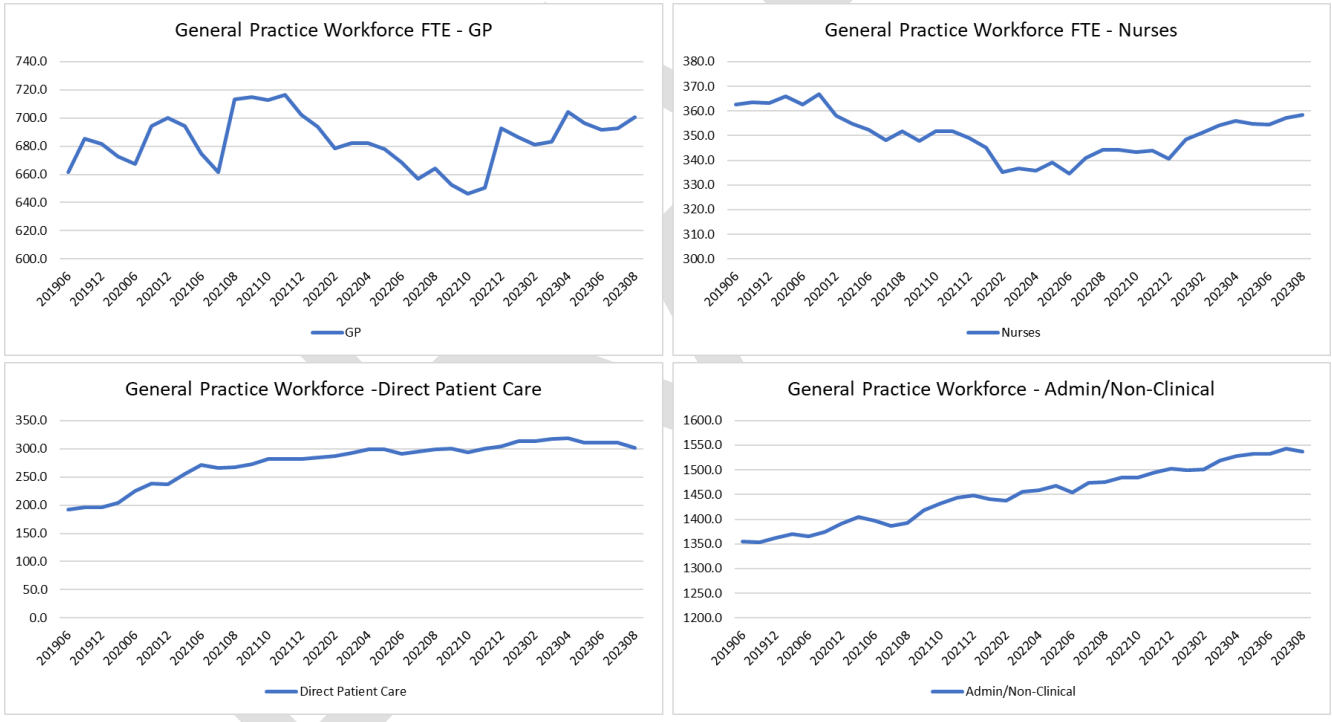
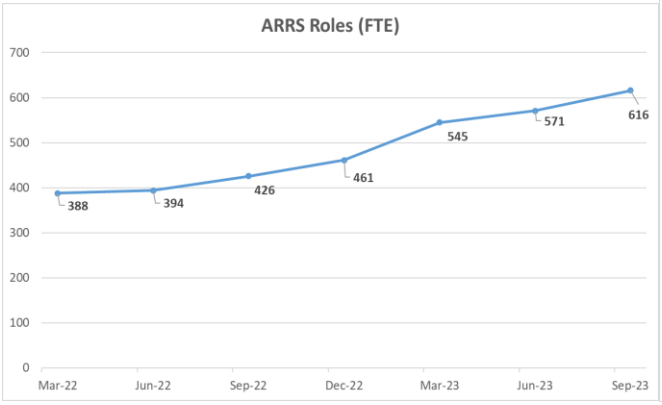
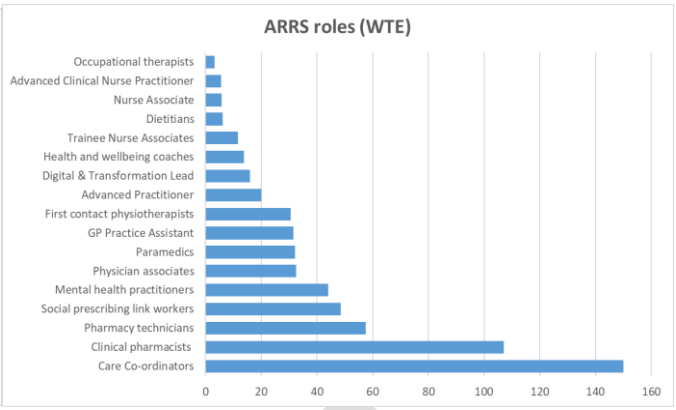


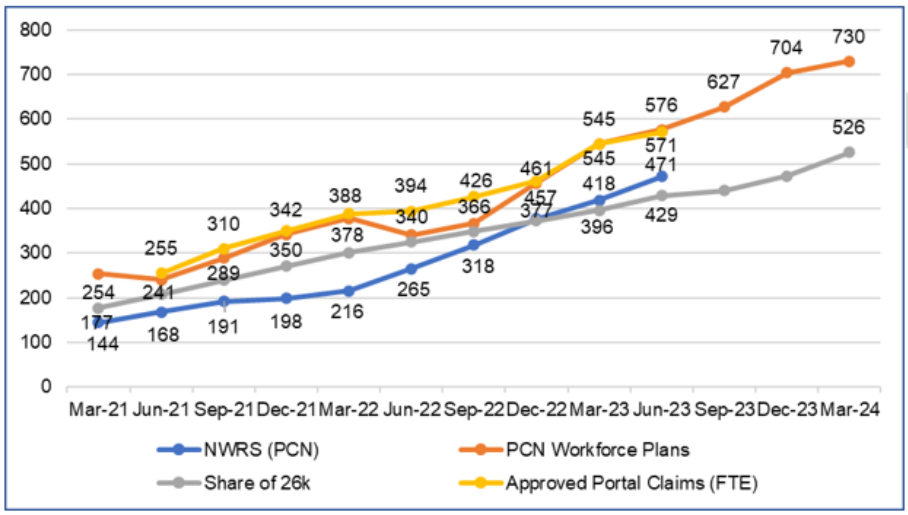
Figure 5: The GP FTE and Direct Patient Care (DPC) FTE as a rate per 10,000 weighted population are lower for SSOT compared to the National rate, whereas the rate for Nurses is marginally higher than National.

Primary Care Networks (PCNs) are continuing to recruit to additional roles to utilise their ARRS allocations with PCNs planning to have 730 WTE in place by 31 March 2024. The additional roles support changing and expanding the workforce in primary care to provide additional capacity for people, providing personalised and preventative care to our people.





The diagram below shows the SSOT plan Vs targets and demonstrates performance above plan (grey line) as at 31 August 2023.



Staffordshire & Stoke-on-Trent

SSOT also performed well at the end of Quarter 4 2022/23 within the Midlands region in relation to coverage of certain ARRS roles, SSOT had:

- 100% coverage for Personalised Care Roles – this is at least 1FTE in place by the end of March 2023
- 95% coverage for Mental Health Practitioner Roles, this means at least 0.5FTE in place and SSOT is the highest in the Midlands.
- 100% coverage of Pharmacists and Pharmacy Technicians, at least 1FTE in place.
- 72% coverage of Paramedic roles, at least 0.2FTE in place and SSOT are the highest in the Midlands.

The ICB works closely with the Staffordshire Training Hub (STH) team, including the Additional Roles Reimbursement Scheme (ARRS) facilitator, who with the ARRS Ambassadors, supports the PCNs and the ARRS workforce colleagues with their development, along with initiatives to aid recruitment and retention. Further detail on work in progress is detailed in section 5 of this report.

People's Experience

Access to general practice remains one of the highest priorities for our communities. The National GP Patient Survey results for 2023 show an **increased number of positive ratings** for

4 out of 5 of the key questions compared to 2022 results. This contrasts with the national trend which predominantly decreased.

The ICB recognises there is variation in people's experience of accessing general practice, in particular, people being able to contact their surgery by telephone or being able to navigate the GP website.

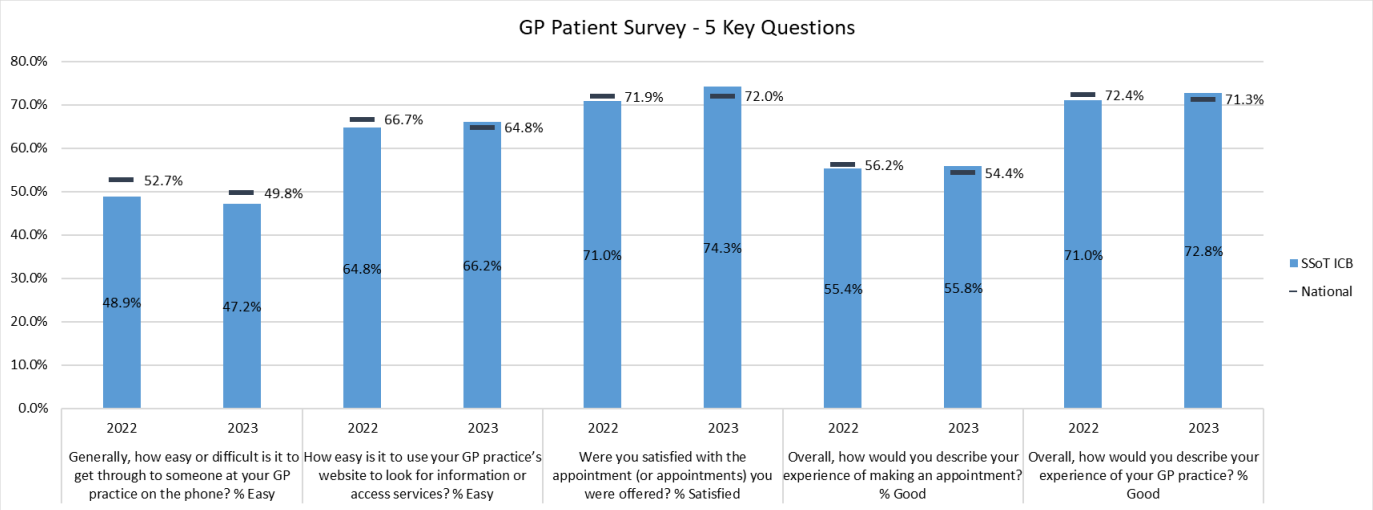


Figure 6: GP Patient Survey Results

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle for people accessing general practice services in which they have an opportunity to feedback their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.

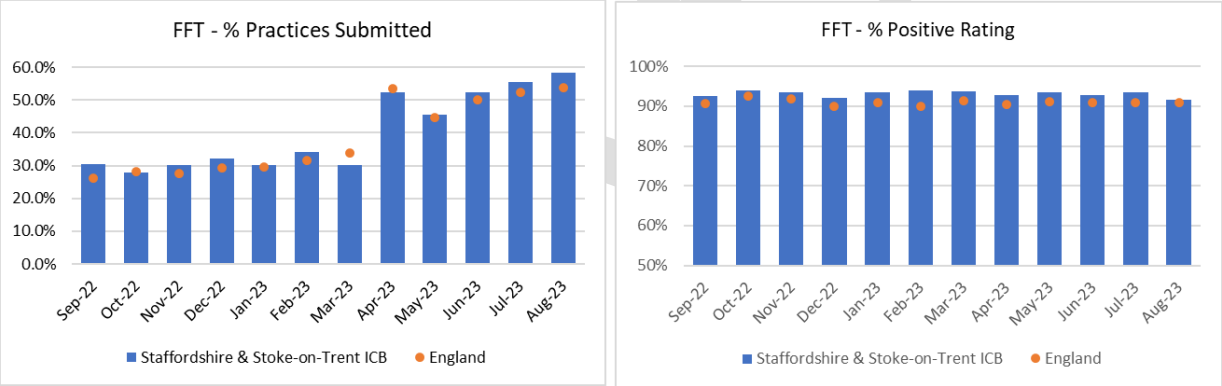


Figure 7: FFT Results from September 2022 to August 2023

A large proportion of general practices have input from Patient Participation Groups (PPGs). These are groups of people who wish to be involved in improving their local general practice services. The ICB will continue to use the PPGs to gain valuable insight and support practices in gathering more local real-time feedback, which can be used to shape improvement. Locally, PCNs are integrating PPGs across groups of practices.

3. Health Inequalities (HI)

What Staffordshire and Stoke-on-Trent looks like through a Health Inequalities lens

Stoke-on-Trent is one of the 20% most deprived districts in England. People's health and life expectancy is below the England average for both men and women. There are disparities in life expectancy between the most and least deprived areas. Obesity for both children and adults are higher than the England average. The prevalence of smoking is higher than the England average. Under 75 mortality rates for cardiovascular diseases and cancer are also worse than the England average.

The average deprivation score (IMD) reports Staffordshire is lower than the England average. Life expectancy is similar to the England average for both men and women, although this varies between the most and least deprived area of Staffordshire. Obesity in adults is higher than the England average. Smoking prevalence in adults is lower than the England average prevalence. Rates of employment, homelessness and violent crime are better than the England average. Tables and deprivation maps can be found in **appendix 3**.

What Support is Available

The ICB supports and enables general practice to provide a consistently high level of care, address unwarranted variation, and improve access, quality, and outcomes by using a population health management approach, currently being rolled out across SSOT. PCNs and practices will receive HI focused Population Health Management data training from January 2024.

PCNs across SSOT have all identified a HI Lead who are championing and working with colleagues across the PCN and system health partners to identify, develop interventions and engage with patient focus groups to tackle neighbourhood health inequalities.

Several PCNs have identified cohorts of people whereby access to GP services can be improved, to support them in receiving care, for example; people with learning disabilities can often find it difficult navigating the appointment system or do not engage, when invited to attend for their annual health check. PCNs have been working with Learning Disability Nurses within the community and mental health charities to establish reasonable adjustments and interventions that can implemented in how practices communicate and provide care for people.

The ICB primary care team also support practices to deliver against a Quality Improvement Framework (QIF), which are standards that are over and above those that are already nationally defined in the Quality Outcomes Framework (QOF). The QIF identifies those areas of deprivation and provides additional funding to those practices to enable them to focus on long term condition management to try and close the inequalities gap.

Equality and Health Inequalities Impact Assessment (EHIA)

A Health Inequalities strategy is currently in development. This will articulate a system-wide approach to tackling health inequalities, particularly in access, experience and outcomes, in line with our new legal duties. This work will also include working alongside quality assurance and improvement leads in addressing inequalities and variation.

4. PCN and Practice Actions

PCN Capacity and Access Improvement Plans

SSOT PCNs have developed improvement plans in collaboration with the Integrated Care Board and the plans were assured, by the ICB, by NHS England in July 2023.

The PCN access improvement plans have included the general practice elements of the National Delivery Plan for the Recovery of Access to Primary Care and focus on key areas to support improved patient experience of general practice;

- patient experience of contact,
- ease of access and demand management, and
- accuracy of recording in appointment books

The PCN improvement plans aim to address the challenges and risks presented to us around general practice access. Challenges include increased demand on general practice related to local demographics and an increase in the number of people aged 70+ with increasing dependency and some with multiple long-term conditions. There has been an increased demand for appointments and prescriptions, an increase in queries relating to hospital referrals and appointments and telephone access is impacted by referral queries and vaccination queries.

The PCN improvement plans detail actions the PCNs and their GP practices are undertaking with the aim of improving access for people;

- a commitment to move to Cloud Based Telephony (CBT) for analogue practices and number of PCNs are developing plans to move to one CBT system in the future once individual GP practice contracts come to an end. The commitment includes plans to implement greater functionality for cloud-based telephony such as call back options and queue functionality
- Use of the NHS England GP website improvement and benchmarking tool to ensure all practice websites are offering a consistent message and are up to date with the latest information to support easy information finding for people, reducing the need to telephone GP practices to request information
- Participation in digital inclusion work to support people to access online tools such as the NHS App online consultation and promotion of these tools to increase patient awareness
- Implementation of Patient Online Record Access
- Utilisation of Additional Roles Reimbursement Scheme (ARRS) Funding to secure additional roles within PCNs, offering greater choice of appointments to people
- Communication campaigns to inform people of GP practice teams, including ARRS roles
- Working with community pharmacists to utilise the Community Pharmacy Consultation Service where appropriate for people
- Exploration of the creation or growth of PCN PPG groups to support engagement with practice populations to improvement patient experience
- PCN plans for community collaboration and working with community groups to provide support and information to people
- Use of care navigation and accessing training

Further themes captured from the plans can be found in **appendix 4**.

Some specific examples that PCNs identified within their plans are captured below, this is not an exhaustive list but provides a flavour of the actions being taken locally:

PCN Area	Action being taken
North Staffordshire	Digital Inclusion sessions are being held in GP practices within the PCN to support people to access information digitally where appropriate.
North Staffordshire and Stoke-on-Trent	A pilot project is taking place with a focus on backend workflow turnaround i.e. dealing with administration such as patient letters/tasks etc. Actioning the workflow within a specific time period following receipt has seen a reduction in telephone calls, appointment requests, patient queries and tasks. Staff satisfaction and morale has also increased due to a reduction in patient complaints and queries.
South Staffordshire	A General Practice Team leaflet has been produced for people who do not have online access, detailing the different ARRS roles and Health Care Practitioners available in general practice.
South West Staffordshire	Consistent messaging on websites across the PCN to inform people of services available in addition to general practice and consistent advice on usage of services including general practice.
South East Staffordshire	Use of a web-based community connectivity app platform used by the public and health professionals and links directly into our GP systems.

PCNs have highlighted workforce recruitment and retention as a concern within their improvement plans. During 2022/23 available funding for ARRS roles was not fully utilised due to recruitment challenges. The ICB has worked with PCNs to support them to develop plans to utilise ARRS funding to recruit staff to additional roles. The need for suitable estate to accommodate additional roles has also been highlighted within some plans and this has been captured as part of the PCN Estates Plans.

Elements for delivery in the PCN Improvement Plans are linked to work taking place at a national level and delays to national work could impact on local delivery. Delays in the publication of national frameworks, for example for the purchase on online consultation tools, may result in delays to implementation of PCN Improvement Plans. To mitigate this risk, the ICB has ensured that online consultation tools are available for all GP practices to utilise whilst the longer-term purchase of an ICB online consultation tool progresses. Information webinars and support available has been shared with GP practices and PCNs to facilitate understanding of the tools available and the benefits to people and practices.

PCN Estate Plans

Since September 2022, following a change in clinical planner, Archus were appointed to as clinical planner and estate planners for SSOT and they are in place to support PCNs with the estates toolkit.

The toolkit has two objectives:

- To enable each PCN to identify and prioritise their estate optimisation, disinvestment, and subsequent capital investment requirements to address population health priorities and future service needs.
- To support the production of capital investment plans for PCNs and help ICSs to aggregate and prioritise local primary care investment requirements against other system demands for capital.

Each PCN Strategic Estate Plan will have short, medium and long term options for estate identified within them. All 25 plans will have estate investment/development needs in some form.

The following next steps are in place to develop the estate plans within SSOT:

- The ICB has just received the aggregated version of the 25 PCN Estate Plans from CHP and is currently reviewing its content. This was due with the ICB in late September but was delayed by CHP. The aggregated version will summarise the 25 plans.
- Whilst awaiting the aggregated version the ICB commenced reviewing all 25 PCN Estate Plans covering the 142 practices in Staffordshire and Stoke on Trent to consider where the shortfalls in estate are and what options may be available.
- A prioritisation matrix has been drafted and shared with the South and North LMCs for comment. This is based on a matrix created by CHP. The ICB will use this matrix to prioritise projects identified within the PCN Strategic Estate Plans and also for any other project that is identified thereafter.
- The ICB will utilise the aggregated version, along with the individual plans, to respond to any planning application and to prioritise any funding that is made available to the ICB, this includes future Premises Improvement Grant funding and any additional space requests.
- The ICB will continue to work with each of the PCN's to further develop the Strategic Estates Plans with specific projects through option appraisals and feasibility studies.
- CHP are looking to commence a further phase of work called ADEPT (Activity-Driven Estates Planning Tool) as a pilot for the Midlands. The purpose, scope and benefits of ADEPT is:
    - Model current activity and future demand to determine functional space requirements across primary, community, mental health and acute sectors under 3 scenarios:
    - Do Nothing Scenario – if nothing changed except population growth
    - Do Minimum Scenario – if only implement what is currently in the pipeline.
    - Do Maximum Scenario – selection of pathway interventions chosen by the system to reach agreed system targets.
- Toolkit will provide a set of national best practice interventions as a proxy for clinical strategy.
- Supports the System to identify where services need to be provided to improve health and wellbeing and reduce health inequalities.
- Supports clinical pathway redesign and left-shift care delivery.
- Evidence based and data driven.
- Builds on work already undertaken (no duplication).
- Helps to define the requirements for estate of the right size, in the right place, of the right type, which is of high quality and well utilised.
- Drives efficiencies for reinvestment through scenario planning.

Ongoing Monitoring

The ICB Primary Care Team and PCNs will hold quarterly discussions on progress against the plan and raise any concerns and offer support so to enable work to continue. The first quarterly meeting will commence in October 2023.

End of Year Assurance

An end of year assurance process to assess PCN Improvements (or maintenance of good performance) will be developed and will involve a panel, similar to that used to assure PCN Access Improvement Plans. Assurance will be based on PCNs implementing the plan, maintaining good performance or improving against the three key areas (patient experience of contact, ease of access and demand management, and accuracy of recording in appointment books). The year end payment consisting of 30% of the funding available will be split as per NHS England guidance at 10% per section.

5. ICB Actions

1. Empower people by rolling out tools they can use to manage their own health, and invest up to £645 million over two years to expand services offered by community pharmacy.

Through development of the Integrated Care Partnership (ICP) Strategy, 5 'Ps' have been agreed as operating principles and commitments by Partners. Personal responsibility supports the empowerment of people.

Figure 8: The 5 P's

Self-Referral Pathways

Progress has been made for several self-referral pathways to help empower people and encourage them to take control of their own health. A readiness assessment has been completed for NHSE and provides further details around these pathways. In summary:

- **Community Musculoskeletal and Podiatry** services will be in place by March 2024. Previous pilot for direct self-referral shows 65% of referrals were from this service. Rollout will begin from December 2023.
- **Audiology for older people including hearing aid provision**. The service is fully integrated with people self-referring into the service.
- **Weight Management Service.** Stoke-on-Trent City Council have commissioned an online Weight Management Service provider who offers high-quality tools for online consultation, messaging, self-monitoring. In Staffordshire, a weight management service is commissioned by Staffordshire County Council which includes digital support. A digital only option is also available. Staffordshire residents can self-refer into this service if they are aged 18 or over and who have: a BMI of 27.5+ with a long-term medical condition or people with Black African, African-Caribbean, and Asian family background Or BMI of 30+ without a long-term medical condition.
- **Self-referral Pilot - Digital Weight Management Plans for Staffordshire and Stoke-on-Trent (SSSOT).** This is a 12-week digital online programme, covering subject areas associated with weight management, healthy eating, nutritional advice,

and principles of physical activity in which people can self-refer into. This is a pilot scheme, but subject to evaluation, anticipated to be in place until January 2024.

- **Wheelchair Services**. Work has been underway to ensure that as part of the new service, which commenced in April 2023, people can re-refer themselves, having been accepted, into the service. The current provider is to develop a self-referral pathway. National guidance is being sought due to referrals requiring clinical assessment. The providers website identifies how people can be referred.
- **Community Equipment Services**. The current model does not include a self-referral route; however, the service is currently under review, and this will form part of the options appraisal during 2023/24. It is anticipated that the options appraisal shall be concluded by the end of Q3, after which a detailed project plan will be developed to determine timescales dependant on the outcome of the appraisal.
- **Falls services**. Self-referral pathways are in place in certain parts of the ICB footprint. Self-referral currently in place within South Staffordshire Falls Team through telephone only. Work currently underway with the Northern Staffordshire Falls Team to replicate the model. This is anticipated to be in place by January 2024.
- **Reactive Falls Pathway** - Self referrals into the Falls Service is available in North through Stoke Local Authority. This is a Telecare offer and is only in Stoke-on-Trent due to being an internal service offer. This is being reviewed.

Digital Empowerment

Enable people in over 90% of practices to see their records by 1st November 2023 and practice messages, book appointments and order repeat prescriptions using the NHS App

95% of practices in SSOT are now offering Full Prospective Access (FPA). Engagement with practices around promoting the use of the NHS app for record access will continue to take place with an aim of reaching the national target of 75%.

To make it easier to join a new practice, NHS England has simplified the forms and created an easy-to-use online registration service that is also available on the NHS App. The ICB will work with practices and PCNS to encourage publicity of the NHS App. 32 practices are currently registered and the ICB will continue to encourage practices to register for this service.

Online Access

The ICB has been working closely with NHSE and the National Commercial and Procurement hub to ensure high-quality online consultation, messaging and booking tools are available to general practice across SSOT. The launch of the Digital Pathways framework has been delayed and is expected to be available from January 2024.

The ICB will commission a new suite of solutions via the Digital Pathways Framework. This will be undertaken with input from Clinical Leads and a Clinical Safety specialist along with consideration to feedback from PCN and Practice engagement to capture people's whole journey through primary care services.

In the interim, the ICB has worked with the National Commercial and Procurement hub to ensure all practices across SSOT have access to online consultation, messaging and booking tools to aid the delivery of the PCN Access Recovery plans by the end of March 2024. The ICB are also working closing with solution suppliers and Redmoor Health to ensure practices are supported to utilise these tools effectively.

All practices across SSOT currently have access to solutions which enable the booking of routine appointments. The ICB are facilitating a webinar to ensure practices and PCNs are aware of the solutions available and how best to embed these into their practice workflows.

The ICB will be looking to share best practice from peer PCNs and practices who are already successfully integrating these solutions and support will be made available from the solution providers to encourage the adoption and mobilisation of booking functionality where not currently enabled.

Pharmacy

Launch Pharmacy First so that by end of 2023 community pharmacies can supply prescription only medicines for seven common conditions.

This service will enable SSOT pharmacists to supply prescription-only medicines, including antibiotics and antivirals where clinically appropriate, to treat seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) without the need to visit a GP. This will launch locally as soon as the national consultation has ended.

This significantly expands the current Community Pharmacist Consultation Service and Extended Care Enhanced Service. The Independent Pharmacist Prescribing Pilot Pathfinder Project provides increased scope for this to provide an **extra 2,400 extra appointments** across our pathfinder sites by March 31st, 2024, because of the EOI proposed by our Community Pharmacy Clinical Leads to NHS England which resulted in SSOT being awarded the highest number of sites across the Midlands Region.

Expand Pharmacy Oral Contraception (OC) and Blood Pressure (BP) Services

There are **86 pharmacies** offering oral contraception services across SSOT, with more achieving accreditation each month. Although service uptake has been slow across the region, the aim is to achieve 500 referrals each month by April 2024.

Viraj Parmar at Blythe Bridge Pharmacy in Stoke-on-Trent said;

> *"Since April, we have seen more than 75 women for oral contraception consulations. They are all really pleased to be able to pop into a local place at a time that suits them. I am thrilled to be doing more and seeing more people directly. I am sure it is a trend that will continue."*

There are 240 community pharmacies currently delivering 4,800 BP checks each month, the aim is to deliver 6,000 by the end of the 2023/24 financial year. The ICB are building on their success by supporting contractors who have lower numbers to support their output.

Four new pathfinder sites will start BP medication prescribing to support treatment-to-target objectives and improve access to GP by moving over these cohort of people to Community pharmacy. One of our Community Pharmacies in Stone, Staffordshire received 200 APBM referrals testifying to the reduced waiting times for ABPMs vis-à-vis Secondary care longer waiting times.

2. Implement 'Modern General Practice Access' so people know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message.

PCNs have committed to providing Modern General Practice Access by transitioning from analogue to digital telephony, accessing support and training for care navigation, digital transformation and capacity backfill.

Currently 77 GP practices have confirmed their intentions to apply for funding to support implementation of a Modern General Practice Access model (27 for the North, 21 South West, 29 South East) and the ICB will continue to engage with GP practices and PCNs to increase the number of practices committing to implementation during 2023/24 and 2024/25.

The ICB will work with GP practices to support the identification and implementation of their models throughout 2023/24 and 2024/25.

Care Navigation

Care Navigation commenced in SSOT in September 2017 as part of the General Practice Five Year Forward View (GPFV) programme across GP Practices.

A new National Care Navigation Training programme has commenced and to date, 89 General Practice staff across SSOT have received training through the programme. The ICB has invested an additional training programme to develop Care Navigators to support people and 206 general practice and PCN staff have been trained across SSOT via this route.

The ICB continues to encourage general practice and PCN staff to access national and local training opportunities so they can continue to provide a Care Navigation offer for people.

Digital Inclusion Pilot

The ICB has developed a digital inclusion pilot to support development of skills, confidence and motivation by upskilling people on the basic NHS online tools that will give people the opportunity for greater control of their own healthcare. The pilot is a collaboration between GP practices and PCNs and local authorities.

The pilot initially encompassed six PCNs and will be expanded during 2023/24 to include a further nine PCNs. The pilot aims to:

- Increase patient and public engagement on digital services
- Improve accessibility for people that either struggle to access digital services or have little confidence in using features such as NHS App or online consultation
- Provide a convenient and better experience for people
- Create 'Digital Champions' across PCNs to support digital literacy
- Improve capacity in general practice by reducing the need for people to contact practices where they are willing to use self-service digital means, e.g. for repeat prescriptions or access to medical records
- Where appropriate, introduce people to quality apps to benefit their health condition
- Promote greater use of nhs.uk, NHS app, GP online services and 111 online symptom checker
- Reduce digital exclusion

Behaviour Science Project

The ICB has in place a behaviour science project. This project aims to utilise the combined application of Demand Management, Behavioural Science and Operational Excellence disciplines to balance demand and improve engagement, demand and flow of services across the system.

The project will support:

- An understanding of the current demand patterns that people across Staffordshire create when engaging with Primary and Urgent Care services including GP practices, GP Out of Hours (OOH) services, NHS 111 and the Ambulance service.
- The use of behavioural science to illicit how and why people select their chosen access point for the services they believe they require and how this can inform the engagement and transformation strategies required to optimise best use of these services across the system.
- Use population analytics and key performance data to drive operational excellence to meet the integrated delivery requirements needed to optimise access across these services and the system.
- Build a staff toolkit to support local people to identify and select the most appropriate service to meet their needs by improving their knowledge, confidence and decision-making.

Move to Digital Telephony

SSOT have identified 7 GP practices who have an analogue based telephony system and are considered a priority. All 7 sites have been supported by the ICB Digital team and NHS National Commercial and Procurement Hub to ensure the right support is in place for practices to achieve positive outcomes.

The ICB Digital Team along with the NHS National Commercial and Procurement Hub continue to support the remaining 136 practices who are not on an analogue system but still require an upgrade to advanced cloud based telephony with their procurements once they near the end of their current contracts.

The ICB will continue to engage with practices to understand which tools will be required to support the shift to the Modern General Practice Access model. The ICB have delivered a webinar which discussed the existing provision to ensure solutions are fully utilised, but to also gather feedback on existing system functionality including any limitations, which will then be incorporated within the ICBs procurement planning.

The ICB will engage with PCNs via its established Digital and Transformation Lead meetings to understand any areas of opportunity which can be supported by the tools available via the Digital Pathways framework.

3. Build capacity so practices can offer more appointments from more staff than ever before.

Workforce

SSOT ICB has a Primary Care Workforce Implementation Group (WIG) to provide the strategic direction and oversight for the workforce programme that has the overall aim of increasing capacity within general practice. The WIG is currently developing a workforce strategy that will align with the national workforce long term plan.

Reporting to the WIG is an Additional Roles Reimbursement Scheme (ARRS) task and finish group which is driving forward various supportive initiatives to ensure that 100% of the ARRS funding is utilised by the PCNs during 2023/24. For example, sharing good practice on ARRS recruitment and retention, and providing timely PCN level ARRS finance information.

The ICB closely monitors expenditure and workforce plans to ascertain unclaimed funding that can be redistributed to other PCNs. The ICB is looking to pilot schemes to support PCNs with the supervision of the ARRS roles to aid retention and release capacity. The ICB works closely with the Staffordshire Training Hub (STH) team including the ARRS facilitator who with the ARRS Ambassadors support the PCNs and the individual ARRS workforce with their development and initiatives to aid recruitment and retention.

The ICB and the STH ARRS Facilitator have undertaken projects to raise the awareness of the ARRS roles and what they can deliver for the PCNs. The STH have launched various programmes of support including an offer for funded supervision support to Fist Contact Partitioners (FCPs) to complete Stage 1 and 2 of the Roadmap Supervisor Verification (RMSV) Roadmap.

The ICB are seeing an increase in the recruitment of the new roles and currently have 16 out of 25 PCNs who have recruited to the new Digital and Transformation Lead, with a further 4 PCNs indicating their intention to recruit within their workforce plans for 2023/24.

Further expand GP specialty training to make it easier for newly trained GPs who require a visa to remain in England

GP Practices are encouraged to take advantage of a valuable resource to retain GP Trainees outside the UK or to recruit a GP who are not settled workers. The STH launched a bursary for GP Practices to become an official Skilled Worker Visa sponsoring Practice via the Home Office. To date, the SDF have supported 15 x Practices in SSOT to become a sponsoring practice.

The STH have the Indefinite Leave to Remain (ILR) Scheme to support overseas doctors who have accepted permanent GP posts in SSOT with ILR costs of up to £2,400. As part of this scheme there is a commitment from the GP to work in SSOT for at least two years after the approval of the costs. To date, the SDF have supported 10 x GPs in SSOT to become a sponsoring practice.
The STH have a GP Facilitator to lead on the NHSE General Practice Fellowship Scheme. To date, 13x GPs have completed and graduated the two-year programme, and currently there are 15x GPs in the first year and 9x GPs in the second year with a further 6x GPs due to start in January 2024.

The Coach and Mentor team are now well established to support the GP Fellows and feedback for both the scheme and Coach/Mentors has been excellent.

The STH has engaged with all their GPVTS groups in SSOT and encouraged ST3s to join the STH mailing list, so they are aware of the level of support available. In addition to these meetings, the STH has created a short, animated video which has been uploaded to the STH website and which the GP Facilitator will show at engagement meetings with Practices and GPs. This video can be viewed at:
https://youtu.be/QKHbW21agjk?si=uMoJoA_g6wsIDE9e

Encourage experienced GPs to remain in practice through the Pension Reforms announced in the Budget and create simpler routes back to practice for the recently retired

The ICB will actively promote and deliver any new Government policies to encourage experienced GPs to remain in practice. Once pension reforms have been agreed nationally, the ICB plan to run a webinar to highlight the changes and what this means for our local GPs.

4. Cut bureaucracy to give practice teams more time to focus on their people' clinical needs.

Primary – Secondary Care Interface

The ICB has developed a single Primary Care and Secondary Care Consensus Agreement that has been signed up to by all organisations.

An established Primary and Secondary Care Interface Group is running in North Staffordshire and Stoke, led by University Hospitals of North Midlands (UHNM) to include Primary Care, Nursing and LMC colleagues. The aim of the group is to oversee the delivery of improved working across the primary-secondary care interface to improve productivity, efficiency, resilience, patient and clinician experience including all partners.

A similar group in South East Staffordshire has recently been established, taking the learning from the already established group in the North, and a South West facing group to engage with out of area acute providers is planned over the coming weeks.

These groups will support the delivery of improved working across the primary-secondary care interface to improve the productivity, efficiency, resilience, patient and clinician experience. All collaborative work will ensure to reduce inequities in care provision and any unwarranted variation in outcomes for our people.

The ICB will work with local authorities and other partners including national agencies to support the adoption of the Bureaucracy Busting Concordat, reducing the administrative burden for GP practices.

IT System Connectivity – Improve the Digital Infrastructure between General Practice and Community Pharmacy

SSOT is currently on track to deliver vastly improved interconnectivity between Community Pharmacy and GPs systems. These will streamline referrals, provide additional access to relevant clinical information from the GP record, and share structured updates quickly and efficiently following a pharmacy consultation back into the GP patient record.

There are three major projects:

- **Local Services Module**: commissioned by primary care, EMIS system enables a one-click referral directly for referral of BP checks, oral contraception consultation and minor ailments directly from GP systems to the patient's community pharmacy of choice. **This is now live** and are already seeing a return on investment with more referrals and improved data visibility at system level.
- **GP Connect Software**: via the Independent Pharmacist Prescribing Pilot Pathfinder Project which is going live on November 2023. This gives the pilot community pharmacies direct access to GP systems for prescribing-**SSOT has the highest number of pathfinder sites in the NHS England Midlands region**. There are five models; three of which fulfil specific commissioning needs including the Anticoagulation Prescribing Service in Burton on Trent, CPCS+ service in Tamworth for deprived areas and the vulnerable asylum seeker population, Stoke CPCS+ site to reduce pressure on our OOH provider.
- **OneHealthandCare:** 240 community pharmacies in SSOT are the only pharmacy cohort in the Midlands in active onboarding consultations to be linked to OneHealthandCare joint care records being negotiated by the SSOT Community Pharmacy Clinical Leads working through the requirements analysis and governance frameworks so the pharmacy can have a full 360-degree view of the people care from secondary care, primary care, mental health, care homes, community services, GP and Dietetics.

Antimicrobial Resistance (AMR)

The ICB is undertaking a review and re-alignment of local AMR leadership, governance and clinical pathways, diagnostic pathways across the ICS, local priorities around antimicrobial stewardship and IPC to reflect the ICS population needs. A further review of Antimicrobial Prescribing and Medicines Optimisation (APMO) working group with clinical leadership from General Practice and Pharmacy is being developed.

Intelligence from NHS model health system AMR dashboard, local data and engagement with stakeholders is being utilised to review progress against local priorities for APMO and develop new plans for the ICS, with projects undertaken to address a key priority of optimising antimicrobial prescribing in General Practice. Supporting national AMR strategy and local priorities, utilising Service Level Agreements with General Practices to enable audit reviewing local practice in APMO in General Practice and promote adoption of TARGET toolkit approach. The APMO Working Group will continue to drive quality improvement in antimicrobial prescribing in General Practice through strategy, local interventions and guidance reflecting evidence based best practice.

Support Level Framework

Uptake of the Support Level Framework (SLF) in SSOT:

Offer Type (Phases A, B & C)	Spaces Utilised	SSoT Proportionate Allocation

Practice Intensive	1	17
Practice Intermediate	12	9
PCN Intermediate	2	2
Local Improvement (launching Oct 2023)	0	20

Within the Midlands region, SSOT currently has a higher proportion of practices signing up to the intermediate support offer than its proportionate allocation. This demand will be supported by the local intermediate support offer which will be delivered by our GP Support Team.

A barrier to participation is that there is no additional funding being applied to SLF (outside the 70% IIF for CAIP) and it is not a contractual requirement for GP practices to participate. The link between the transition to Modern General Practice Access and the SLF is being highlighted to practices.

Health and Wellbeing to support GP and primary care staff retention.

The strong links to health and wellbeing and work / life balance in staff retention is a crucial aspect of the work with particular emphasis on supporting the Quality Improvement Module on health and wellbeing of the Quality Outcomes Framework and the introduction of the General Practice Staff Survey as an early adopter and the planned introduction of a standardised and impartial exit questionnaire and interview process.

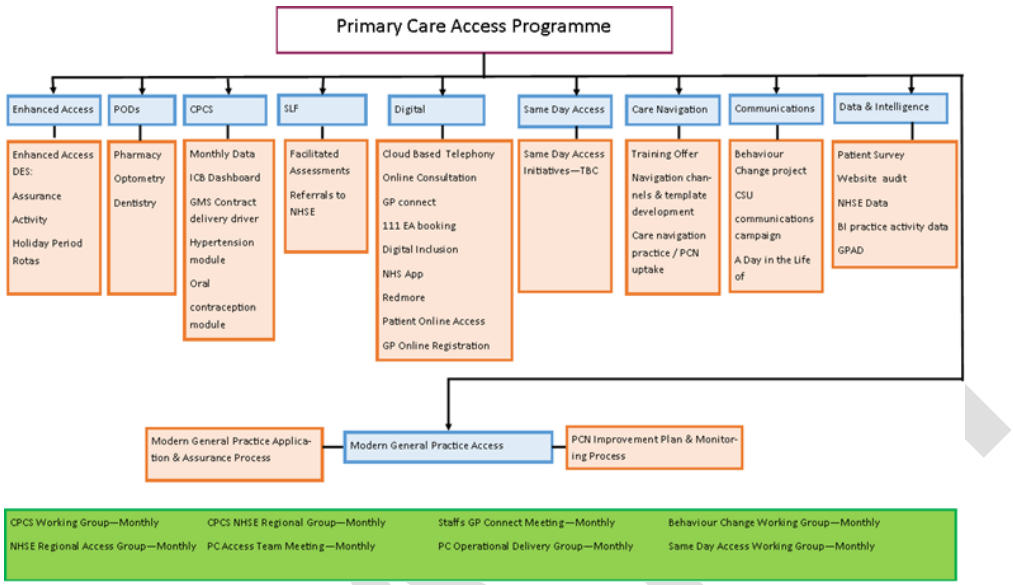
Four priority areas have been identified by a project steering group which has representation from the ICB. Identified priority areas each have a working group to bring together activity from the wider system and collaborate. There is named representation on each group from each sector / organisation.

- Flexible working and flexible retirement – case studies of good practice, rostering
- Exit data – data improvement, consistent approach across the system, stay conversations, increase engagement, staying in touch
- Onboarding and new starter support – for example preceptorship, legacy mentors, welcome / the first 90 days
- Career development and progression – line manager support, access to training, itchy feet conversations

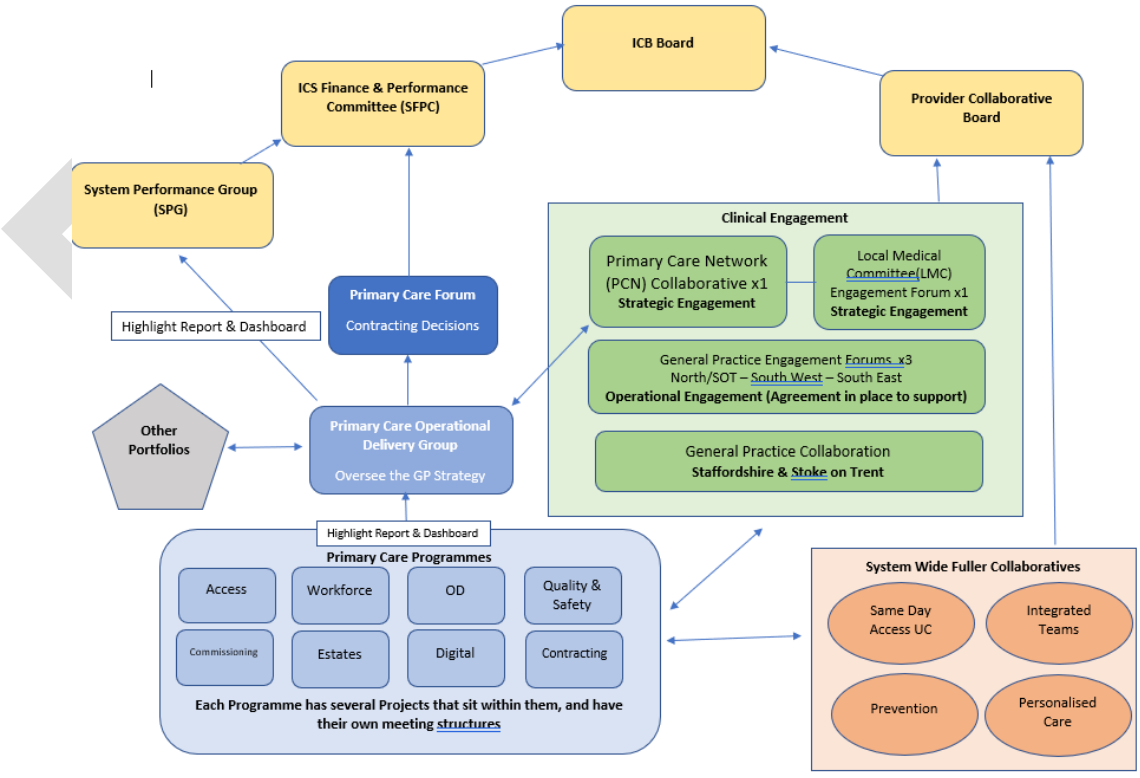
6. Delivery Trajectories & Governance

Governance

The Primary Care Access Programme has established a programme architecture and board meeting to ensure the key deliverables of the PCARP are being monitored and tracked month by month. This architecture can be seen below:



The access programme then reports into the Primary Care Operational Delivery Group (PCODG) which has links to the clinical engagement forums and the Primary Care Forum (PCF) which feeds into the ICB Board - System Finance and Performance Committee. Governance chart can be seen below:



Metrics and Trajectories

General Practice Appointments Data (GPAD)

The ICB works with practices and PCNs to record their appointments on General Practice Appointments Data (GPAD). We have a dedicated primary care analyst who downloads data on a monthly basis so the ICB can understand and see where there may be gaps and where practices may need further support.

PCNs and practices will accurately record all appointments and comply with GPAD guidance. Practices will review and ensure full utilisation of digital tools including telephony with call-back functionality and queuing enabled, online consultation and messaging tools.

Operating Plan 23/24 – Reviewed by month and Year to date verses activity plan.

- Appointments in General Practice (Reported in Primary Care Portfolio Dashboard)
- Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from general practice (Reported in Primary Care Portfolio Dashboard)
- Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from NHS111 (Reported in UEC dashboard)

Metrics reported monthly via the Primary Care Portfolio Dashboard

Access
Appointments in General Practice (verses plan)
Appointments in General Practice DNA Rate %
Appointments in General Practice F2F %
Appointments in General Practice Telephone %
Appointments in General Practice % Same Day **(New - Operating Plan 23/24**)
Appointments in General Practice % within 2 weeks* (8 National Categories) (**New Operating Plan 23/24)**
Total number of social prescribing referrals in year into social prescribing link workers (cumulative)
CPCS – Referrals to service from general practice
CPCS – Number of Practices that have made a referral to service

Digital
% people enabled to book/cancel appts online
% people enabled to order repeat prescriptions online
% people enabled to view detailed coded records online
NHS 111 Provider Searching only - Booked Appointments
NHS 111 Provider Searching only - Search for Slots
NHS 111 Provider Searching only - % Slots vs Bookings
All Provider Searching - Booked Appointments
All Provider Searching - Search for Slots
All Provider Searching - % Slots vs Bookings
Number of practices with no successful booking (last 4 weeks from month end)

Quality	
CQC Ratings	Overall CQC rating - General Practice - Outstanding
	Overall CQC rating - General Practice - Good
	Overall CQC rating - General Practice - Requires Improvement
	Overall CQC rating - General Practice - Inadequate
	Overall CQC rating - General Practice - No Data Available for reporting period
Annual Patient Survey	Generally, how easy is it to get through to someone at your GP practice on the phone? (% Easy)
	How helpful do you find the receptionists at your GP practice? (% Helpful)
	Were you satisfied with the type of appointment (or appointments) you were offered? (% Satisfied)
	Overall, how would you describe your experience of making an appointment? (% Good)
	Last time you had a general practice appointment, how good was the healthcare professional at each of the following?: Giving you enough time (% Good)
	Last time you had a general practice appointment, how good was the healthcare professional at each of the following?: Listening to you (% Good)
	Last time you had a general practice appointment, how good was the healthcare professional at each of the following?: Treating you with care and concern (% Good)
	Overall, how would you describe your experience of your GP practice? (% Good)
	How easy is it to use your GP practice's website to look for information or access services?
Friends and Family Test	FFT - % Positive experience
	FFT - % GP practice submitting data

Network Contract DES – Investment and Impact Fund (IIF) guidance for 2023/24 (reported in Primary Care Portfolio Dashboard)

ACC-08: Percentage of appointments where time from booking to appointment was two weeks or less*

(Appointments delivered by the general practice under eight national appointment categories: General Consultation Acute; General Consultation Routine; Unplanned Clinical Activity; Clinical Triage; Walk-in; Home Visit; Care Home Visit; Care Related Encounter but does not fit into any other category)

7. Investment into Primary Care

The ICB is utilising the following funds to invest in practices, GPs and the wider workforce to allow them the time and space to develop and evolve. Without this investment practices will be unable to release staff to attend training, webinars, workshops and invest in new technology systems as they become available.

Service Development Funding (SDF)	£3,221,000
Fellowships	£677,000
Supporting GP Mentors	£159,000
GP Infrastructure	£246,000
PCARP cloud-based telephony	£702,000
PCARP transition cover	£259,000
Transition Funding for Modern General Practice Access	£864,000

Service Development Funding and Training

System Development Funding (SDF) has been allocated to retention initiatives within primary care and the Staffordshire Training Hubs (STH) host two GP Clinical Workforce Champions and a full-time Retention Partner, who is hosted by the ICS People Hub to support with retention schemes and projects across all roles within primary care.

The Retention Partner (Primary Care) role is one of a wider team of 6 partners working across the different organisations and sectors within the ICS. The partners support a system wide approach to staff retention and the programme was borne out of the NHS People Promise and part of the Looking After Our People national retention programme. The aim is to keep people working in the system and to keep them well.

The clinical champions and retention partner roles ensure knowledge sharing across all the different partners, learning from each of the sectors and organisations to improve data, share best practice and create shared resources. There are individual action plans for each of the organisations /sectors but with an eye on delivering for the wider system.

The ICB have invested funding from the SDF to GP retention schemes in 2023/24. Currently there are 9 schemes that are live, with a further 7 planned for launch this year.

Staffordshire Multi-professional GP Partner Programme

- GP Skilled Worker Visa Practice Support Programme
- GP Indefinite Leave to Remain reimbursement Scheme
- GP Postgraduate Training Bursary
- Phoenix GP Mid-career Programme
- GP Maternity Coaching Programme
- GP Locum Peer Support
- GP Coaching and Mentoring Programme
- First Contact Practitioner (FCP) Stage 2 Roadmap

The annual STH Training Needs Analysis (TNA)[1] survey is live and open to all SSOT clinical and non-clinical staff to complete. Practices will be supported to identify, review and plan the programmes of. The 2023 TNA Report will support the system to effectively plan the 2023/24 activity and ensure we are meeting the needs of the workforce and in turn supporting retention.

Other examples of how the SDF funding has been used are:

- PCN Leadership & Management Support
- PCN Development using Everything Disc
- ICS Infrastructure Lead
- Apex business intelligence automation tools
- Digital healthcare support

GP Support Team

Our GP Support Team offers direct advice, guidance and support to our GP practices, sharing good practice and experience to facilitate improvements in general practice.

Our GP Support Team is involved in our work on the Support Level Framework, offering facilitated assessments to our GP practices to help them identify how the Support Level Framework can give them an understanding of what they do well and how they might benefit from development support to do better in other areas. The GP Support Team will also be providing a local Intermediate Support Level Framework offer to 20 GP practices to compliment the provision available nationally.

Finance Assurance

Manual payment will be made to practices ensuring funding reaches practices in the most timely and efficient manner, as opposed to practices having to submit an invoice to receive such funds. Expenditure will be monitored on an ongoing basis and discussed via monthly budget meetings between both the Finance and Primary Care Team whilst ensuring the funding is being utilised in line with national guidance. Updates will be reported to the Primary Care Forum.

The ICB is also working with PCNs and Practices to identify where funding may be required and assessing the modern general practice element to support practices implement their new models.

[1] 2022-23-Staffordshire-Training-Needs-Analysis-Report_31-July-23.pdf (staffordshiretraininghub.com) 2022-23-Staffordshire-Training-Needs-Analysis-Report_31-July-23.pdf (staffordshiretraininghub.com)

8. Communications & Patient Engagement

Progress to Date

Since the beginning of 2021, the ICB has been engaging people and practices to tailor communications activities in a way that will increase understanding and knowledge around how general practice is working in a post-COVID world.

Our communications team have been liaising with several patient groups and practices to ask what the key issues were that primary care was facing. From this, feedback was shared with more groups and asked if there was anything that had been missed. This gave us the starting point for our 'post COVID evolution of general practice' public campaign. This campaign included elements such as:

- Videos showing new staff roles in local practices: Meet the Primary Care Team at Wolverhampton Road Surgery – YouTube
- A poster outlining why GP practices were operating the way they were taking in to account that COVID-19 still plays a factor in how people could be seen
- Social media assets for surgeries and partners to use
- Posters outlining the volume of appointments and types of appointments in general practice post COVID

The ICB has the most comprehensive campaign in the region. This has been achieved by undertaking public surveys, testing campaign messaging and imagery with members of the public, developing materials with practices, and asking for feedback from local voluntary sector partners.

The ICS People's Panel was used for patient/public feedback, and an online session was held with GPs. There were 131 responses from members of the People's Panel, and the engagement report infographic can be viewed in appendix 3. By listening to the public, we were able to adapt our campaign for the better.

There are a number of campaigns that have been launched following the same methodology and fall part of the improving access communication delivery plan, these are outlined below as headlines, further detail can be found on the ICBs websites and Facebook pages.

Together against abuse	Access Campaign Tagline "know"	GP Support Team	The NHS App and its uses
Pharmacy Minor Injuries	Pharmacy oral contraception	Self-Referral to Audiology	Self-Referral to Digital Weight Management

[illegible] NHSE/ICB meetings and have been highly commended as best practice for communicating the contents of the delivery plan. As such, regional communications colleagues have presented our local plans to national NHSE communications colleagues, highlighting our local system is advanced compared to neighbouring systems. In terms of engagement and communications efforts to deliver on the communications objective set out in the delivery plan, ongoing monitoring will continue to build on these plans to ensure they are effective.

Delivery Plans

Campaign	Timescales
Use of national NHS app campaign materials	Ongoing, further materials expected imminently*
Use of national pharmacy promotion campaign materials	July – ongoing
National pharmacy oral contraception programme campaign: Initial comms to GPs Comms to ICB staff Public campaign materials in use	 March May August – ongoing
Local Primary Care Access Campaign (paid-for activity): Phase one (access/care navigators/ARRS roles/staff abuse/other ways to access care) – social media ads (Facebook and Instagram), audio ads via Spotify, out-of-home ads, partner toolkit, primary care toolkit, webpage and press release Phase two (as above) – social media ads, continuation of webpage, printed materials to 142 GP practices in SSOT Phase three (ARRS roles) – suite of videos (explaining individual roles, also available in BSL and translated captions on YouTube), updated webpage, social media ads (Facebook and Instagram), radio ads, out-of-home ads, partner toolkit, primary care toolkit, podcasts and press release	 Summer 2022 Autumn/winter 2022 Summer 2023
Self-referral programmes: Digital weight management Audiology Podiatry/physio/falls service/wheelchairs/other equipment services	Spring – summer 2023. Expected to restart for autumn/winter 2023 October – ongoing Comms to take place once these services launch locally
Use of national materials to promote patient records being available on NHS app	Comms to take place once confirmed that this is operationally viable.*
Use of national NHS111 updated campaign materials	Expected November onwards*
Use of national pharmacy 'common conditions' campaign materials	Expected February onwards*
Use of national GP online consultations campaign materials	Expected 2024/25*

9. Conclusion

The ICB General Practice Five Year Forward Strategy outlines our commitment to make Staffordshire and Stoke-on-Trent one of the healthiest places to live and work. It recognises the challenges that general practice faces where demand is greater than its capacity, impacting on a stressed and overburdened workforce and on the experiences of patients. This pressure is then felt within the wider healthcare system due to people having to seek alternative ways to support their needs.

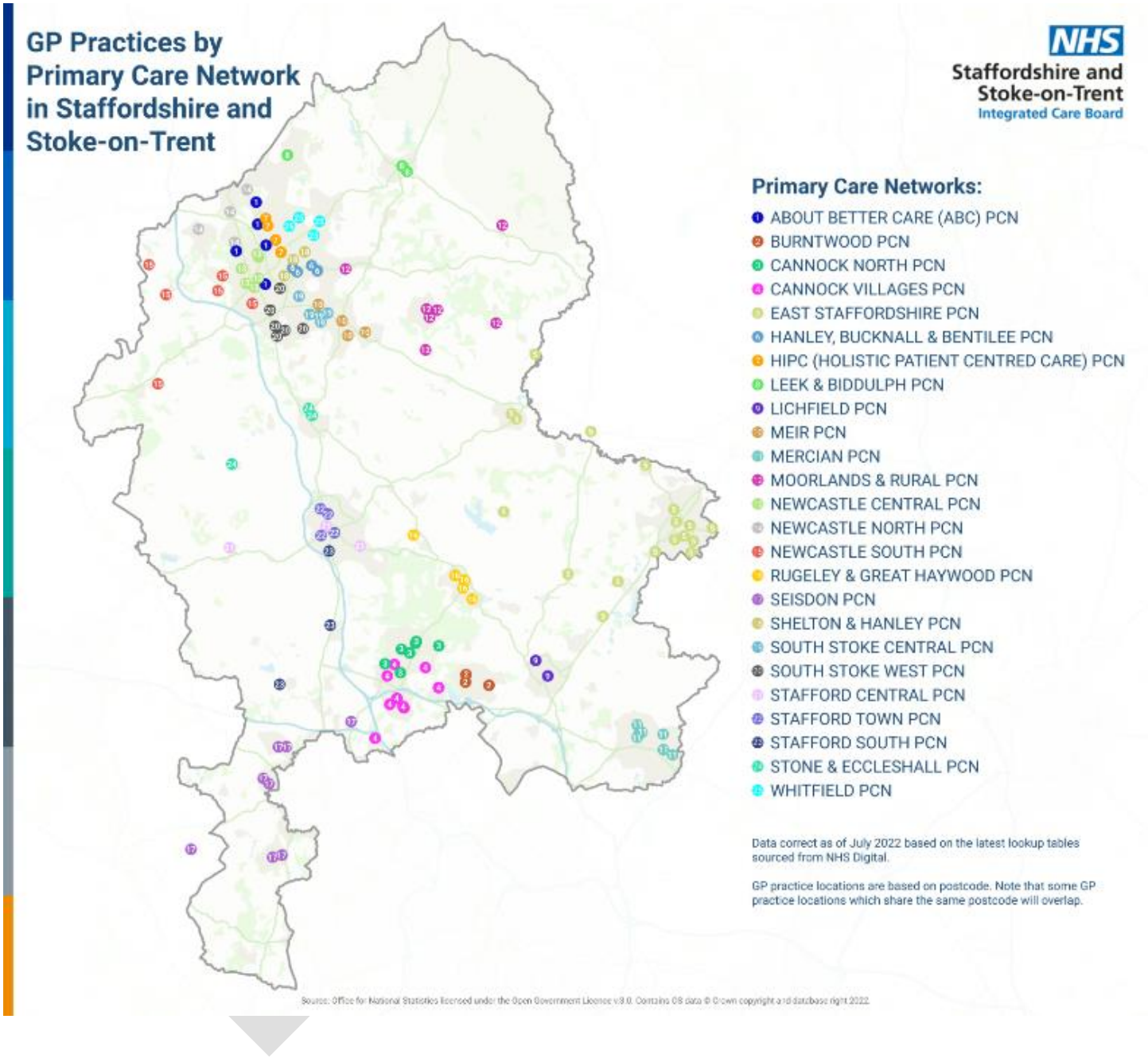
Transitioning to a new way of working as an Integrated Care System (ICS) provides a unique opportunity to reset our relationship with people and communities to one where people are treated as active partners in their own health and wellbeing rather than passive recipients of services. Understanding the views of local people will help to explore ideas such as the smarter use of technology, providing care in different settings closer to home, and look for new ways to reduce health inequalities.

The aim is to support general practice as a critical partner of the health and care system not only to sustain, but to flourish, overcoming the challenges of workload, workforce and estates and embracing the new roles and opportunities set out in the Fuller Stocktake Review and national policy.

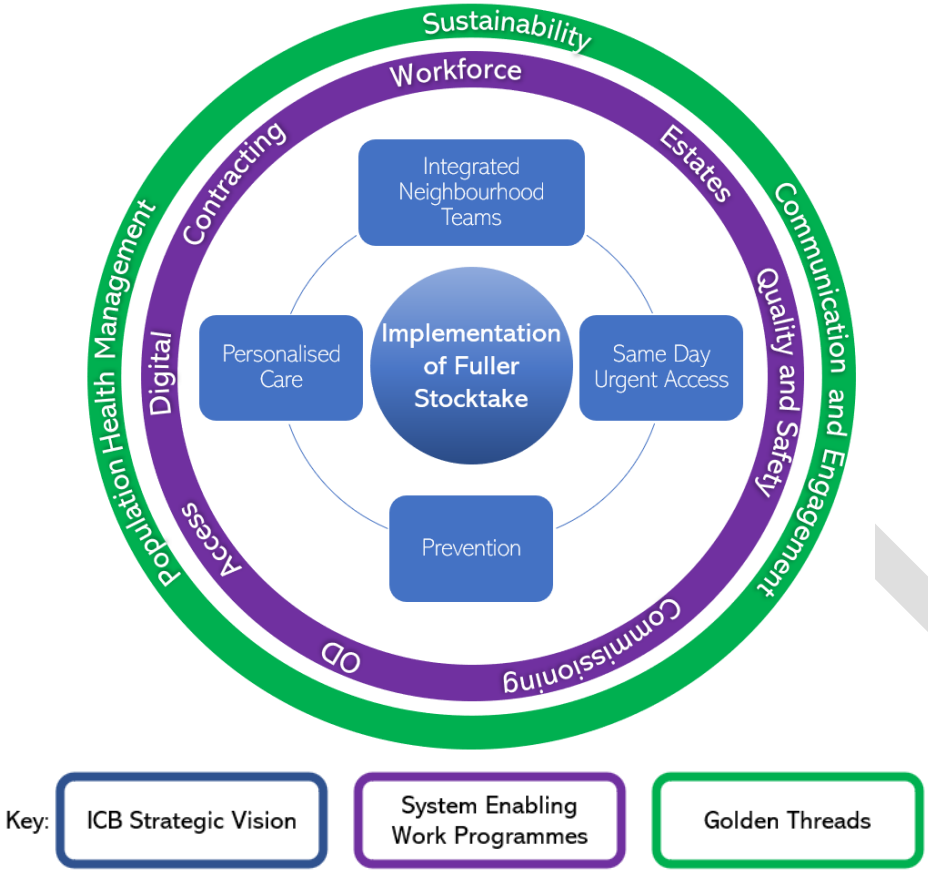
10. Appendices

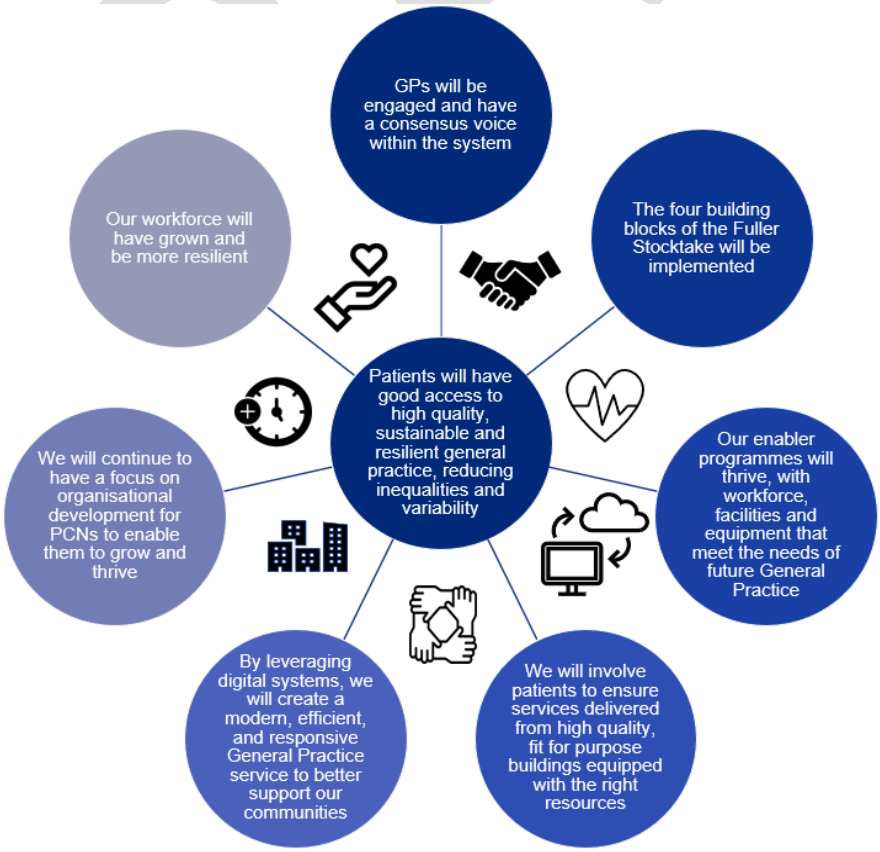
Statements from PCNs? East Care Approach?

Appendix 1 Staffordshire and Stoke-on-Trent ICB Primary Care Network Map



Appendix 2 General Practice Strategy





Appendix 3 Health Inequalities

Quintiles Best Worst | Better 95% | Similar | Worse 95% | Compared with England

	Time Period	Staffordshire	Stoke-on-Trent	West Midlands	England
Life expectancy at birth-Male	2018 - 20	79.3	75.9	78.5	79.4
Life expectancy at birth-Female	2018 - 20	83.1	79.7	82.5	83.1
Healthy life expectancy at birth-Male	2018 - 20	63.1	55.9	61.9	63.1
Healthy life expectancy at birth-Female	2018 - 20	60.7	55.1	62.6	63.9
Reception: Prevalence of overweight (including obesity)	2021/22	25.0	25.4	23.7	22.3
Year 6: Prevalence of overweight (including obesity)	2021/22	37.8	44.7	40.8	37.8
Percentage of adults (aged 18+) classified as overweight or obese	2020/21	68.7	68.7	66.8	63.5
Percentage of physically active adults	2020/21	65.9	57.5	66.8	65.9
Smoking Prevalence in adults (18+) - current smokers (APS)	2021	9.9	16.5	13.8	13.0
Self-reported wellbeing - people with a low satisfaction score (%)	2021/22	7.6	4.9	5.2	5.0
Infant mortality rate (per 1,000)	2018 - 20	5.0	6.5	5.6	3.9
Premature mortality in adults with severe mental illness (SMI)	2018 - 20	103.8	192.7	110.7	103.6
Suicide rate	2019 - 21	11.9	16.4	10.7	10.4
Deprivation score (IMD 2019)	2019	16.6	34.5	25.3	21.7

Data Source: Fingertips PHE - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

Ethnic Group

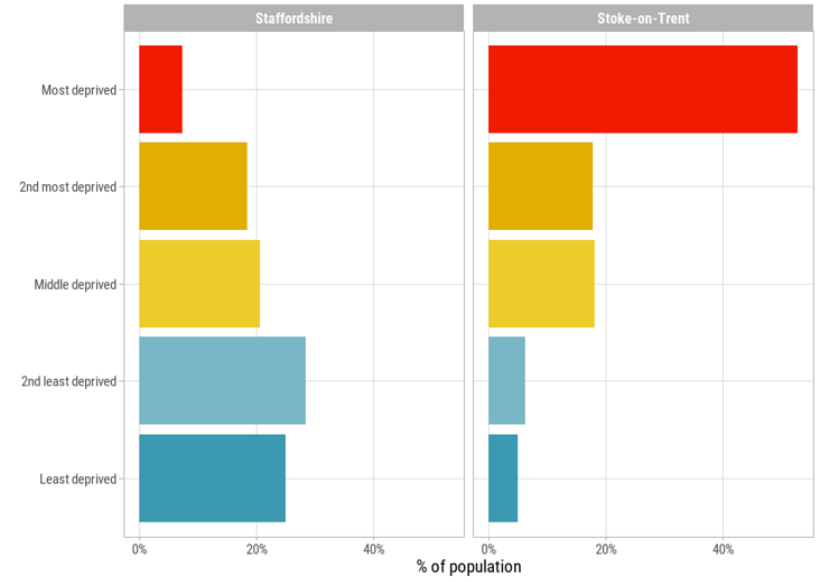
Area name	Asian, Asian British or Asian Welsh	Black, Black British, Black Welsh, Caribbean or African	Mixed or Multiple ethnic groups	White	Other ethnic group
Stoke-on-Trent	9.9%	2.7%	2.3%	83.5%	1.7%
Cannock Chase	1.2%	0.5%	1.4%	96.6%	0.3%
East Staffordshire	9.3%	1.1%	2.2%	86.3%	1.1%
Lichfield	2.3%	0.6%	1.9%	94.8%	0.4%
Newcastle-under-Lyme	3.8%	1.0%	1.6%	92.9%	0.7%
South Staffordshire	2.8%	0.9%	2.0%	93.7%	0.5%
Stafford	3.0%	1.1%	1.9%	93.4%	0.7%
Staffordshire Moorlands	0.7%	0.2%	0.9%	98.0%	0.2%
Tamworth	1.4%	0.6%	1.9%	95.8%	0.4%
SSOT Total	**4.8%**	**1.2%**	**1.9%**	**91.3%**	**0.8%**
England & Wales	**9.3%**	**4.0%**	**2.2%**	**81.7%**	**2.1%**

Source: 2021 Census

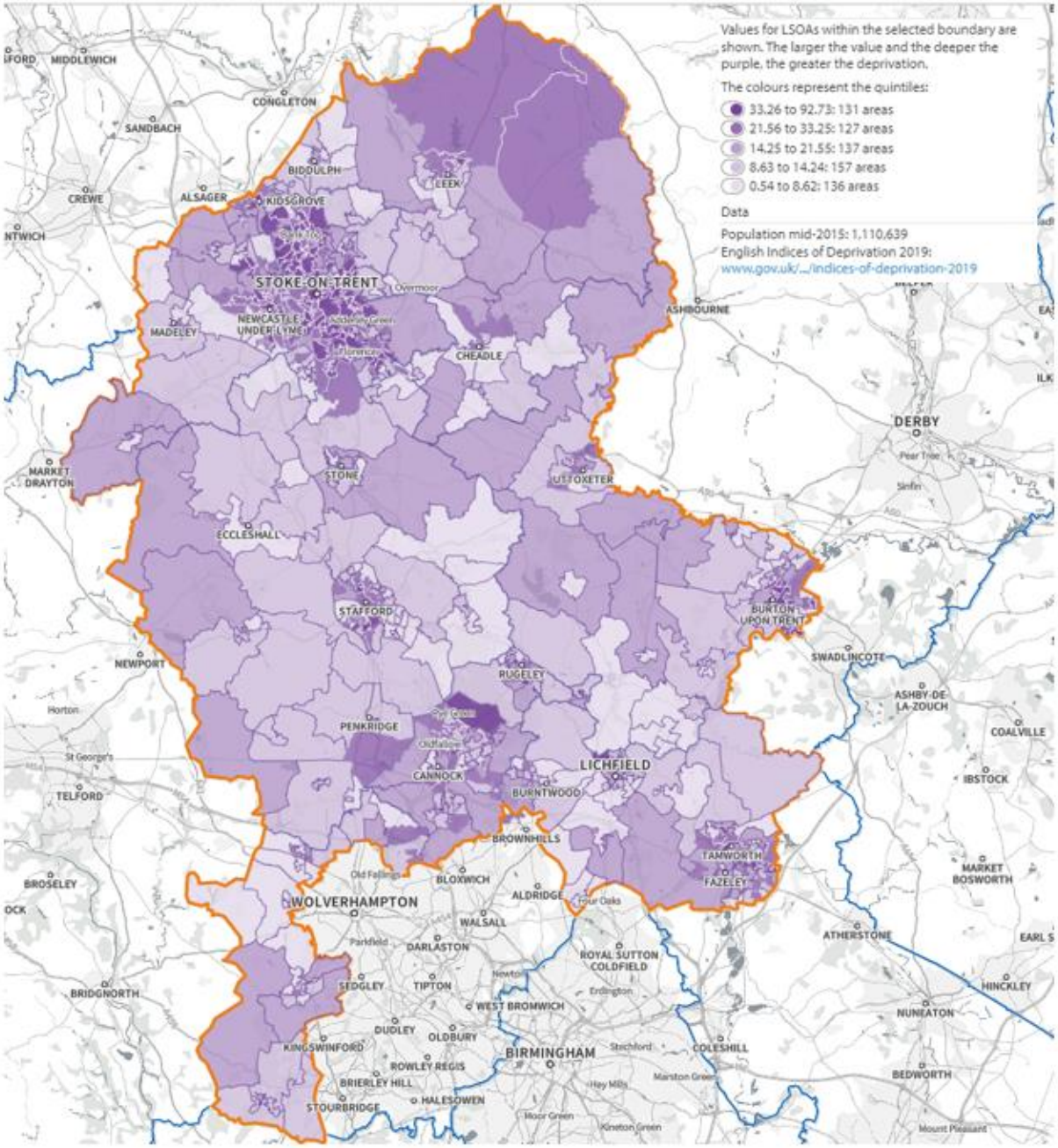
Deprivation

Population by deprivation quintile

Staffordshire and Stoke-on-Trent upper tier local authorities



Sources: The Indices of Deprivation 2019, Ministry of Housing, Communuties and Local Government.



Source: Shape Atlas - https://shapeatlas.net/

Appendix 4 Themes from PCN Access Improvement Plans

25 PCN Access Improvement Plans were submitted to the ICB and were approved in July 2023.

Patient Experience of Contacting GP Practices

- Development of internal patient surveys to support practices to understand patient views and potential improvements in advance of the publication of the 2024 National Patient Survey results.
- Deep dives into the National Patient Survey results for 2023
- A commitment to undertake care navigation training to improve / implement care navigation for people.
- PCN plans to record Friends and Family data to ensure all GP practices are submitting this in line with contract requirements
- Practices plans to communicate the Friends and Family survey to people in different formats - text, paper, online

Ease of access and demand management

- PCN plans for utilisation of PCN Digital Leads to drive forward CBT and online consultation solutions
- Exploration of alternative triage models
- PCN pilots around on the day access
- PCN intentions to implement Modern General Practice Access models

Accuracy of recording in appointment books

- Planned Improvements on GPAD recording
- Plans to follow national guidance on National Appointment Slot mapping
- Review of activity recording for ARRS roles to ensure appropriate activity is mapped and recorded and roles match smart cards
- Practice staff and ARRS staff to receive training on recording appointments in relevant appointment books to accurately capture the workload/ appointments
- Plans to regularly review GPAD dashboard data

General Themes

- PCN / practice intentions to explore the Support Level Framework
- Plans to seek out and share good practice within and between PCNs. A number of PCNs will also look at variances between practices - what are the differences, why and how can practices be consistent in their approach
- Plans to Monitor and review PCN access improvement plans

Appendix 5 Primary Care Communications People Panel Results

Staffordshire and Stoke-on-Trent Integrated Care System

MAKING YOUR VOICE COUNT

People's Panel: Primary Care Access

In April 2022, we asked our People's Panel what they thought about our ideas (designs and messages) to help people understand the different ways they can access healthcare.

131 people responded to our survey:

- 45-54 **23%**
- 55-64 **23%**
- 65+ **29%**

11% receive some form of benefits

28% have some form of disability or long term health condition

Feedback on our designs and messages:

General Practice:

- **68%** use the term 'GP surgery' and 29% use the term 'GP practice' (rather than 'primary care')
- From 2 options, **66%** preferred design A
- From 3 options, **60%** preferred the message '... working in ways which are beneficial for patients, for staff, for you...'
- From 2 options, **75%** preferred the tagline 'Know how we're working'
- Many did not like the word 'efficient' as it felt inappropriate, impersonal and suggests a focus on cost cutting rather than on patient care

Staff abuse:

- From 2 options, **86%** preferred the message 'Care about us, caring for you. Our staff are human too'
- From 3 options, **56%** preferred the tag line 'Know your words, know your actions'
- From 3 options, a majority of **44%** preferred the ending 'Support your NHS staff and stand with us against abuse'

NHS App:

- From 2 options, **74%** preferred the message 'The NHS app is there for you to help access your healthcare. You can use the NHS app 24/7 to: Book appointments, Order repeat prescriptions, View your health record, Get health advice.'
- From 3 options, **52%** preferred the tagline 'Know how to access your care'

Extended workforce:

- From 2 options, **70%** preferred the message 'Your GP is supported by a qualified team of health professionals who will support you with your health needs'
- From 3 options, **60%** preferred the tagline 'Know who can help'

Care navigation:

- From 2 options, **88%** preferred the message 'You may be asked questions about you and your health. This is to ensure we find you the right care'
- From 3 options, **63%** preferred the tagline 'Know why we ask'

* all bases are unweighted

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Staffordshire & Stoke on Trent (SSOT) Integrated Care Board

Draft System Level Access Improvement Plan (SLAIP)

October / November 2023

Contents

Part 1 – Introduction & setting the context of the plan

Delivery plan for recovering access to primary care May 2023

- Tackle the 8am rush
- Make it quicker and easier for patients to get the help they need from primary care

1) **Empower patients** by rolling out tools to monitor own health and expand services offered by community pharmacy
2) Implement a **modern general practice** model so patients know on the day how their request will be handled
3) **Build capacity**
4) **Cut bureaucracy** to give practice teams time to focus on patients' clinical needs

This System Level Access Improvement Plan (SLAIP) will address these national ambitions.

Challenges

Primary Care provide 90% of patient contacts with the NHS and General Practice is the largest element of this.

However increasing pressures are leading to;

- Significant perceived problems with patient access to General Practice
- The ‘8am rush’ – difficult to get through on the phone
- Reducing GP workforce satisfaction
- Consequential workforce pressure – recruitment & retention

Drivers

Demographic pressures – leading to increased demand

- 3% population growth in SSoT since 2019
- Steep increases in elderly and very elderly
- Steep increases in long-term conditions
- Steep increases in mental health diagnoses

National context

- Elective backlogs and post-Covid unmet need
- NHS funding
- Austerity / General economic picture

Changing workforce model

- Significant reduction in GP Partners (leadership and flexible capacity)
- Failure to recruit additional GPs
- Shift to salaried GPs and additional roles (ARRS up for 8 to 16% of direct patient contact)
- Consequential increase in supervision & training requirement

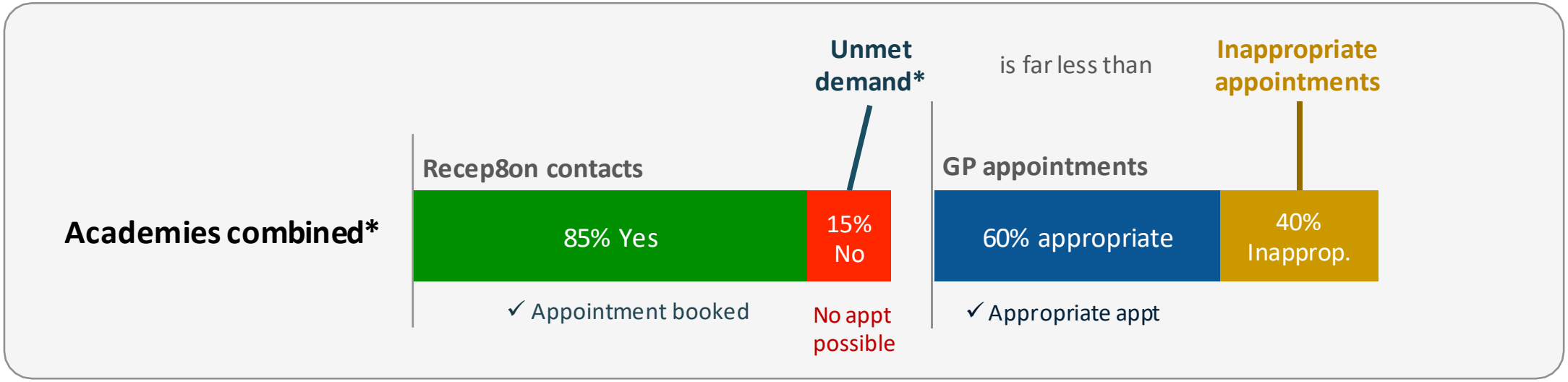
Funding of General practice

- Historically just over 11% of NHS funding, fell to under 8%, has increased

Demand & Capacity – can we ever meet demand?

London South Bank University Study

- While typically **15% - 20%** of appointment requests can't be met at reception in a practice
- This is far less than the **40% of GP appointments** that are seen as inappropriate – unnecessary, avoidable or potentially moveable within the practice



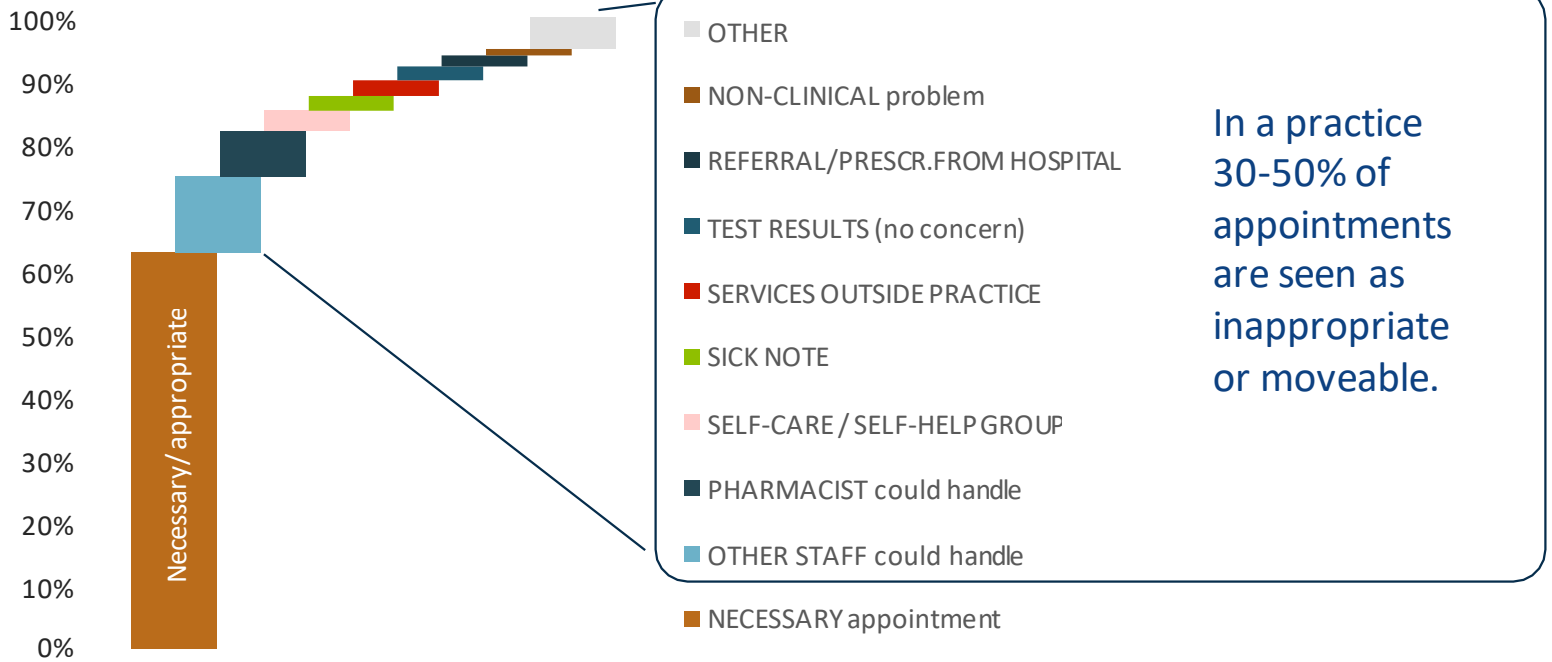
* Over 10,000 contacts / appointments
** Not including missed calls

GPs assessment of appropriateness of appointments

London South Bank University Study

Question to GPs: **Should this patient be here today?**

Answer from GPs: **40% of the time 'no'**

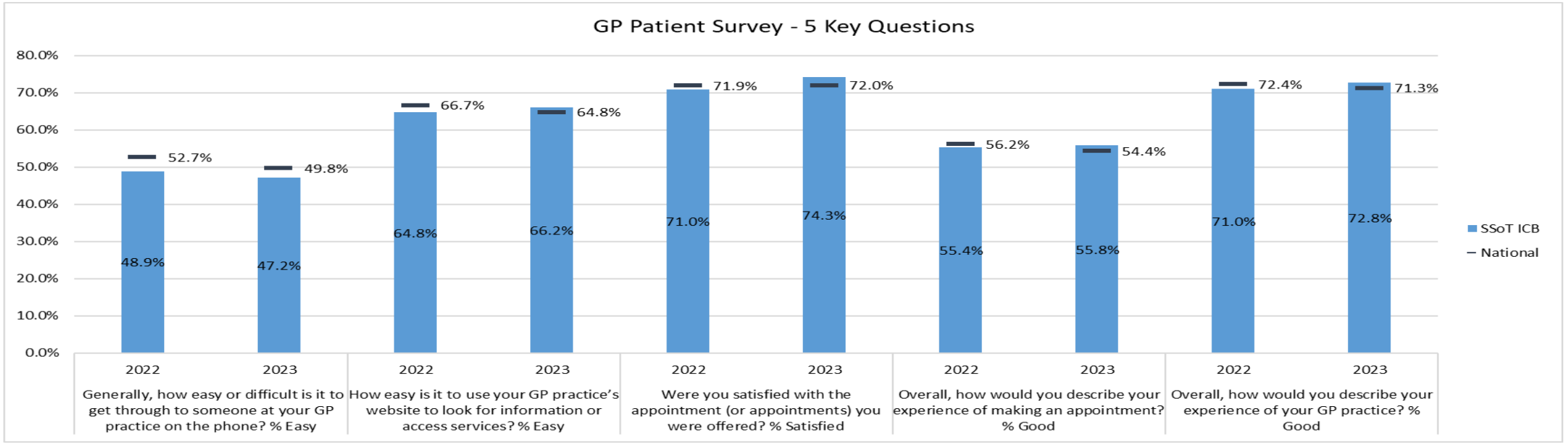


In a practice 30-50% of appointments are seen as inappropriate or moveable.

datasyrup | London South Bank University

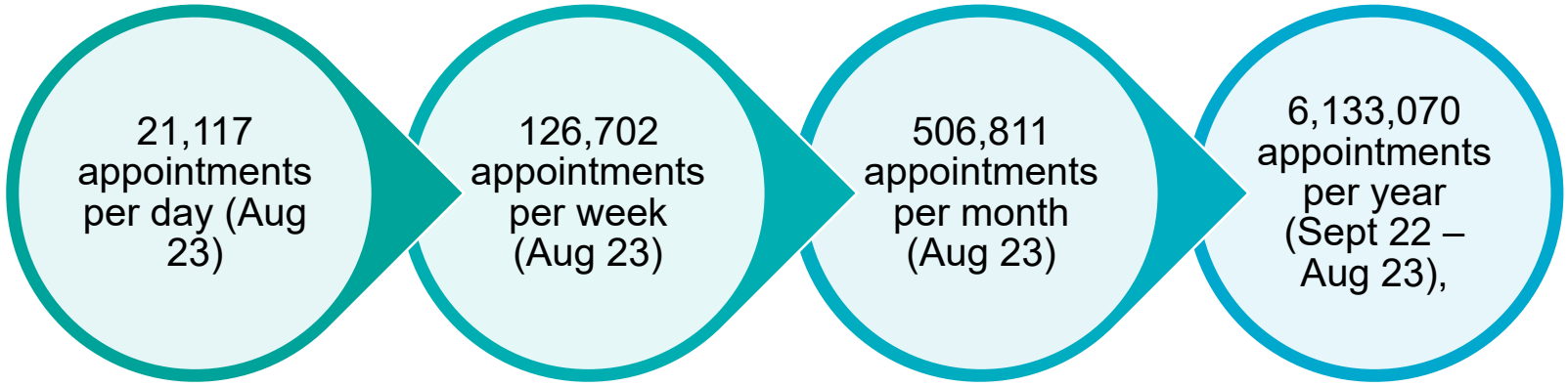
Patient Experience - National GP patient survey

- Significant reductions in reported patient satisfaction after Covid – political and media focus
- **Increased number of positive ratings for 4 out of 5 of the key questions** compared to 2022. The National trend which predominantly decreased. **SSOT is the only ICS in the region to see an improvement** last year in these scores.
- However local variation in patient experience
- This plan aims to reduce that variability amongst practices and patient experience



Appointment activity – Aug.23

- 6million appointments delivered annually across SSOT
- Significant growth in appointment numbers - **25.3% higher than in 2019/20** and 7.6% higher than August 2022.
- 70.7% appointments delivered face to face (87.3% in 2019/20). Higher than the national average of 67.9%. Practice variation ranges from 29% to 100% face-to-face, with 68% of practices above the national average.
- 47% appointments are booked on the same day.



Workforce and capacity

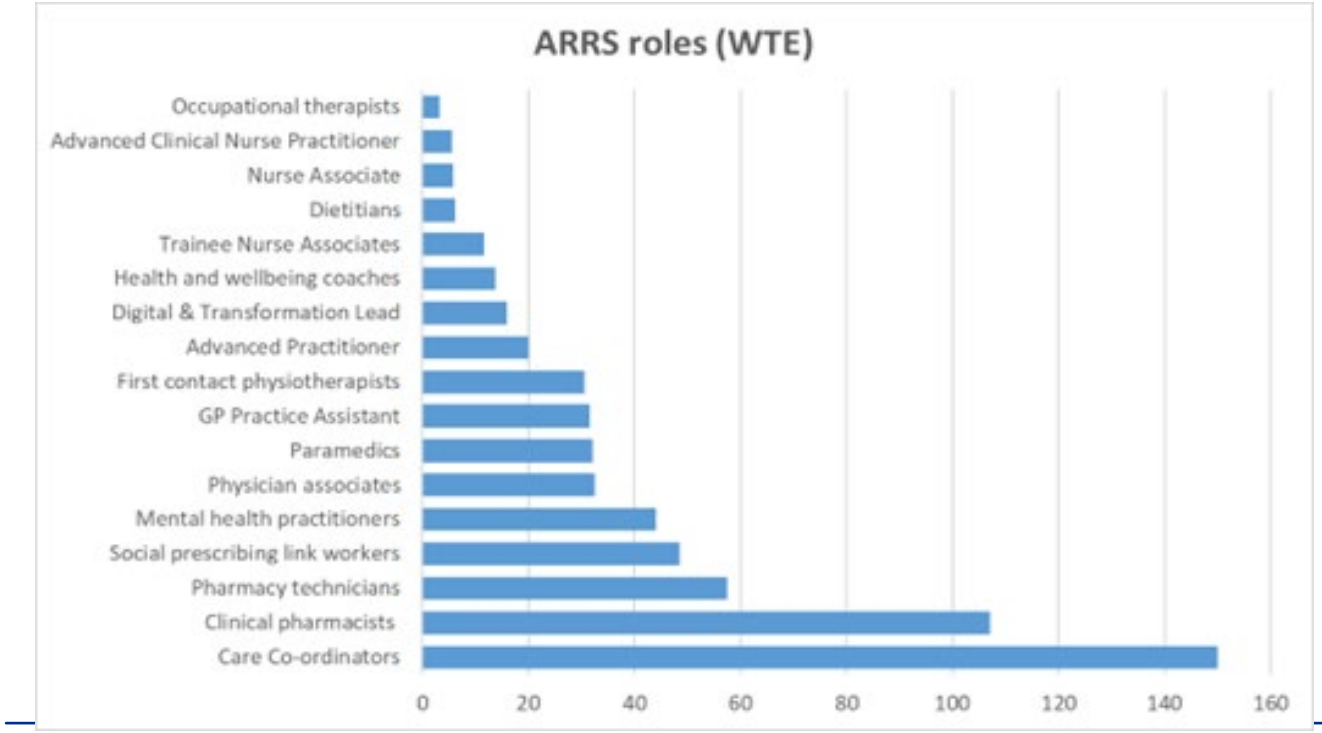
GP numbers at 700 FTE & remained steady (Aug 23)

20% increase (32 FTE) in GP Training Grades

4% increase in nursing roles

616 additional roles recruited to date

23% budget underspend for additional roles in 22/23



Training, recruitment, retention and return initiatives

Exploring new models

Despite growth, there are limitations in capacity

Health Inequalities within Staffordshire & Stoke on Trent

Stoke-on-Trent is one of the 20% most deprived districts in England and the health of people within Stoke-on-Trent is generally worse than the England Average, this can be seen in the map opposite and the table below.

Obesity for both children and adults are higher than the England average. The prevalence of smoking is higher than the England average. Under 75 mortality rates for cardiovascular diseases and cancer are also worse than the England average .

Quintiles Best — Worst

Better 95% | Similar | Worse 95% Compared with England

	Time Period	Staffordshire	Stoke-on-Trent	West Midlands	England
Life expectancy at birth-Male	2018 - 20	79.3	75.9	78.5	79.4
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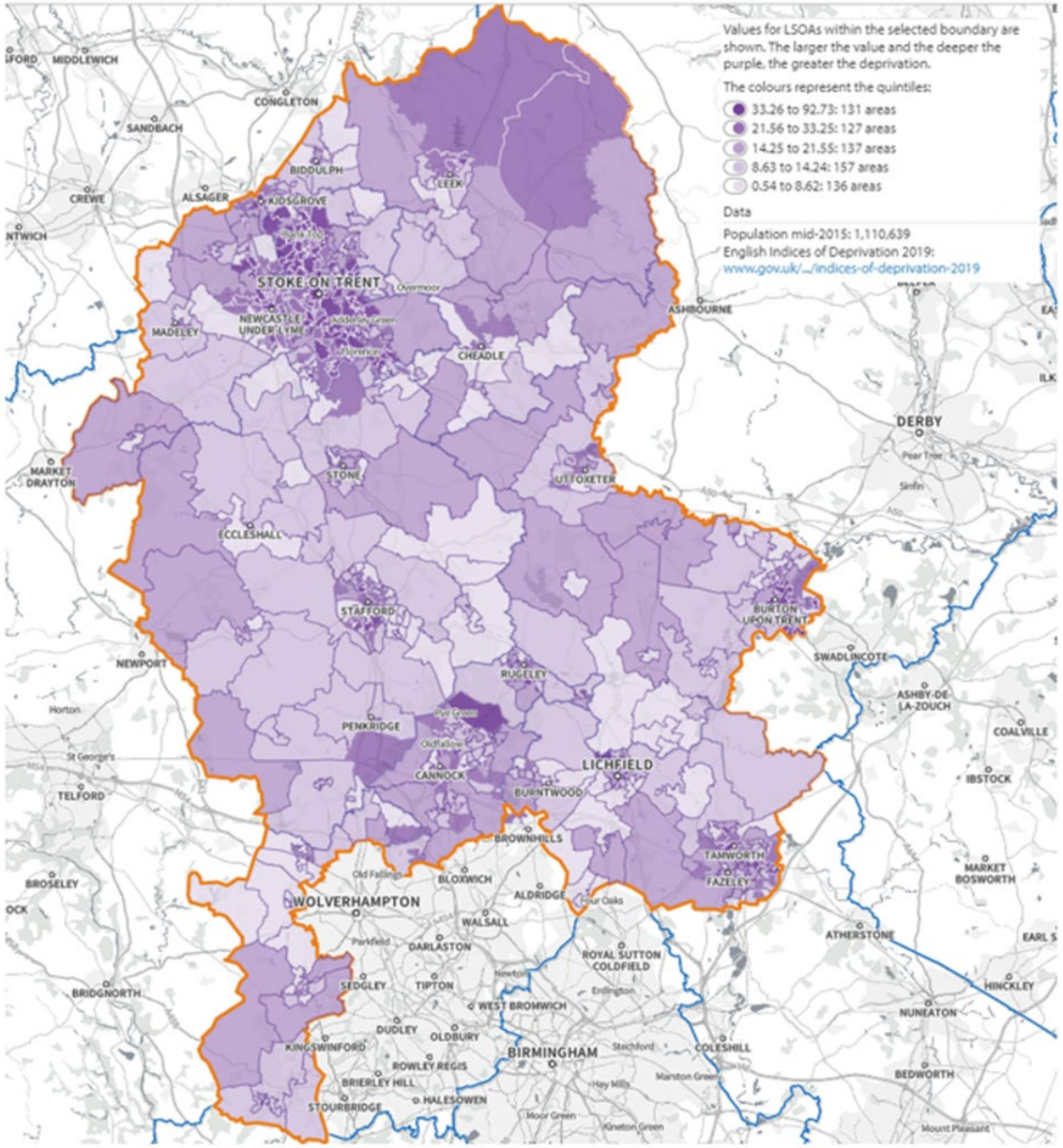


Source: Shape Atlas - https://shapeatlas.net/

Part 2
Staffordshire & Stoke on Trent's plan to improve access to primary care

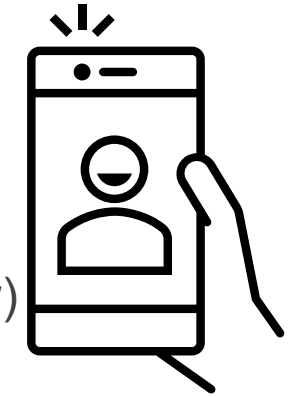
How are Primary Care Networks (PCNs) supporting access?

PCN Access Improvement Plans have been developed which include all the main elements of the National Plan. Plans went through an approval process with the Primary Care Team

PCNs will:

- **work collaboratively** - ICB will be meeting with them quarterly to support and provide guidance on the delivery of their plans
- Work to improve the collection and **understanding of their activity data**
- empower patients by **providing prospective record access to all patients**
- ensure **direct bookable appointments are available to NHS111**
- support **the promotion of the NHS App**
- **educate and encourage patients** and promotion of the **use of online consultation** and utilisation of messaging software to support patients to communicate with practice.

National Ambition 1: Empowering Patients



Self-Referral Pathways

- MSK & Podiatry by 31st March 2024
- Audiology in place
- Weight Management in place with criteria (awaiting national funding decisions)
- Wheelchair services (available now for patients within service, new patients under review)
- Community Equipment – awaiting outcome of options appraisal
- Falls Service in place for South Staffordshire, North in development

Community Pharmacy

- Independent Pharmacist prescribing project will see 2,400 extra appointments by March 2024
- Oral Contraception & Blood pressure services are in place – 240 CPs are delivering 4,800 BP Checks with an aim to get to 6,000

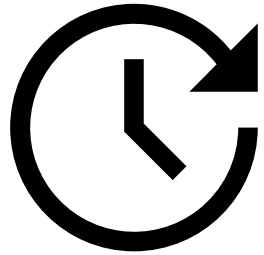
Citizen Access to Medical Records

- We anticipate that 142 out of 143 practices will be offering access to GP records via the NHS app. On 31st Oct. 23

Online GP Registration

- Online patient registration will be available via NHS App. – supporting practices to roll this out

National Ambition 2: Build Modern General Practice



Modern General Practice

- 65 practices have confirmed their intentions to support implementing this model
- The ICB will work with practices to encourage further models throughout 2023-24 and 2024-25

Care Navigation

- 89 practice staff have participated in national training. In addition, the ICB have invested in local training of which 206 practice staff have participated.

Digital Inclusion project

- Pilot encompasses 6 PCNs and will expand to a further 9 during 2023-24

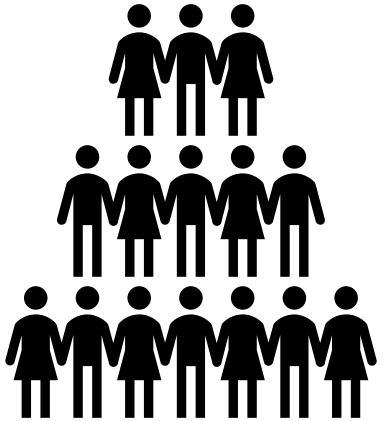
Telephony

- 7 GP practices identified on analogue based telephony systems are considered a priority for telephone upgrade
- further support for the remaining practices not on an analogue system but requiring upgrade to advanced cloud based telephony

Online Access

- Once national framework available, progress procurement to enable online consultations, messaging and booking tools (interim solutions are currently in place).
- Engaging with general practice to gather feedback on what works well and what further support is needed to utilise and embed tools effectively

National Ambition 3: Build Capacity



Workforce

- Workforce Implementation Group (WIG) in place to strategically oversee workforce schemes aligned to the national workforce long term plan
- 2 GP clinical champions to support the workforce programme
- Additional Roles Reimbursement Scheme (ARRS) Task & Finish Group in place to maximise resource and address barriers
- Partnership working with the ICS People Hub and Staffordshire Training Hub to support recruitment and retention initiatives
- GP trainee scheme and bursary offers for those living outside the UK
- GPN Foundation School to increase and support quality nurse placements

National Ambition 4: Cut Bureaucracy

Primary:Secondary Care Interface

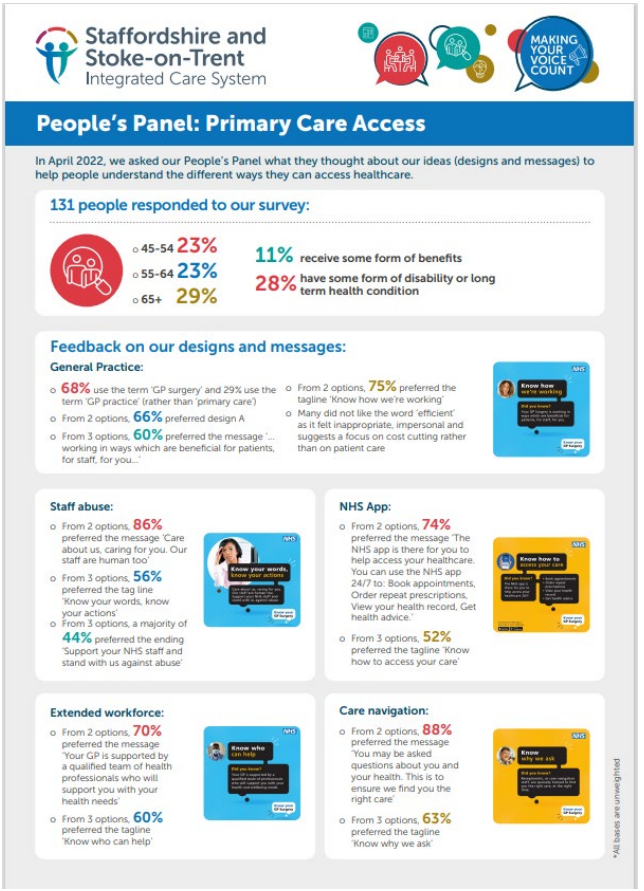
- ICS Primary Care:Secondary Care Consensus Agreement. Approved by Clinical Senate and Provider Collaborative Board. All organisations asked to approve
- Interface meetings in place (North & SE) to support the delivery of improved working across the primary-secondary care interface
- Improve the productivity, efficiency, resilience, patient and clinician experience
- Collaborative work to reduce inequities in care provision and inequalities / unwarranted variation in outcomes for our patients

Resources Invested

Communications & Engagement

- The ICB has the most comprehensive communication campaign in the region.
- Undertaken public surveys, testing campaign messaging and imagery with members of the public, developing materials with practices, and asking for feedback from local voluntary sector partners and Healthwatch
- The ICS People's Panel used for patient/public feedback, and an online session was held with GPs. 131 responses from members of the People's Panel. Public views have improved and enhanced our public messaging.
- Number of campaigns launched following the same methodology and form part of the improving access communication delivery plan (headlines below but more detail can be found on the ICBs websites and Facebook pages)

Together against abuse	**Access Campaign** **Tagline "know"**	**GP Support Team**	**The NHS App and its uses**
Pharmacy Minor Injuries	**Pharmacy oral contraception**	**Self-Referral to Audiology**	**Self-Referral to Digital Weight Management**



Conclusion

The ICB aim to make Staffordshire and Stoke-on-Trent one of the healthiest places to live and work is more likely to succeed if Primary Care services are healthy and effective

Patient's perceptions of the NHS are significantly influenced by their experience of Primary Care

Good access to high quality Primary Care services is a significant factor in reducing health inequalities

The SLAIP is a key programme of work in achieving these aims.

Appendices

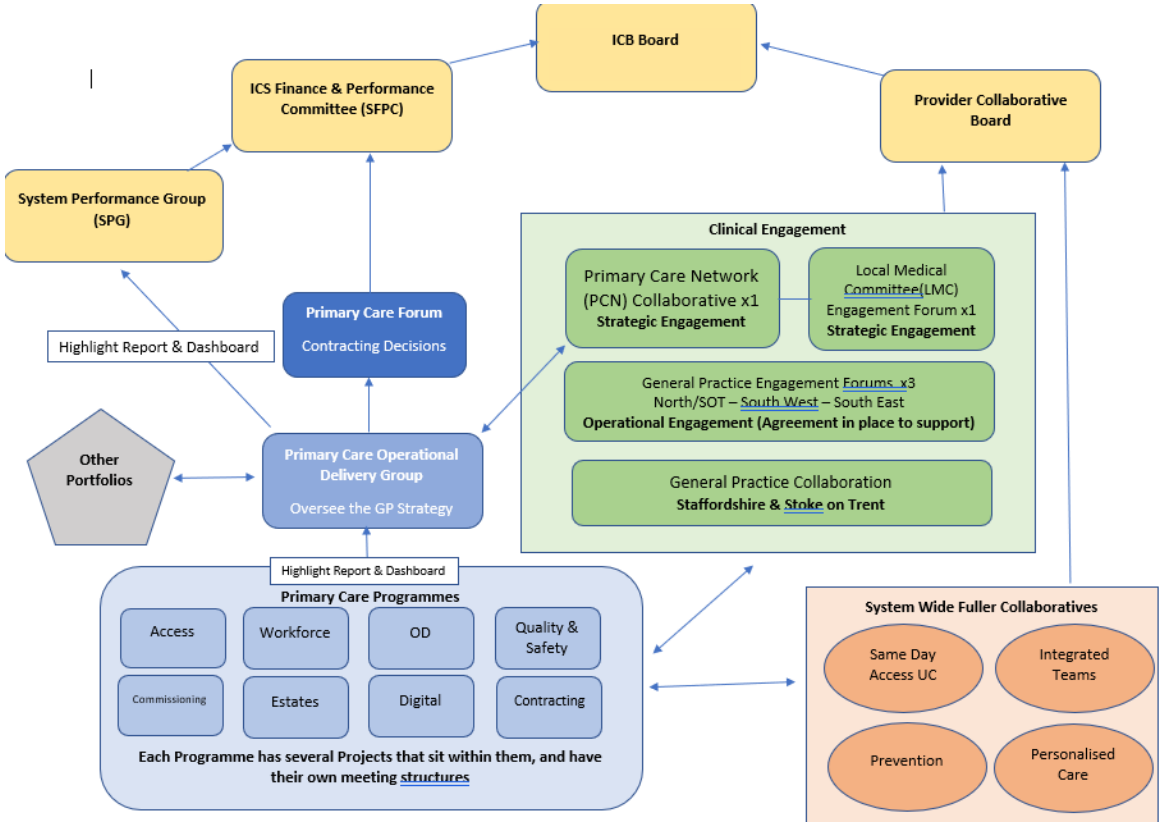
Metrics within Monthly Primary Care Dashboard

Access	
	Appointments in General Practice (verses plan)
	Appointments in General Practice DNA Rate %
	Appointments in General Practice F2F %
	Appointments in General Practice Telephone %
	Appointments in General Practice % Same Day **(New - Operating Plan 23/24**)
	Appointments in General Practice % within 2 weeks* (8 National Categories) (**New Operating Plan 23**
	Total number of social prescribing referrals in year into social prescribing link workers (cumulative)
	CPCS – Referrals to service from general practice
	CPCS – Number of Practices that have made a referral to service

Digital	
	% patients enabled to book/cancel appts online
	% patients enabled to order repeat prescriptions online
	% patients enabled to view detailed coded records online
	NHS 111 Provider Searching only - Booked Appointments
	NHS 111 Provider Searching only - Search for Slots
	NHS 111 Provider Searching only - % Slots vs Bookings
	All Provider Searching - Booked Appointments
	All Provider Searching - Search for Slots
	All Provider Searching - % Slots vs Bookings
	Number of practices with no successful booking (last 4 weeks from month end)

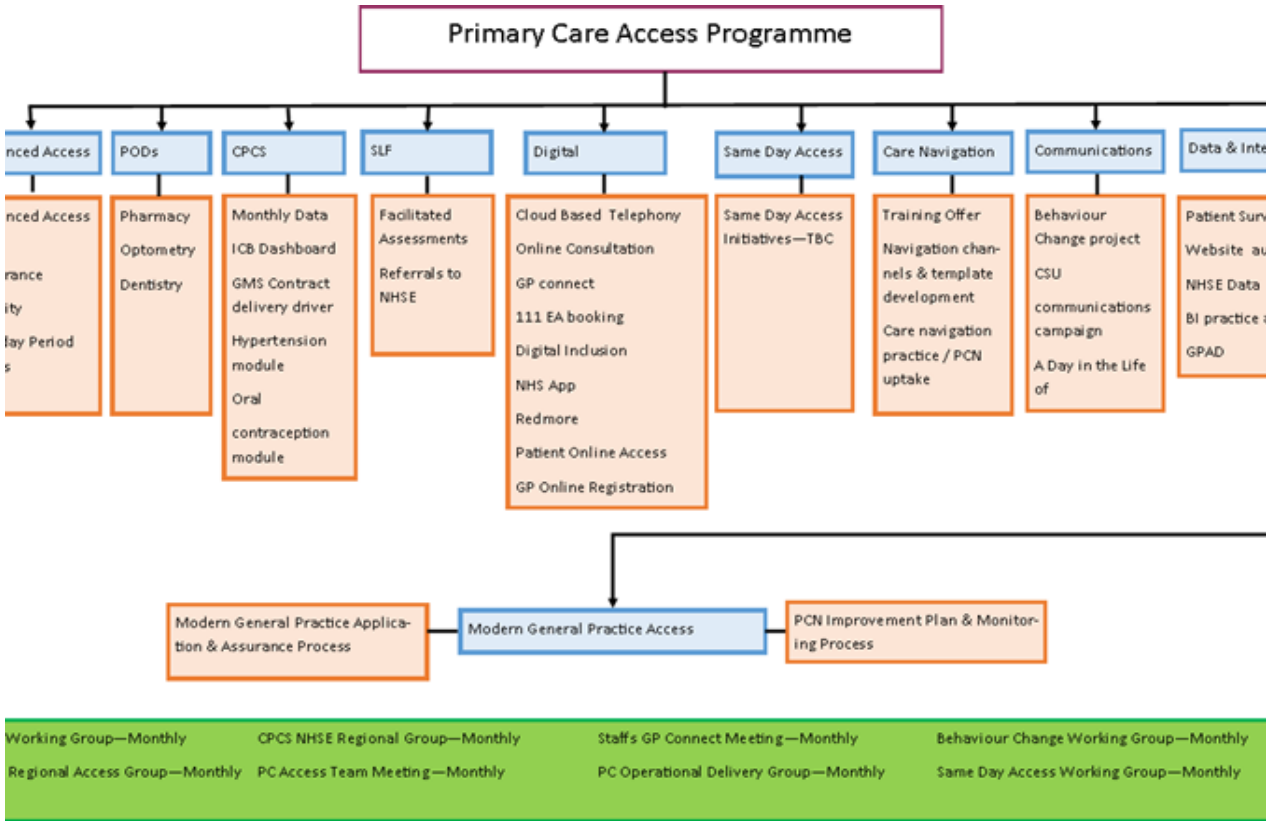
Quality	
CQC Ratings	Overall CQC rating - General Practice - Outstanding
	Overall CQC rating - General Practice - Good
	Overall CQC rating - General Practice - Requires Improvement
	Overall CQC rating - General Practice - Inadequate
	Overall CQC rating - General Practice - No Data Available for reporting period
Annual Patient Survey	Generally, how easy is it to get through to someone at your GP practice on the phone? (% Easy)
	How helpful do you find the receptionists at your GP practice? (% Helpful)
	Were you satisfied with the type of appointment (or appointments) you were offered? (% Satisfied
	Overall, how would you describe your experience of making an appointment? (% Good)
	Last time you had a general practice appointment, how good was the healthcare professional at ea of the following?: Giving you enough time (% Good)
	Last time you had a general practice appointment, how good was the healthcare professional at ea of the following?: Listening to you (% Good)
	Last time you had a general practice appointment, how good was the healthcare professional at ea of the following?: Treating you with care and concern (% Good)
	Overall, how would you describe your experience of your GP practice? (% Good)
	How easy is it to use your GP practice's website to look for information or access services?
Friends and Family Test	FFT - % Positive experience
	FFT - % GP practice submitting data

Our Governance



Primary Care Team Governance Chart

Access Programme Governance



Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 11

Report to:	**Integrated Care Board**					
Date:	**16 November 2023**					
Title:	**Quality and Safety Report**					
Presenting Officer:	Lynn Tolley, Acting Chief Nursing and Therapies Officer					
Author(s):	Lee George, Associate Director – Quality Assurance and Improvement					
Document Type:	Report		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☐	**Discussion (D)**	☐	**Assurance (S)**	☒
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	YES				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	Appendix A: Quality and Safety Report – Detail November 2023.					

(1) Purpose of the Paper:
To provide assurance to the Integrated Care Board regarding the quality, safety, experience, and outcomes of services across the entire health economy.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	**Date**
This paper is a combination of corresponding papers (D/S/I) presented and discussed at Quality and Safety Committee.	11/10/2023
This paper is a combination of corresponding papers (D/S/I) presented and discussed at Quality and Safety Committee.	08/11/2023

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

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

(4) Statutory Dependencies & Impact Assessments:

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

(5) Integration with the BAF & Key Risks:

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

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

The paper summarises the items received by the Quality and Safety Committee (QSC) and the System Quality Group (SQG at the meetings held in October and November 2023. The Committee fulfilled its role as defined within its terms of reference. Where appropriate, actions and oversight arrangements are identified within Appendix A.

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

- Deep Dive Discussions
- Updates from System Partners (from SQG)
- ICB Updates
- Portfolio Quality Updates

(7) Recommendations to Board / Committee:

Members of the Integrated Care Board are asked to:

- Receive this report and seek clarification and further action as appropriate.
- Be assured in relation to key quality assurance and patient safety activity undertaken in respect of matters relevant to all parts of the Integrated Care System.
- Ratify the decisions of the Quality and Safety Committee with regards to: (i) the minor amendment to the Committee's Terms of Reference, (ii) launch of the ICB's Quality Strategy, (iii) recruitment of 2x Patient Safety Partners, (iv) approval of providers Patient Safety Incident Response Plans and Policies, (v) update of Managing Safeguarding Allegations Against Staff Policy, (vi) establishing the ICS Safeguarding Provider Collaborative Terms of Reference, and (vii) minor amendment to the Non-Invasive Ventilation criteria within the Excluded and Restricted Policy.

Appendix A: Quality and Safety Report – Detail November 2023

1. Deep Dive Discussions

1.1 The ICB's QSC continues to schedule bi-monthly deep dives, where focused discussion on areas of interest and the impact on the quality and safety of services can take place. In October 2023 deep dive discussions took place with a focus on i) Patient Safety Incident Response Framework (PSIRF) oversight process, ii) health inequalities, and iii) pharmacy, general ophthalmic and dental (POD) services. Discussions included how, in the future, the committee can incorporate and promote health inequalities and improvement within all agenda items to support developing the committee discussion beyond risk and assurance. Further, how POD experience reporting received from NHS England can be disaggregated to ICB level to allow consideration of POD access issues alongside existing actions for general practice.

1.2 The areas identified for discussion in December 2023 are i) System Recovery Plan, and ii) safeguarding.

2. Updates from System Partners (from SQG)

2.1 Staffordshire County Council (SCC)

2.1.1 It was reported that the regulatory ratings for Staffordshire care services continue to remain broadly positive and stable. With Staffordshire in a better regulatory position than the West Midlands for residential care and community services and in line with the West Midlands for nursing care homes.

2.2 Midlands Partnership University NHS Foundation Trust (MPFT)

2.2.1 It was reported that the Child and Adolescent Mental Health Services (CAMHS) West team continues to experience an increase in waiting times for assessment due to reduced workforce capacity and an increase in urgent follow ups which is impacting their ability to respond to non-urgent appointments in a timely manner. Mitigations are in place inclusive of mutual aid from the Intensive Support Team and CAMHS East teams for those young people requiring urgent support. Additionally, there is a focus on defining communication solutions to parents and referrers, risk stratification and defining the future model of service.

2.22 MPFT's staff continue to be recognised for their achievements in national awards. Seven nurses have recently been awarded with the Queens Nurse title. Three staff have been shortlisted for an Allied Health Professional (AHP) Innovation and Improvement in Integrated Care System Awards at the Chief AHP Awards. Two Clinical Support Workers based at Cheadle Hospital have recently received the Chief Nursing Officer Award for dedication and care to patients during the pandemic.

2.2.3 The Trust is now an established Beacon Site for sustainability in quality improvement ('SusQI') as recognised by the Centre of Sustainable Healthcare. Beacon Sites are recognised as leading in empowering staff to design and implement sustainable quality improvement and transformation.

2.3 University Hospital of North Midlands NHS Trust (UHNM)

2.3.1 It was reported that following a sustained increase in the number of COVID-19 positive patients and staff with COVID-19 related sickness, UHNM further reviewed its guidance regarding the wearing of facemasks. The wearing of fluid resistant surgical masks in emergency portals and then all clinical areas was reintroduced in September and October 2023, respectively. Patients with any respiratory symptoms have been encouraged to wear a surgical mask if they are able to tolerate the mask and it does not compromise their care. Staff vaccinations are underway and bed cleaning undertaken across both sites in response to increase in infection.

2.3.2 UHNM had two of their nursing staff shortlisted in the Nursing Times Awards 2023 Nurse Leader of the Year category. The awards brought together the nursing community to recognise the incredible contributions of our colleagues.

2.4 University Hospitals of Derby and Burton NHS Trust (UHDB)

2.4.1 UHDB continue to work at pace on their Maternity Improvement Programme. The CQC inspected UHDB Maternity Services in August 2023, and a full report will be published by the CQC. Further, NHS Derby & Derbyshire ICB commissioned an independent review into seven maternity incidents that took place at Royal Derby Hospital between January 2021 and May 2022. The independent review and report

completed by Healthcare Safety Investigation Branch did not identify any common themes that impacted on the outcomes for all the women involved but there was important learning for the organisation.

2.5 Healthwatch

2.5.1 Healthwatch Staffordshire reported that they have been supporting the 'Primary Care Access Campaign', by promoting the Additional Roles Reimbursement Scheme (ARRS). Healthwatch Staffordshire have provided valuable patient feedback which the ICB's Primary Care team have incorporated into five videos, showing five different ARRS roles and how they can help patients. These videos outline why it may be more beneficial for a patient to see, for example, a first contact physiotherapist in the first instance, as opposed to their GP.

2.6 Primary Care

2.6.1 An update was provided about Care Quality Commission (CQC) inspection ratings. Within Staffordshire and Stoke-on-Trent there are 8 practices rated as Outstanding, 128 rated as Good, 4 rated as Requires Improvement, 1 rated as Inadequate and 1 not rated. Practices rated as Requires Improvement or Inadequate are provided with intensive support with their CQC actions plans and improvement areas by the ICB Primary Care team and in some instances the GP Support Team. The ICB's Primary Care team follow the Quality Stages Standard Operating Procedure which details the necessary actions/intervention required to be undertaken with practices.

2.6.2 NHS England has developed a Support Level Framework (SLF) which is a tool intended to support GP practices in gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support to achieve those ends. Completion of the SLF is designed to be co-ordinated by the ICB and delivered through a facilitated conversation with members of the practice team. The aim is to agree priorities for improvement and develop an action plan through which to address these areas over the forthcoming year. The ICB's Primary Care Staff and GP Support Team will undertake facilitated discussions with practices.

2.7 Staffordshire and Stoke-on-Trent ICB – Quality Assurance and Improvement

2.7.1 A substantial number of residents in South Staffordshire access healthcare at providers outside of Staffordshire. In these instances, Staffordshire & Stoke-on-Trent ICB is an associate to the contract held by another ICB and work in partnership with partners to collaboratively support quality improvements for our residents. The ICB's Quality Leads have long established working relationships with NHS Birmingham & Solihull ICB, NHS Black Country & West Birmingham ICB & NHS Derby & Derbyshire ICB. Where there has been CQC inspection activity the ICB has been notified and received updates on any improvement actions identified. Further, our Local maternity and neonatal system (LMNS) routinely receives updates on the quality and oversight of maternity services at The Royal Wolverhampton NHS Trust and University Hospitals of Derby & Burton NHS FT.

2.7.2 The latest NHS Oversight Framework 2023-24 segmentation levels were published by NHS England in October 2023. The segmentation is based on a quantitative and qualitative assessment of the five national and one local priority themes contained within the NHS Oversight Framework including an assessment of the quality of care, access, and outcomes. The segmentation levels for our main NHS providers are as follows:

Inter-System Providers	
Midlands Partnership University NHS Foundation Trust	2
North Staffordshire Combined Healthcare NHS Trust	1
University Hospitals of North Midlands NHS Trust	3
Intra-System Providers	
The Royal Wolverhampton NHS Trust	3
University Hospitals of Derby & Burton NHS Foundation Trust	3
West Midlands Ambulance Service University NHS Foundation Trust	2

2.7.3 A system quality improvement pilot commenced in July 2023 for the reintroduction of the 3-day delivery for community medical equipment with the aim of improving on time deliveries for the 5-day delivery, by shifting demand from next day delivery where clinically appropriate. There has been good engagement from all system partners and outcomes from month three evaluation demonstrated performance of 5-day deliveries on-time has been significantly better than pre-pilot. Further, there has been an improvement in performance across all delivery speeds.

3. ICB Governance Updates (from SQG)

3.1 Learning from the lives and deaths of people with a learning disability and autistic people (LeDeR)

3.1.1 Positive practice, learning and improvements continue to be highlighted and implemented through the LeDeR Governance Panel and Steering Group. Improvements are already underway to address the highest cause of death locally - pneumonia/respiratory. The LeDeR Programme has worked in collaboration with system partners to co-produce a Dysphagia pre-awareness animation video, with training rolled in October 2023 to carers and care providers who care for individuals with Learning Disability and/or Autism who also have Dysphagia.

3.1.2 Following the promotional campaign of the Health Passport on social media in February and March 2023, several comments were received relating to the Health Passport. These have been reviewed, themed, and trended. A Frequently Asked Questions document has been produced in response to comments made, which provides further information and clarity on the Health Passport. This document has been uploaded to the Health Passport webpage and promoted via the ICB social media channels.

3.2 Soft Intelligence

3.2.1 The number of reported soft intelligence has decreased slightly during 2023/24 quarter 2. However, there continues to be an increase in out of area ICB's sharing their soft intelligence in relation to our residents. The key to soft intelligence is the identification of themes and trends to triangulate information across the system recognising any hot spots and ensuring the learning outcomes are shared and acted upon to provide quality improvement to the ICS Services. Themes identified include: (i) GPs receiving inappropriate onward referral requests (ii) difference in clinical opinion (iii) referral processes not being followed (iv) patient related behaviour. These themes have been shared across the Staffordshire and Stoke on Trent ICS and have resulted in process reviews.

3.3 Complaints, PALS, Compliments and MP Correspondence

3.3.1 The services with the highest amount of feedback in the first six months of 2023/24 are: (i) General Practice including access to appointments, problems with medication/prescriptions and communication issues. (ii) Continuing Healthcare including fundings issues, delays in decision making and unhappiness with decisions. (iii) Dentists including withdrawal of NHS care, inability to find a dentist accepting NHS patients and unhappiness with charges for treatment. (iv) UHNM including overall care and treatment provided, access to appointments including waiting times for appointments and/or treatment and/or follow-up care and delays obtaining tests results. (v) Commissioning Decisions including feedback about changes in provision, particularly following alignment of services, access to treatment in relation to IFR decisions and funding, and access to medicines.

3.4 Serious Incidents

3.4.1 'Apparent/actual/suspected self-inflicted harm' and 'Slips/Trips/Falls' remain the highest categories reported during 2023/24 quarter two. Key stakeholders within MPFT, NSCHT and UHNM meet at the System Serious Incident forum to discuss themes and trends and share system wide learning. As the system implements the Patient Safety Incident Response Framework (PSIRF) in Autumn 2023, themes and trends will be shown utilising a system approach. Monitoring of all Serious Incidents will continue until these incidents are closed under the previous framework.

4. Portfolio Quality Updates

4.1 End of Life, Long Term Conditions and Frailty

4.1.1 The Deteriorating Patient Network consists of system partners with a focus on supporting the early recognition of the deteriorating patient and appropriate escalation. The forum, with interdependencies across several portfolios, supports a system approach to the implementation of the Managing Deterioration Safety Improvement Programme. The quality team are an active part of the network offering support and

guidance from experience and knowledge of the independent care home sector. Further, the quality team are leading on an assessment of the preventative work and training available within the independent care sector to identify any further opportunities.

4.2 Planned Care, Cancer, and Diagnostics

4.2.1 The quality team continue to work as part of the multi-disciplinary team supporting the portfolio to implement recovery and transformation deliverables. This is done in several ways including providing subject matter expertise, advice, and insight to champion quality as a central principle supporting system transformation, review of service specifications, supporting procurement and working collaboratively with providers to deliver the level of quality assurance that is required by the ICB.

4.2.2 The quality team have led on collaborative inter-system working with NHS Greater Manchester ICP to support a culture of openness, learning and continuous improvement in response to incidents involving a shared Termination of Pregnancy Services provider. This has subsequently resulted in the ICB being approached by the National Unplanned Pregnancy Advisory Service (NUPAS) and being confirmed as the lead designated ICB for the NUPAS PSIRF Plan.

5. Decisions by Quality and Safety Committee for Ratification

5.1 QSC Terms of Reference (TOR)

5.1.1 The current QSC TOR state that to be quorate a representative from the local authority is required to be present unless the decision exclusively impacts on health. Unfortunately, colleagues from the local authorities are frequently unable to attend the meeting meaning that general business such as approval of the minutes cannot be conducted. It is therefore proposed that the TORs are amended to state:

- For a meeting to be quorate, the Chair or Vice Chair must be present plus the ICB Chief Nursing and Therapies Officer or ICB Chief Medical Officer (or their nominated deputy) and one provider representative.
- For decisions that impact on Health and Social Care for the meeting to be quorate, the Chair or Vice Chair must be present plus the ICB Chief Nursing and Therapies Officer or ICB Chief Medical Officer (or their nominated deputy), one provider representative and one local authority representative.

5.1.2 Members of the QSC approved the minor amendment to the Committee's TOR with a recommendation that the Board ratify this decision.

5.2 ICB Quality Strategy

5.2.1 The QSC membership received the ICB's Quality Strategy, which has been developed by ICB and NHS partners, for approval. The strategy has been designed to complement the overarching ambitions of the ICS priorities and the ICS Joint Forward Plan with quality and safety being the golden thread running through them all. Members of the QSC approved the Quality Strategy with a recommendation that the Board ratify this decision. The Quality Strategy will be published on the ICB's website.

5.3 Patient Safety Partners (PSPs)

5.3.1 The NHS Patient Safety Strategy includes the ambition for all safety-related clinical governance committees (or equivalents) in NHS organisations to include one or more trained PSPs. The QSC membership approved the recommended option – recruiting x2 PSPs to work within the ICB and collaborate with healthcare providers across the ICS – with a recommendation that the Board ratify this decision.

5.4 Patient Safety Incident Response Plan (PSIRP) and Policy

5.4.1 As part of the PSIRF, each provider of healthcare services must work with their ICB to develop a PSIRP and policy, which identifies how the organisation will respond proportionately to all incidents requiring investigation. The QSC membership recommended for approval MPFT, NSCHT, NUPAS and UHNM PSIRP and policies; having already been reviewed by the ICB using checklists aligned to the national policy. All policies and plans have already progressed through partners governance processes. The final documents will be published on the relevant provider's websites.

5.5 Managing Safeguarding Allegations Against Staff Policy

5.5.1 The QSC membership received the biennial update of the ICB's Managing Safeguarding Allegations Against Staff Policy which illustrates the requirements and compliance with legislative duties to safeguard

children and adults when an allegation of abuse has been made. The policy is applicable to all ICB staff and once approved will be accessible on the ICS website. The policy received approval from the QSC with a recommendation that the ICB Board ratify this decision.

5.6 Safeguarding Provider Collaborative TOR

5.6.1 The Staffordshire and Stoke-on-Trent Safeguarding Provider Collaborative is established as a subgroup of the Health Safeguarding Forum (HSF) to support the local safeguarding agendas, remove barriers, improve communication, and establish an integrated health approach to support the priority areas of safeguarding. Members of the QSC received and approved the TOR with a recommendation that the ICB Board ratify this decision.

5.7 Excluded and Restricted Policy (ERP) Non-Invasive Ventilation (NIV) criteria

5.7.1 The QSC membership received a paper setting out a proposed amendment to the ERP NIV criteria. Members were advised that following discussions between UHNM's Respiratory Consultants and clinicians from the ICB's Clinical and Professional Leadership team, it was agreed to review the criteria. It is proposed that the criteria are amended, removing the requirement for the patient to have a successful home trial. This change reflects clinical practice, aligns the criteria across the whole of the county and reduces the risk of delayed patient discharge.

5.7.2 Members of the QSC have reviewed the proposal and approved the amendment with a recommendation that the ICB Board ratify this decision. A quality impact assessment has been completed at gateway one. The updated version of the ERP will be published on the ICB's website.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Board Committee Summary and Escalation Report

Report of:	System Quality & Safety Committee
Chair:	Josie Spencer
Executive Lead:	Heather Johnstone / Lynn Tolley
Date:	Wednesday 8th November 2023

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Board Assurance Framework	The Q2 BAF was received by the Committee for discussion. There was a request to reduce BAF 5 (High Quality Safe Care Outcomes) risk score from 16 – 12. This was not agreed by the Committee, as whilst work is ongoing to strengthen the mitigating actions, they were not yet fully matured and embedded.	
Risk Register	The committee received the Risk Report, for discussion and assurance. Approval was given for closure of risks 081 and 091, increase in risk score for risk 115 and decrease in risk score for risk 108. New risk 153, related to occupational health services for General Practice. It was agreed that the People and Culture Committee would be better placed to oversee this risk.	Risk 153, to be referred to the People and Culture Committee for oversight.
System Surge Winter Plan	The committee received, reviewed, and approved the System Surge Plan for 2023/24 which articulated a system approach to mitigating the impacts upon all facets of the UEC system during periods of increased UEC demand, specifically during the forthcoming winter period. The three core principles of the System approach are: • The System Capacity plan • The System Escalation plan • The System Workforce plan	The plan will be received by the Board in November 23 for ratification.
ICB Quality Strategy	The committee received for approval the Staffordshire & Stoke-on-Trent three-year Quality Strategy which has been developed by the ICB and NHS Partners and describes the quality aims for the next three years. A draft associated delivery plan was also received which will be brought back for approval in February 2024.	The Strategy will be received by the Board in November 23 for ratification.
Patient Safety Partners	The committee received an options appraisal for the recruitment of Patient Safety Partners to work within the ICB. The paper set out 4 options for consideration. The paper had previously been presented to the System Quality Group who had	

	recommended approval of Option 1. The Committee supported this recommendation.	
Partner PSIRF Policies & Plans	The committee approved the PSIRF Policies & Plans for UHNM, NSCHT, MPFT and NUPAS, as required by the PSIRF National Policy. All policies and plans have been reviewed using a checklist and have also been through individual organisation governance and approval processes.	The Committee recommends that the Board ratifies this approval in line with national guidance.
CHC Equity Policy	The committee received and approved the Continuing Healthcare Equity Policy. The policy sets out the ICBs commissioning intentions for provision of care in relation to patient choice and allocation of funds for individuals deemed eligible for NHS CHC funding. The overarching aim of the policy is to ensure equity of decision making balanced with meeting assessed needs and the organisations statutory duty whilst being able to meet individuals reasonable clinical and social care needs. Patient and stakeholder engagement has taken place as part of the development of the policy. Oversight has been provided by the ICB's legal partner Mills & Reeves. An EIA has been completed and supported. The QIA will be completed on the 22nd November. The Committee requested bi-monthly updates on progress across the CHC agenda.	The Committee recommends that the Board ratifies this approval.
Maternity Comms & Involvement Plan	The committee received and approved the communications and involvement plan which outlines the approach to public involvement as part of the service change programme in relation to free standing midwife-led birthing units at County Hospital and Samuel Johnson Community Hospital. Both units were closed temporarily during Covid. The service change programme is being conducted in accordance with NHSE guidance. The timeline for the plan has slipped from August to December but will still be on track to be completed by March 2024.	
Safeguarding Adults & Children Report	The Safeguarding Adults and Children report was presented for assurance with key issues reported under the following themes: • Provider Collaborative • Safeguarding Children • Looked After Children • Adult Safeguarding Further work was being undertaken with UHNM in relation to the safeguarding elements of the CQC maternity improvement plan. Concerns were raised regarding Review Health Assessments (RHA) & Initial Health Assessments (IHA) backlog – this area was subject to a separate report .	
Safeguarding Allegations Against Staff Policy	The committee received and approved the policy which has been updated as part of a biennial review.	
Safeguarding Provider Collaborative Terms of Reference	The committee received and approved the Terms of Reference of the Safeguarding Provider Collaborative which has been established as a sub-group of the Health Safeguarding Forum. The provider collaborative for safeguarding will ensure	

	standardisation of health service provision. This is underpinned by a clear framework of expectation, service, and governance to offer a consistent approach.	
Quality & Safety Committee Terms of Reference	The committee received and approved a minor amendment to the Terms of Reference. This will ensure the committee is quorate and can deliver its business.	The Committee recommends that the Board ratifies this approval.
Review Health Assessments (RHA) & Initial Health Assessments (IHA) Backlog	The report provided an update on the mitigating actions being taken by providers concerning RHA and IHA backlogs and the development of a dashboard by the ICB Children & Young People Service Improvement Lead and ICB Designated Nurse for Looked After Children. The dashboard will illustrate a system wide view of risks and pressures in detail. A number of risks were described: • High probability that children will not receive IHAs within statutory timescales. • Delay in identifying health needs and completing onward Health referrals. Increased acuity of assessments, e.g., double appointments, translation services, high number of onward referrals. • IHA/RHA compliance further compromised already significantly below threshold. • Unplanned number of unaccompanied asylum-seeking children (UASC) will compound IHA/RHA backlogs further for our own population further impacted by out if area LAC placements.	The Committee was not sufficiently assured and asked for a further report including the dashboard to be brought back in February 2024.
Working with People and Communities	The report provided an update on the work being undertaken to engage and communicate with people and communities across Staffordshire and Stoke-on-Trent.	
Infection Prevention & Control	The report provided assurance and information regarding Health Care Associated Infections (HCAI) against NHSE thresholds and IPC activity.	
Local Maternity & Neonatal System	The report provided an update on maternity and neonatal services in Staffordshire and Stoke-on-Trent from UHNM, UHDB and RWT. A brief overview was provided of the findings of the UHNM CQC report published in June 2023 and the actions being taken as a result.	
Health Inequalities	This item was deferred until the December 2023 meeting as the meeting over run.	
Quality Oversight Dashboard	The Quality Dashboard 2023/24 was presented as at Month 6 (September 2023) for information. The committee supported the iterative development of the quality oversight dashboard.	
System Quality Group	The report provided an overview of the System Quality Group (SQG) meetings held on the 6th of October and 3rd of November with partners from across health, social care, and the wider ICS in attendance. There was one item for escalation from the 3rd of November meeting: • National Paediatric Audiology reviews and concerns around the accuracy of testing nationally, requirements for immediate actions and review of	Work has begun to articulate an ICB risk in relation to the National Paediatric Audiology Reviews

	the last 3-5 years. A Bronze cell has now been instigated.	

Risk Review and Assurance Summary
The Board can take assurance regarding the reports provided and the discussion which took place at the committee.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 13

Report to:	**Integrated Care Board**						
Date:	**16 November 2023**						
Title:	**Report to the ICB Board on Performance and Finance**						
Presenting Officer:	Paul Brown – Chief Financial Officer						
Author(s):	Colin Fynn – Head of Intelligence & Analytics Matt Shields – Head of System Finance						
Document Type:	Report						
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☒	
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*		
Is the decision within SOFD powers & limits	**Yes / No**	NO					
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.					
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.					
Appendices:	Click or tap here to enter text.						

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

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	**Date**
System Performance Group (D)	25/10/2023
Finance and Performance Committee (S)	07/11/2023

(3) Implications:	
Legal or Regulatory	The ICS operating plan will have within it multiple risk registers monitored at provider, portfolio and system level.
CQC or Patient Safety	The delivery of the system operating plan, especially Urgent & Emergency Care (UEC), Elective and Primary Care Recovery, are key requirements set by NHS England. Some parts of the system operating plan will focus on addressing patient safety issues which will also be monitored by the Quality & Safety Committee e.g. Maternity.
Financial (CFO-assured)	One of the key requirements of the system operating plan is to deliver a breakeven position. This report will provide an overview of whether the system's financial strategy (and supporting projects) is being delivered
Sustainability	Sustainability is a theme which runs throughout the system operating plan. We expect to add specific sustainability projects to deliver the NHS Green Plan in due course.

Workforce or Training	The system operating plan has multiple workforce and training requirements within it, which will also be monitored by the People Committee
Equality & Diversity	N/A
Due Regard: Inequalities	Click or tap here to enter text.
Due Regard: wider effect	Click or tap here to enter text.

(4) Statutory Dependencies & Impact Assessments:

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

(5) Integration with the BAF & Key Risks:

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

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

The report was presented at the Finance and Performance Committee (F&PC) on 7th November 2023 with discussion around:

- Urgent and Emergency Care (UEC) performance remains challenging with business continuity incidents impacting on performance and delivery at University Hospitals of North Midlands (UHNM). Deterioration in Category 2 ambulance response times and increase in ambulance handover delays. Focus on front door alternative pathways continues along with focus on all discharges, frailty and outward flow. The system escalation plan level 4 plus actions are in place to manage risk across the UEC pathway.
- Serious Mental Illness (SMI) annual physical health checks in quarter 1 and the actions required both in relation to getting the checks undertaken but then recorded in GP systems so they pull through into the data feeds, to ensure fully accurate reporting.
- A separate in-depth paper was presented outlining Elective Care Long Wait Performance. System partners continue to address the backlog of patients on the elective waiting list with the ambition of treating all those waiting more than 65 weeks by the end of March 2024 in accordance with the national planning guidance. However, despite progress being made the rate of improvement is being hampered by the ongoing industrial action by both junior doctors and consultants.
- At month 6 at a system level we are reporting a year-to-date deficit position of £66.4m, which is a £52.7m adverse variance against the £13.7m deficit plan (Month 5 –year to date deficit £58.6m; variance to plan £45m. The system has reported a net risk of £141m prior to recovery actions. We are currently working through the impact of the recovery actions to determine the most likely outturn. Drivers of the deficit continue to be excess inflation, Continuing Healthcare and the impact of industrial action. Capital is forecasted as expected however medium-term challenges remain and require national monies to achieve plan.

(7) Recommendations to Board / Committee:

The Integrated Care Board is asked to: Note the exceptions highlighted in the report.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Report to the ICB Board on Performance and Finance

ICB Board Meeting – 16 November 2023

Executive Summary for ICB Board

This report contains:

1. An executive summary outlining key headlines and escalations.
2. A placemat that demonstrates at a high-level key metrics and deliverables within the 2023/24 operating plan.
3. Exception reporting against our One Collective Aim and 4 system priorities.
4. A finance summary including a month 6 position and an update on efficiency delivery.

The report was presented at the Finance and Performance Committee (F&PC) on 7th November 2023 with discussion around:

- Urgent and Emergency Care (UEC) performance remains challenging with business continuity incidents impacting on performance and delivery at University Hospitals of North Midlands (UHNM). Deterioration in Category 2 ambulance response times and increase in ambulance handover delays. Focus on front door alternative pathways continues along with focus on all discharges, frailty and outward flow. The system escalation plan level 4 plus actions are in place to manage risk across the UEC pathway.

- Serious Mental Illness (SMI) annual physical health checks in quarter 1 and the actions required both in relation to getting the checks undertaken but then recorded in GP systems, so they pull through into the data feeds, to ensure fully accurate reporting.

- A separate in-depth paper was presented outlining Elective Care Long Wait Performance. System partners continue to address the backlog of patients on the elective waiting list with the ambition of treating all those waiting more than 65 weeks by the end of March 2024 in accordance with the national planning guidance. However, despite progress being made the rate of improvement is being hampered by the ongoing industrial action by both junior doctors and consultants.

- At month 6 at a system level, we are reporting a year-to-date deficit position of £66.4m, which is a £52.7m adverse variance against the £13.7m deficit plan (Month 5 –year to date deficit £58.6m; variance to plan £45m. The system has reported a net risk of £141m prior to recovery actions. We are currently working through the impact of the recovery actions to determine the most likely outturn. Drivers of the deficit continue to be excess inflation, Continuing Healthcare and the impact of industrial action. Capital is forecasted as expected however medium-term challenges remain and require national monies to achieve plan.

Headlines Summary

Headlines

- One Collective Aim - Category 2 calls show a 1% reduction on the previous month, and 6.8% below the same period last year. Category 3 calls decreased by 9.6% on August but were up 0.8% on the same month last year.
- Urgent and Emergency Care (UEC) - Emergency Department (ED) Attendances through September reversed the previous 3 months of decline rising by 2% on last month and recording levels 7% above the same month last year. Virtual Wards (VW) showed 62% occupancy delivered through increased capacity of 214 VW Beds. This is below the target of 67.7% from a planned capacity of 251 VW Beds for the end of September but continues to show growth.
- Tackle Backlogs (Planned Care) - Eliminating 104+ and 78+ week waiters (ww) has been impacted by industrial action, but downward trends are still evident. 104ww are below 5 across the ICB. At University Hospital of North Midlands (UHNM) improvements have been made in 65+ and 52+ ww, currently each of these cohorts of patients is below the plan.
- Diagnostics – Performance against the 7-core test plan (of 78.1% of patients to be seen in <6 weeks in August) was 68.6%, the fourth consecutive month below the plan. Activity decreased in four of the seven tests (albeit minimally), when compared to last month. Magnetic resonance imaging (MRI) and Gastroscopy activity in August exceeded the plan – the only tests to do so again this month.
- Cancer – The number of patients whose treatment started after 62 days (at UHNM in month) is below plan in August and Septembers (provisional) data. The 28-day faster diagnosis pathway saw 65.5% of patients told within 28 days, (below plan of 69.9% in M5) and below the national standard of 75%.
- General Practice/Primary Care – Access targets in primary care are on track and delivering as expected against plan. The number of completed referrals to Community Pharmacist Consultation Service (CPCS) from General Practice remains on track to exceed the plan, by 2,358 referrals (April to September). The ICB are higher for referrals per 1,000 patients compared to Midlands and National.
- Prevention and Health Inequalities National Objective on increasing the percentage of appropriate patient on lipid lowering therapies – the national target of 60% has not been met in Q1 with performance sitting at 55.9%. Data for July and August 2023 indicates a small increase but remains under target.
- Children and Young People Year to Date (YTD), all age groups for emergency asthma admissions were lower than they were in 2019/20, however, the YTD rate of emergency epilepsy admissions was slightly higher in the 11-17 (30.2 v 28.4) age group compared to 2019/20.
- Complex individuals – Colleagues from Midlands Partnership Foundation Trust (MPFT), local authority, Integrated Care Board (ICB) and Commissioning Support Unit (CSU) attended the first Continuing Healthcare (CHC) working group meeting 19th of Oct. Types of service and data collection scope were agreed with the aim of producing a CHC dashboard.
- Efficiency Programme – The system cannot collectively deliver breakeven and, without additional action our deficit will be £141m. A series of recovery programmes have been identified and we are in the process of evaluating the financial impact (in year and recurrent) coupled with further short-term measures to impact a revised forecast outturn. Further detail is set out in the System Finance Report.

Escalations Summary

- One Collective Aim – September reported reductions in both Category 2 and Category 3 call volumes, with Category 2 reducing by 1% and Category 3 experiencing a larger 9.6% reduction. Both, however, are higher than the same period last year meaning our one collective aim to reduce these numbers is not being achieved.
- Urgent and Emergency Care – Continued effort at UHNM and Acute Care at Home to identify suitable patients for Virtual Ward beds resulted in further increased occupancy alleviating a degree of pressure within the system, however, patient acuity continues to be a barrier to expanded use. Capacity issues identified within the Acute Care @ Home team – granular level detail (particularly around hard to fill clinical posts) requested from the People Function. Business continuity planning under development for AC@H (anecdotally half number of ACPs on some shifts than usual). Derbyshire Health United (DHU) Healthcare has moved to preferred provider status for the NHS 111 contract covering the entire Midlands region and will begin the process of agreeing and signing of a new contract to cover the System.
- Planned Care - The underlying 78ww position is improving however UHNM are currently forecasting 158, 78ww breaches in October and 93 in November. Without the Industrial Action impact, the expectation would be close to zero. UHNM are achieving the patient initiated follow up initiative (PIFU) target, but this is not resulting in a reduction in follow-ups required. New to follow up ratio's as of 19/20 compared to 23/24 are being analysed, this will be available for the next meeting.
- General Practice/Primary Care – General Practice Winter Surge Plan – activity and finance remodelled in line with reduced level of funding confirmed. Practice level appointments and winter hubs to be funded for 17 weeks, commencing 4th December 2023.
- Complex Individuals – the number of people with Severe Mental Illness (SMI) having an annual physical health check in Q1 was 22% below the Q1 plan target of 5,738. Community services are working closely with practices to ensure appointments for joint reviews are being utilised.
- Efficiency Programme – Following the national escalation meeting, we are now working to assess the most likely forecast outturn.
- Through the portfolio and programme highlight reports
  - The primary care portfolio escalated that the General Practice Winter Surge Plan – activity and finance re-modelled in line with reduced level of funding.
  - The urgent care portfolio escalated 7 points.
  - The planned care portfolio escalated a financial risk associated with the Patient Initiated Digital Mutual Aid System (PIDMAS) project, due to the unknown acceptance rate from patients and the increased workload involved
  - No other portfolios requested any escalations to the System Finance and Performance committee via their highlight reports

Overview of key underpinning deliverables

Children and Young People / Maternity

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

Planned Care, Diagnostics & Cancer

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

Improving Population Health

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

Urgent and Emergency Care

- Implement Capital Investment Case
- 76% of patients seen within 4 hours in A&E
- Bed occupancy 92% or below
- Full review and priority setting for virtual wards.
- Deliver a fully integrated discharge "hub"

Mental Health, Learning Disability and Autism

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

Primary Care

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

End of Life, LTCS and Frailty

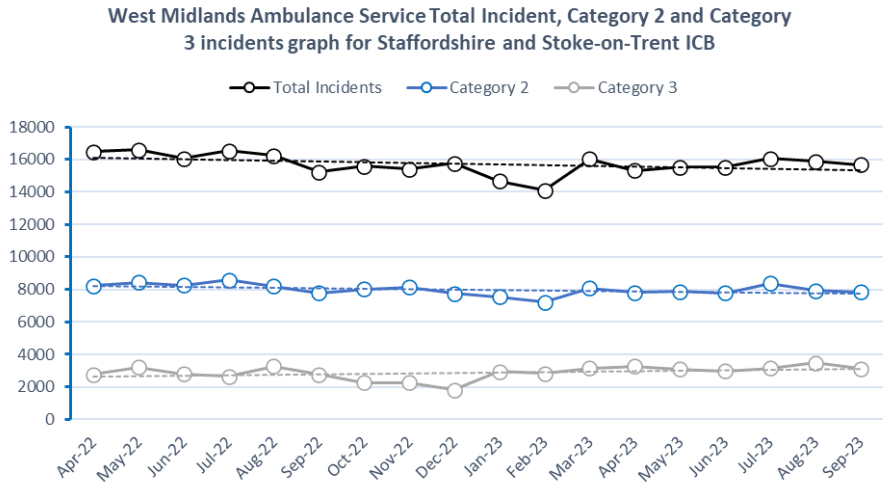
- The creation of a Palliative End of Life Care (PEoLC) strategy
- Identification of Patients in the last 12 months of life recorded on Palliative Care Registers in Primary Care
- The creation of a Long Term Conditions (LTC) strategy
- Transformation programme around Cardiovascular (CVD), Respiratory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

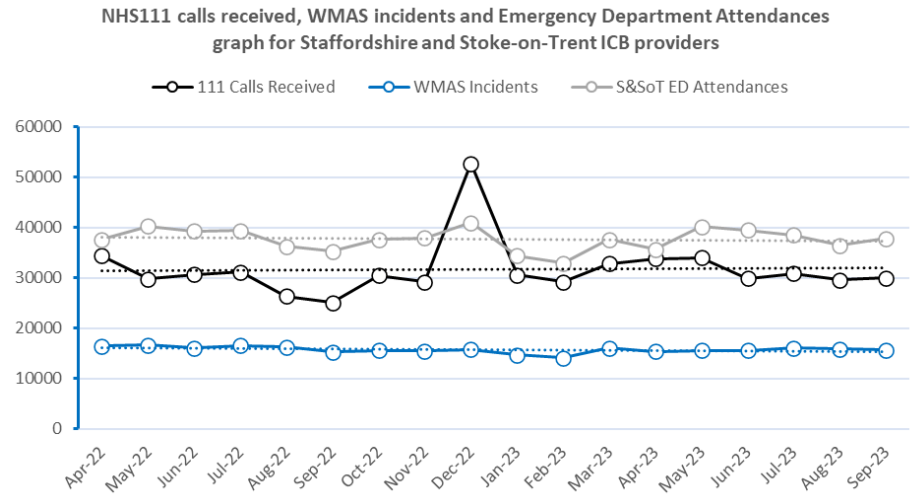
TRAFFIC LIGHT KEY:

- On track
- Behind plan and no mitigations identified as yet to improve position in year
- Measure of success under review by the portfolio
- Deliverable behind plan, but mitigations in place to try and improve the position
- Complete

Exception reporting against our One Collective Aim

One Collective Aim	Points to note
Reduce the number of Category 2 and 3 ambulance calls *The data provided here are the incidents derived from calls to West Midlands Ambulance Service (WMAS) for our ICB only.* *Charts run from April 2022.*	• Category 2 calls accounted for just over 50% of the call volumes reported during September. Category 3 calls contracted to 20% of the call volume for the month. Overall call volumes reduced by just over 1% with reductions in Category 2 and Category 3 calls being offset by rises in Category 1 incidents, and calls classified as Category 5 reaching their highest level since December 2022 as focus on the use of Acute Care @ Home is maintained. • A reduction in Fall related incidents was the primary driver in the Category 3 reduction, reversing the rise seen during the previous month. Further analysis however indicates the overall number of falls did not reduce, with the variance returning to being reported under Category 5 incidents.
	• Emergency Department (ED) Attendances through September reversed the previous 3 months of decline rising by 2% on last month and recording levels 7% above the same month last year. • The total number of 111 calls during September 2023 increased by 19.9% when compared to the same period of 2022/23, an increase equivalent to 165 extra calls per day. • UHNM continue in Tier 2 of the national support mechanism, with continual monitoring against all Exit Criteria to gauge progress. UHNM are in segment 3 of the NHS Oversight Framework with 5 exit criteria in place in relation to UEC with challenged performance in Ambulance Handover Delays and > 12 hour waits. • Monitoring against contractually agreed trajectories continues with Category 2 Mean Response times rising above the 30-minute threshold for September, but still performing better than most ICBs in the Midlands region.





Exception reporting against our 4 system priorities

System Priority	Key points this month or actions and observations for the coming months
1. Urgent & Emergency Care **Focus on prevention, hospital avoidance and appropriate and timely discharge**	• In hospital – 4hr at UHNM have improved gradually over the past few weeks, but down to 65.8% in the 2nd week of October. Patients waiting 12+ hours remained 400 in average. • Surge – Bed occupancy rate in October has gone up 2.6% to 92.9% from September, this is reflective of the pressure we are managing. 50 additional beds requested from Region within the Core bed base. • Single Point of Access – National Principles received and the 12 hour per day requirement will be met by the UCCC by extending its opening hours from 8am to 6pm to 8am – 8pm ongoing. The main challenge identified is whether community teams have the capacity to provide a response. • Acute Care at Home – Stock take and priority areas shared across the system. UCCC 7 point improvement plan developed to support UCCC triage/trusted assessor model. Virtual Wards - meeting held with RWT around virtual ward utilisation – improvement plan agreed. Business continuity plans under development to support staffing challenges. Access to LA Social Care Support requested for AC@H. Paramedic situated within UCCC proposals under development. • Integrated Discharge HUB – MOU agreed and signed off. Data Assurance Workstream developed. MS Teams channel developed for all IDT staff to enable smooth communications and centrally located documents. OD Plan developed. Frail Elderly Assessment Unit Test of Change commences next week.
2. Tackle Backlog (Planned Care) **Backlog reduction**	• 65+ week waits at UHNM over performed plan in August (1,184 against a plan of 1,403), the pace has been impacted by Industrial Action (IA). • 78 week waits at UHNM have remained stable despite continued IA. Eliminating 78+ week waiters remains a significant challenge, 158 are forecast for the end of October at UHNM, 93 at the end of November. • 104+ week waits: 1 across the ICB (as at w/e 8th October) and forecast to be zero in October and November. • Diagnostic activity was below plan in August (across the 7 core tests) by 6.1%, MRI and Gastroscopy the only tests to exceed the plan again. The percentage seen in <6 weeks (at 68.6%) decreased (from July) and was below the plan for August (of 78.1%). • Latest UHNM position (w/e 8th October) the 62 day backlog is increasing and is now 503, above their revised trajectory (of 462). • The 104 day backlog (UHNM position (w/e 8th October) has decreased to 135 and remains overperforming against their revised trajectory. • The 28 day faster diagnosis standard was below plan in August at both UHNM and across the ICB (for all Providers) and below the National Standard of 75%. • UHNM are in segment 3 of the NHS Oversight Framework with 8 exit criteria in place in relation to High Proportion of Urgent Cancer waits and High volume of Long Waits > 78 weeks. Regulatory undertakings have also been put in place by NHSE.

Exception reporting against our 4 system priorities

System Priority	Key points this month or actions and observations for the coming months
3. General Practice/Primary Care **Ensuring that residents have appropriate, timely and equitable access to services**	• The number of appointments within General Practice remains above plan in August. • The % of appointments within 2 weeks from time of booking (within the 8 appointment categories) is above the Investment and Impact Fund (IIF) lower threshold (>85%) and remains above the higher threshold (>90%) in August. Sub-ICB comparison shows 5 out of the 6 SSOT Sub-ICB locations are in the highest performing quartile nationally for this indicator (NHSOF September update). • The August 2023 Did Not Attend rate was 4.3% - a decrease of 0.1% from July. • The number of completed referrals to Community Pharmacist Consultation Service from General Practice remains on track to exceed the plan, by 2,358 referrals (April to September). The ICB are higher for referrals per 1,000 patients compared to Midlands and National.
4. Complex Individuals **Improving access to high quality and cost-effective care for people with complex needs, which requires multi-agency management**	• All Age Continuing Care – The collaboration of providers has progressed at pace over the last month and there is now clear agreement with regards to roles and responsibilities and what Continuing Healthcare (CHC) functions will remain within the ICB as the statutory responsible body and those that can be transferred for delivery through the collaboration of providers. The collaborative has identified 8 workstreams with project group meetings to be established from w/c 30th October. The CHC Eligibility internal audit has been agreed and is due to commence on 27th November, and in recognition of the statutory duty of the ICB a daily eligibility panel has been implemented with effect from 13th October. • Access to NHS Talking Therapies at 4,780 (July and August combined) is below the Q2 plan (7,509) by 36.3% . • Access to Children and Young People community mental health services at 14,100 (August rolling 12 month position) is currently below the Q2 plan (15,800) by 10.8%. • The Dementia diagnosis rate continues to exceed the national target of 66.7% (by 5.1% in August), however it is below the Q2 stretch target outlined in our local plan (75.7%). • Learning Disability Annual Health checks data for September reports performance at 28.7% - 3.3% below the Q2 plan (of 32%). • Palliative and End of Life Care (PEoLC) integration workshop held on 17th October with key partners to establish shared vision and action plan for 24/7 integrated care. This will be taken through Clinical Improvement Group (CIG) and PcEOL programme board in November 2023. • Programme Board for Long Term Conditions held in October – agreed the establishment of CIGs for Cardio Vascular Disease (CVD) and Diabetes.

Finance Summary

- At month 6, at a system level we are reporting a year-to-date deficit position of £66.4m, which is a £52.7m adverse variance against the £13.7m deficit plan (Month 5 –year to date deficit £58.6m; variance to plan £45m).

- The year-to-date variance to plan sits within the ICB (£42.7m) and UHNM (£10.4m) with NSCHT and MPFT slightly better than plan. The main drivers behind this variance remain consistent with prior months, being:

    - CHC and prescribing costs being over and above the inflationary assumptions used within the system plan submission (£24.3m)
    - Slippage on efficiency programmes within the plan (£14.2m)
    - Retention of escalation beds longer than initially planned due to the ongoing UEC demands within the system (£7.0m)
    - Industrial action throughout the financial year, which impacted UHNM over and above plan (£3.9m)

- Throughout the planning round for 2023/24 we flagged a material level of financial risk but as a system we agreed to plan to break even. In agreeing to this plan, we signalled clearly that breakeven would require a best-case outcome across a range of assumptions. Unfortunately, that best case scenario is not playing out. Prior to the implementation of further measures, the NHS partners in the system face a collective in-year deficit of £141m for 2023/24. This excludes risks on ERF both nationally from uncertainty of level of activity required to achieve the system allocation and locally due to the independent sector delivering ahead of contract and out of system providers are not delivering at contracted levels.

- The system has agreed a recovery plan which was signed off by all CEOs and system executives on 29th September 2023. Collectively these measures will improve the outturn but will not be enough to achieve break even. We are targeting an outturn of no worse than £100m but we are still working through the impact which depends on the speed that CHC improvements can be made and an understanding of the implications for ERF and Industrial Action.

- Our capital reporting is on track with what we expected when we submitted our capital plan for 2023/24. We have an overspend regarding Project Star which are known to region and which we are managing as a system.

Month 6 Position

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

- There was a slight improvement at UHNM due to a one-off benefit in relation to a reconciliation being completed on pass-through devices.

	Month 6			Month 5		
System	£m			£m		
	Plan	**YTD**	**Variance**	**Plan**	**YTD**	**Variance**
Income	2,203.8	2,214.3	10.5	1,840.5	1,849.9	9.4
Pay	(597.0)	(591.2)	5.8	(493.8)	(492.9)	0.9
Non Pay	(310.8)	(341.4)	(30.6)	(258.8)	(284.1)	(25.3)
Non Operating Items (exc gains on disposal)	(14.4)	(10.1)	4.3	(12.0)	(8.5)	3.4
ICB/CCG Expenditure	(1,295.4)	(1,338.1)	(42.7)	(1,089.6)	(1,123.0)	(33.4)
Total	(13.7)	(66.4)	(52.7)	(13.6)	(58.6)	(45.0)
			-2.4%			-2.4%

	Month 6			Month 5		
ICB	£m			£m		
	Plan	**YTD**	**Variance**	**Plan**	**YTD**	**Variance**
Allocation	1,276.8	1,276.8	(30.6)	1,071.5	1,071.5	(25.3)
Expenditure	(1,295.4)	(1,338.1)	0.0	(1,089.6)	(1,123.0)	0.0
TOTAL ICB Surplus/(Deficit)	(18.6)	(61.2)	(42.7)	(18.1)	(51.5)	(33.4)
			-3.3%			-3.1%

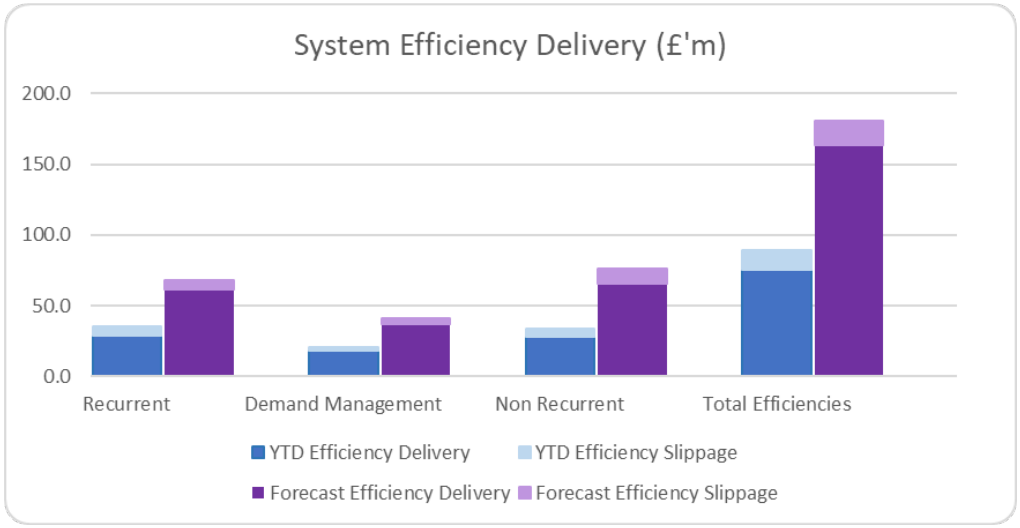
	Month 6			Month 5		
UHNM	£m			£m		
	Plan	**YTD**	**Variance**	**Plan**	**YTD**	**Variance**
Income	531.6	543.4	11.8	439.3	449.9	10.6
Pay	(325.1)	(328.2)	(3.1)	(267.2)	(273.9)	(6.7)
Non-Pay	(189.5)	(210.8)	(21.3)	(157.6)	(175.0)	(17.4)
Non Operating Items (exc gains on disposal)	(14.0)	(11.7)	2.2	(11.6)	(9.8)	1.8
TOTAL Provider Surplus/(Deficit)	3.1	(7.2)	(10.4)	2.9	(8.8)	(11.7)
			-1.9%			-2.6%

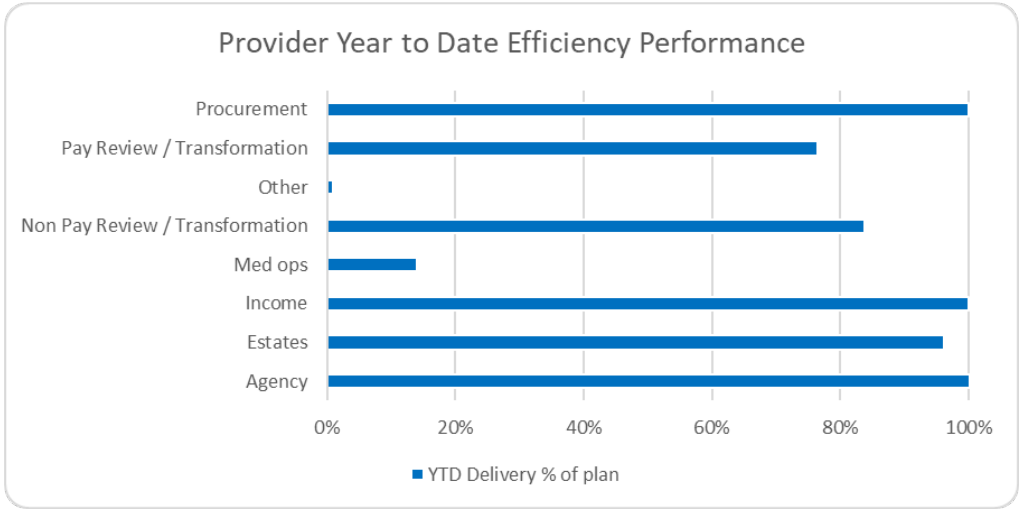
	Month 6			Month 5		
MPFT	£m			£m		
	Plan	**YTD**	**Variance**	**Plan**	**YTD**	**Variance**
Income	312.4	313.8	1.4	260.4	261.2	0.8
Pay	(225.2)	(217.3)	7.8	(187.6)	(180.8)	6.9
Non-Pay	(86.9)	(97.1)	(10.2)	(72.5)	(81.1)	(8.6)
Non Operating Items (exc gains on disposal)	1.4	2.5	1.2	1.1	2.1	1.0
TOTAL Provider Surplus/(Deficit)	1.6	1.8	0.2	1.4	1.5	0.1
			0.1%			0.0%

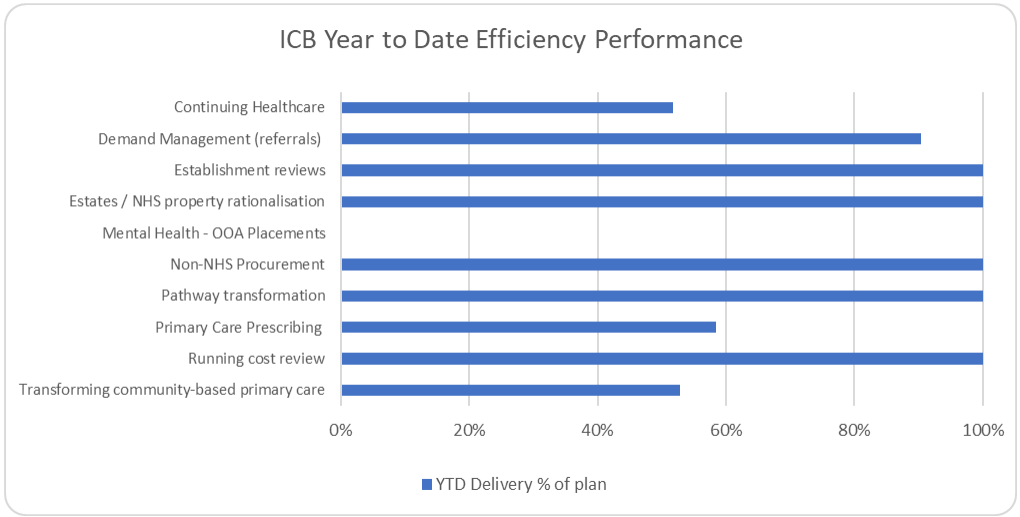
	Month 6			Month 5		
NSCHT	£m			£m		
	Plan	**YTD**	**Variance**	**Plan**	**YTD**	**Variance**
Income	83.0	80.3	(2.7)	69.2	67.3	(2.0)
Pay	(46.8)	(45.7)	1.1	(38.9)	(38.2)	0.7
Non-Pay	(34.4)	(33.5)	0.9	(28.7)	(28.1)	0.6
Non Operating Items (exc gains on disposal)	(1.8)	(0.9)	0.9	(1.5)	(0.8)	0.7
TOTAL Provider Surplus/(Deficit)	0.1	0.2	0.1	0.1	0.2	0.0
			-0.1%			0.0%

Efficiency Delivery

- The system has delivered £75.2m of efficiency as of September 2023, 84% of plan, which is an 6% increase on last months delivery levels. Forecasts project the system will recover most of this position by year end, although there is a high level of risk within this forecast due to the size of the efficiency target within the plan.
- Key challenges remain to deliver recurrent efficiency within the current environment. We are currently forecasting a £14.1m shortfall of recurrent schemes at year end. All organisations have been ramping up assurance of FYE delivery into 2023/24 and the previously identified actions continue.







Staffordshire and Stoke-on-Trent Integrated Care Board

Board Committee Summary and Escalation Report

Report of:	Finance and Performance Committee
Chair:	Megan Nurse
Executive Lead:	Paul Brown
Date:	7 November 2023

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
PART A		
Risk Register	The Committee approved the following new risks: • Risk 152: Reinforced Autoclaved Aerated Concentre (RAAC) in Community and Primary Care sites within System • Risk 154: UHDB Winter Pressures • Risk 155: UHNM/MPFT NHS 111 Booking System (EDDI) • Risk 156: Acute Care at Home Workforce and Capacity Pressures The Committee approved the closure of the following risks: • Risk 105: Virtual Wards (this has now been amalgamated into Risk 156: Acute Care at Home Workforce and Capacity Pressures). • Risk 117: Changes to GP Contract 2023/2024 – Offer of assessment will be equitable for all modes of access • Risk 149: General Practice Winter Surge Plan • Risk 151: Phasing out of the Emergency Department Digital Integration by NHSE The Committee approved the increase in risk score from 12 to 16 for Risk 134: Totally PLC Sustainability. The Committee has good sight of the top risks for finance, performance and transformation.	
Monitoring System	The Q2 stocktake paper provided	Board to note the next steps

Delivery of the Operating Plan • Q2 Stocktake • Performance Report • Programmes Report	detail on delivery against the 2023/24 Operational Plan and in particular, Portfolio deliverables that are at risk of delivery in-year. The Committee noted that across all Portfolios there are 227 deliverables for 2023/24, of which • 13 (6%) deliverables are complete • 143 (63%) are on track for delivery in 2023/24 • 26 (11%) deliverables are off track but recoverable for 2023/24 delivery • 45 (20%) deliverables are at risk of delivery in year FPC noted the Month 5 performance position against the key metrics in the Operating Plan. The Committee received the report which contained: • Key headlines and escalations • An overview of programme delivery and exceptions • A placemat that demonstrated high level key metrics and deliverables within the 2023/24 Operating Plan • Exception reporting against our One Collective Aim and 4 System priorities. The paper included a detailed set of appendices providing more information on: • Portfolio Programmes Highlight report • Efficiency Delivery Plan • National NHS objectives 2023/24 Performance.	recommended by the Committee: • Portfolio Boards to fully review the outputs from the Q2 stocktake and to assure themselves on the mitigations in place to address the deliverables which are currently amber and red, in particular where there are interdependencies across Portfolios • Portfolios to undertake impact assessment on deliverables that are at risk of delivery • Portfolios to ensure that deliverables and ongoing risks to delivery are included in the monthly programme highlight reports to FPC. Board to note Committee's concerns regarding infant mortality and obesity deliverable risks. Board to note significant pressure on Urgent and Emergency Care at UHNM resulting in two business continuity incidents during the month. System has delivered 84% of 2023/24 efficiency programme. Assessment of full year likely delivery is currently underway. Current 'most likely' is 90% of plan.
Elective Care/Elective Recovery Plan	The Committee discussed the current position for 104ww, 78ww and 65ww and the actions being taken to mitigate the position noting that despite progress being made, the rate of improvement has been hampered by the industrial action. The report also provided details on the long-waiters who receive elective care outside of the Staffordshire and Stoke-on-Trent System.	NHS England have requested that a refreshed route to zero for the 78ww cohort is provided following the non-achievement of the previous plan to clear by the end of October; this was impacted by continued industrial action. This trajectory is in development. There continues to be good progress on the reduction of the 65ww cohort. However, UHNM are reporting concerns in some specialties and a detailed report at specialty level is being prepared.

System Finance Month 6 Report	At Month 6, we are reporting a year-to-date deficit position of £66.4m which is a £52.7m adverse variance against the £13.6m deficit plan. The System Recovery Plan will improve the outturn but will not be enough to achieve break even. We are targeting an outturn of no worse than £100m but we are still working through the impact which depends on the speed that CHC improvements can be made and an understanding of the implications for ERF and industrial action. Capital reporting is on track with the expectations when we submitted our capital plan for 2023/24. We have overspends regarding Project Star which are known to Region and being managed as a System.	The Committee would like to highlight the deficit position at month 6 and level of risk within the plan. The net risk is now materially worse than the £75m within the plan, demonstrating the size of the challenge and need for the System to deliver on the Recovery Plan. Given the seriousness of the position and financial scrutiny, a review of compliance with the self-imposed double lock has taken place. Included within the report was a list of investments with the governance route evidencing compliance. Further work requested on clarifying the role of SPG and Finance and Performance Committee in the double lock.
National Recovery	The paper provided an update on the next steps following a national escalation meeting held on 11 October with Peter Ridley, NHSE Deputy Chief Finance Officer, where it was confirmed that an external assessment will be commissioned of the financial outturn and the underpinning governance. The Committee reviewed the latest position statement prepared by System CFOs.	Board to note that the ICB must confirm the likely forecast outturn for 2023/24 by 20 November.
System Recovery Plan Update	The paper provided an update on how the System Recovery Programme is being implemented. The 16 underpinning projects have 25 products (key deliverables). The workforce requirements and risks to delivery were documented in the paper. The CHC provider Collaborative is starting to monitor its specific contribution to the System Recovery Programme and achievements to date were also included in the report.	The Board to note that a recovery dashboard is being developed with already agreed KPIs and additional project specific metrics.
System Surge Winter Plan Update	The first monthly update on management and key risks. The report is currently under review to provide further granular detail and assurance to System Executives and will be available from next month.	
111 Procurement Update/Totally Sustainability Risk	Totally Urgent Care (Vocare) provides a wide range of services across Staffordshire and Stoke-on-Trent (including the 111 contract and GP Out of Hours). NHS 111 Regional procurement has now concluded and	The risk score for 134: Totally PLC Sustainability has been increased from 12 to 16.

	Derbyshire Healthcare United have been announced as the contracted provider from April 2024. The UEC Portfolio are meeting bi-weekly with partners from other ICB Portfolios to support and review risks within each contract and provide assurance to the System of patient safety and services continuity.	
Colorectal and General Surgery Capacity – Route to 65 weeks	The paper provided the Business Case to increase elective activity which will reduce long waiters for surgical and colorectal care and increase the ERF earned by the system. The investment impacts on the System financial position and requires FPC approval as part of the double lock process.	FPC approved the Business Case.
Workforce Quarterly Update	The paper provided an overview of the workforce position including a summary of the key workforce indicators, trend context and an agency overview. As agency continues to be of significant focus in respect of use of resources, emphasis was given to this within the report and as part of the Committee's discussions. The agency toolkit was also provided for information.	
Transformation Programmes Update	The paper provided the monthly overview of the clinical areas included within the System Transformation and Service Change Programme. Key updates for the Committee focused on maternity, Inpatient Mental Health Services previously provided at the George Bryan Centre, the Cannock Transformation Programme and Urgent and Emergency Care – UTC Designation.	The Decision Making Business Case regarding East Staffordshire Inpatient Mental Health Services will be submitted to FPC and the ICB Board for final approval in December. The interim aligned policy for Assisted Conception will be submitted to FPC and the ICB Board for final approval in December.
2024/25 Planning Approach and Agreement of System Priorities	The report focussed on the approach for 2024/25 to develop the Operational Plan and to refresh the Joint Forward Plan. It outlined the approach to agree the System priorities for 2024/25.	
ICS Oversight Framework Update	The Committee received for information the oversight letter following the UHNM Provider Review Meeting with NHSE and the ICB on 5 October, the letter following the ICB System Review Meeting on 19 September and the letter following the Staffordshire and Stoke-on-Trent Quarterly System Review Meeting on 12 October.	
System Performance	Following the decision to utilise the	

Group/Turnaround Board Terms of Reference	existing System Performance Group as the Turnaround Board, a revised Terms of Reference was presented to the Finance and Performance Committee for information.	
PART B		
Risk Register	The Committee reviewed the 7 risks on the ICB Risk Register and approved the increase in risk score from 9 to 12 for Risk 129: Delegated responsibility of PODs to the ICB and the reduction in risk score from 6 to 4 for Risk 060.	
ICB Finance Report (Month 6)	The paper reported an ICB year-to-date deficit position of £61.3m against a planned deficit of £18.6m, creating an adverse variance to plan of £42.7m. It was recommended that we continue to adopt a formal forecast of break-even for the year, following NHSE forecasting protocols, but continue to discuss with Region the point at which we move from a net risk position into a revised forecast outturn.	FPC approved the ICB's Month 6 forecast position of breakeven and noted the level of unmitigated risk being reported. FPC approved the increase in the level of purchase orders above the budgetary envelope for a provided list of suppliers. These services mainly comprise of ERF backed activity and independent sector backlog recovery from Covid-19.
ICB Efficiency Performance	This paper reported on the achievement to date and the remedial actions being taken to manage any gaps in the delivery of the ICB's 2023/24 efficiency programme.	The Committee noted that current projections suggest a £77m efficiency delivery against the £93.1m plan; this variance represents a £3.7m improvement in the forecast from Month 5.
ICB Procurement Operations Group Highlight Report	This paper reported the key activities being co-ordinated by the Procurement Operations Group. The Committee: • Approved the award of a contract for a single Orthotics service to Opcare Limited for £5.8m on a 3 year contract (with option to extend for further 2 years) • Approved the Single Tender Waiver to block book 15 End of Life and 5 step-up beds at Golden Manor/Golden Park Care Home. The total cost of the scheme is £1,350,000 • Noted the current programme of work in progress related to Community Gynaecology. • Noted the update on the Provider Selection Regime and proposed actions to ensure the ICB is engaged and able to implement the new regulations.	
Delivery Plan for	ICBs are required to develop a	The draft Plan is being

Recovering Access to Primary Care	system-level plan for recovering access to Primary Care, which includes Primary Care Network action, funding and outcomes expected. The Staffordshire and Stoke-on-Trent Draft System Level Access Plan was presented to the Committee for discussion. The final deadline for submission to NHSE is 31 March 2024.	presented to this Board meeting. The Committee commended the plan and supported the direction of travel, improved performance and focus on health inequalities.
Primary Care Forum Report	In order to have governance oversight, FPC received a summary report of the meeting that took place on 10 October. This reported on the discussions on Primary Care finances and efficiency delivery, General Practice and Pharmacy, Optometry & Dental (POD).	The Committee noted that the Pharmacy, Optometry & Dental (POD) Local Recovery Plan will be presented to its December meeting.

Risk Review and Assurance Summary
The Board can take assurance regarding the reports provided and the discussions that took place at the Committee. Specific risks highlighted above, and in the FPC Risk Register.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 15

Report to:	**Integrated Care Board**					
Date:	**16 November 2023**					
Title:	**Quarter 2 BAF Report**					
Presenting Officer:	Claire Cotton					
Author(s):	Claire Cotton					
Document Type:	Report	If Other: Click or tap here to enter text.				
Action Required (select):	**Information (I)**	☐	**Discussion (D)**	☐	**Assurance (S)**	☒
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	YES				
Any potential / actual Conflict of Interest?	**Yes / No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.				
Any financial impacts: ICB or ICS?	**Yes / No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.				
Appendices:	The Q2 BAF Report					

(1) Purpose of the Paper:

The paper presents an update report on the progress against the eight strategic objectives set by the ICB for 2023/24 at the end of quarter 2.
The report also includes a review of the alignment of the BAF objectives across the ICS which has been undertaken as under pinning work to build a system BAF in future.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	**Date**
Exec Leadership Team have reviewed the document	12/10/2023
F&P, Q&S and the PCI Committees have review the risks for which they are responsible	08/11/2023

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

Due Regard: wider effect	Click or tap here to enter text.

(4) Statutory Dependencies & Impact Assessments:

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

(5) Integration with the BAF & Key Risks:

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

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

The report presents a more mature assurance map which will assist the Committees and Board to agree their levels of assurance and will be linked to the Committee's business cycle

One risk has seen a reduction in risk score during the quarter; which is BAF 7 Improving Productivity. All other scores have remained static

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

In addition to the ICB BAF, work has progressed well with the development of a system wide risk map and this is enclosed as a mock up at section 6 although it should be noted that this remains ongoing.

The Scores have been approved by the Quality and Safety and the People, Culture and Inclusion Committees. The Audit Committee are currently reviewing the document and will feed in their views at the ICB Board

(7) Recommendations to Board / Committee:

The Board is asked to be Assured that the ICB is on course for delivery of the Strategic Objectives by their target dates.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Integrated Care Board

Board Assurance Framework (BAF)

Quarter 2 2023/24

1. Introduction and High Level Overview

Situation

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

Background

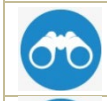
The Board approved the Integrated Care Partnership (ICP) Strategy in March 2023, which set out a Strategic Framework including four Strategic Ambitions, around which the BAF has been structured. This Strategic Framework is set out in section 2 below.

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

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

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

Assessment

	One risk has seen a reduction in risk score during the quarter; which is BAF 7 Improving Productivity.
	All Assurance Ratings have remained the same as the previous quarter.
	**SA2:** Address inequalities in access, experience and outcomes from health and social care services and **SA3:** Achieve a sustainable and resilient integrated care system remain the 'most threatened' Strategic Ambitions
	Work has progressed well with the development of a system wide risk map and this is enclosed as a mock up at section 6 although it should be noted that this remains ongoing.

Recommendations

Board is asked to:

- Consider whether the Quarter 2 Risk Scores and Assurance Assessments are an accurate reflection of the position
- Consider whether the actions identified are sufficient to either reduce the risk score towards target or to provide additional assurance
- Note that further work is to be undertaken on Committee Business Cycles to ensure full alignment with the BAF

Additional Information

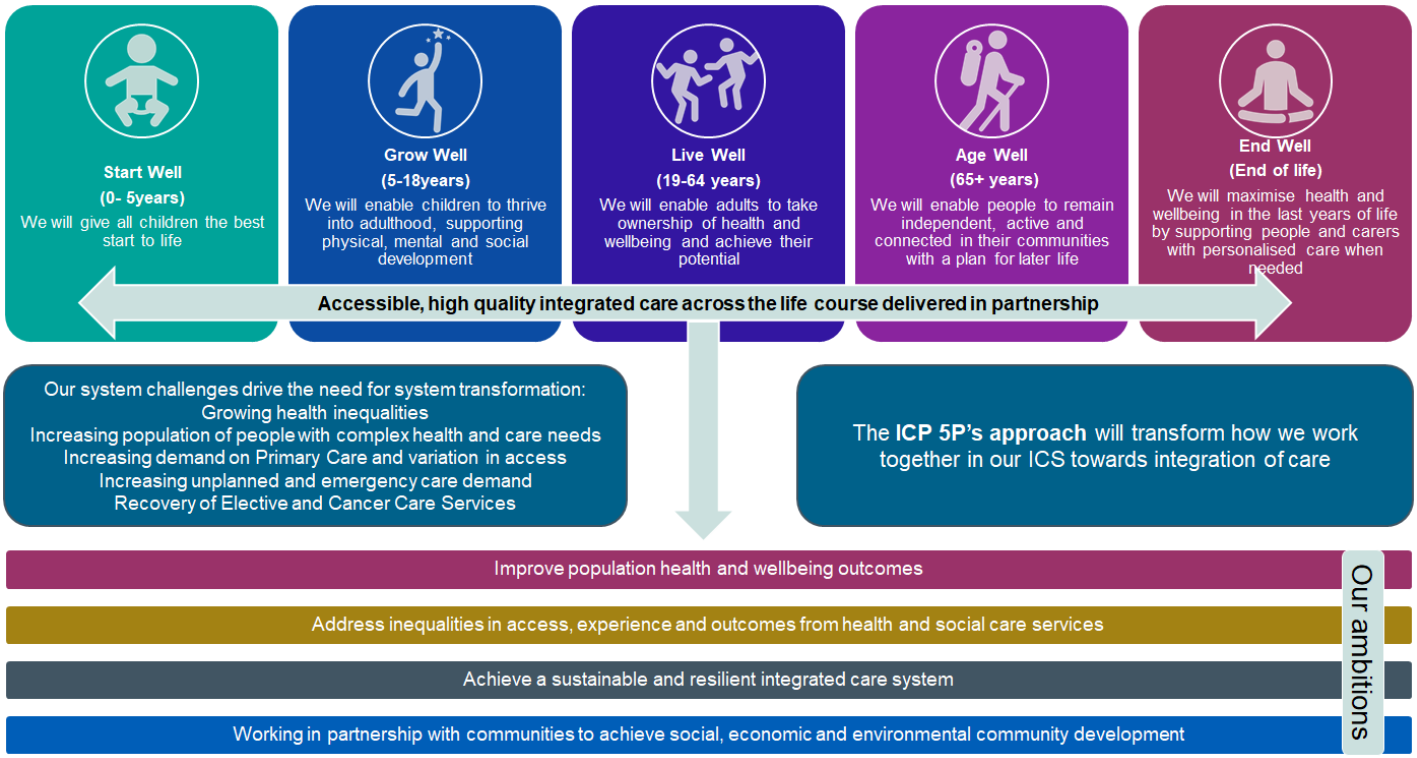
- The BAF can be viewed on SharePoint: ICB BAF Quarter 2 2023-24 - draft v1.docx
- The following tables set out the keys used within the BAF for Action Plans and Assurance Assessment Ratings

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

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

2. Strategic Framework

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



3. Board Assurance Framework on a Page

This provides a high-level overview of our BAF, setting out the Strategic Risks which pose a threat to our Strategic Ambitions, overlaid with Quarter 2 Risk Scores, Assurance Ratings and Responsible Committees.

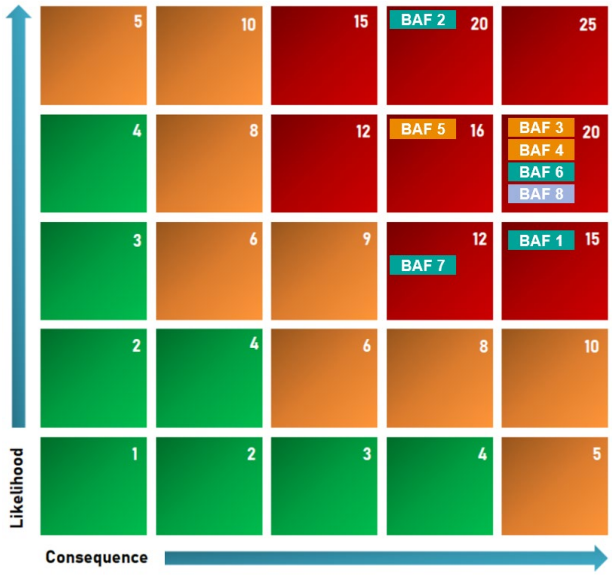
4. Summary Board Assurance Framework – Risk Movement

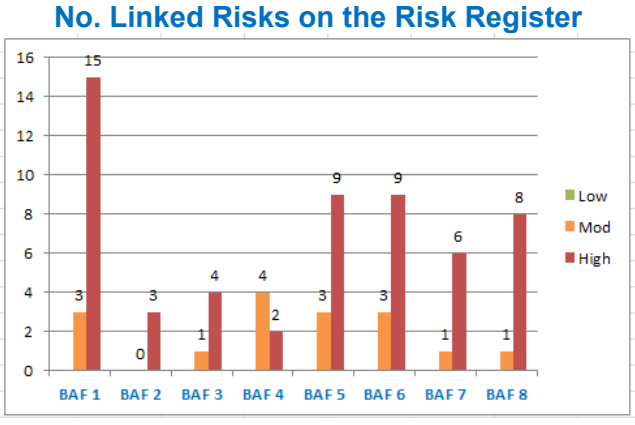
The below summary demonstrates the movement of risk scores throughout 2023/24 as they progress towards their target:

- There has been a reduction in risk in BAF 7
- All assurance assessments have remained the same as reported in quarter 1

No.	Strategic Risk Title	Q1			Q2			Q3			Q4			Target			Risk Change	Assurance Assessment	Threat to Ambitions
		L	C	S	L	C	S	L	C	S	L	C	S	L	C	S			
BAF 1	Responsive Patient Care - Urgent & Emergency Care	3	5	High 15	3	5	High 15							2	5	Mod 10	→	Partial Assurance	SA2
BAF 2	Responsive Patient Care - Elective	5	4	High 20	5	4	High 20							2	3	Mod 6	→	Partial Assurance	SA1 SA2 SA3
BAF 3	Proactive and Needs Based Community Services	4	5	High 20	4	5	High 20							2	4	Mod 8	→	Acceptable Assurance	SA4
BAF 4	Reducing Health Inequalities	4	5	High 20	4	5	High 20							2	2	Low 4	→	Partial Assurance	SA1 SA2 SA4
BAF 5	High Quality, Safe Care Outcomes	4	4	High 16	4	4	High 16							3	3	Mod 9	→	Acceptable Assurance	SA1 SA2
BAF 6	Sustainable Finances	4	5	High 20	4	5	High 20							4	3	High 12	→	Partial Assurance	SA3
BAF 7	Improving Productivity	4	4	High 16	3	4	High 12							3	3	Mod 9	↓	Acceptable Assurance	SA3
BAF 8	Sustainable Workforce	4	5	High 20	4	5	High 20							4	4	High 16	→	Acceptable Assurance	SA3

5. Strategic Risk Heat Map





- 8/9 strategic risks withinthe BAF are in the 'High' category
- All have at least 2 'High' linked risks on the Risk Register

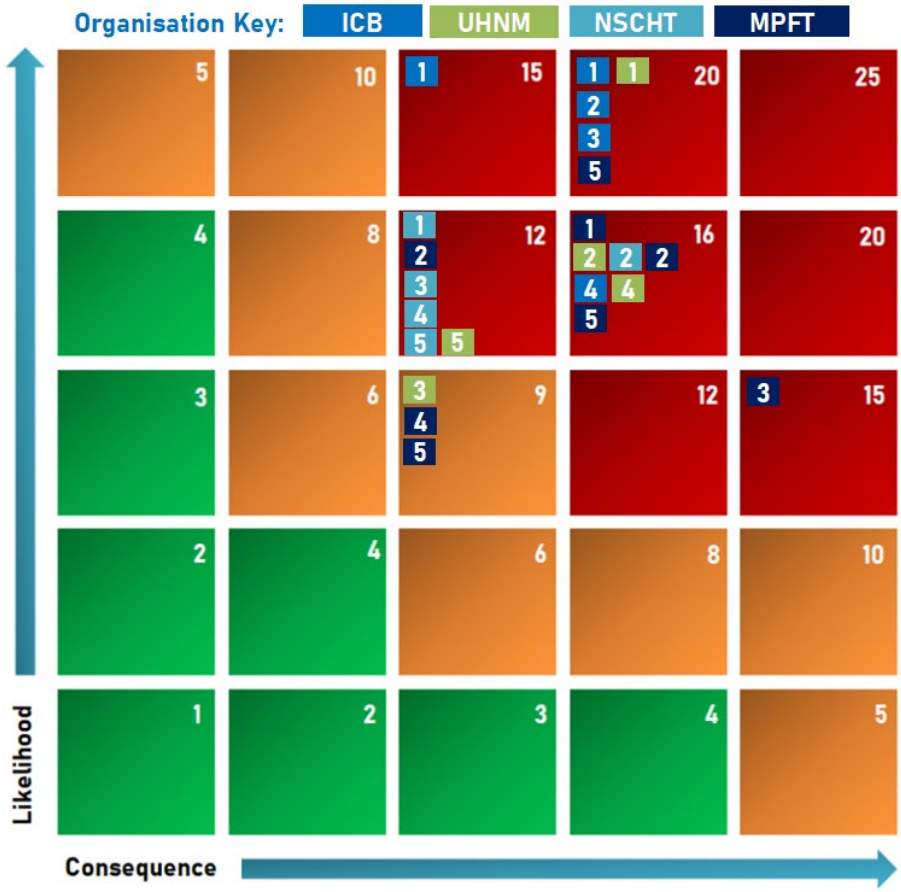
Finance & Performance Committee	Quality & Safety Committee	People, Culture & Inclusion Committee

6. System Strategic Risk Map (Q1 Mock Up)

The below 'System Strategic Risk Map' represents the mapping of strategic risk across the system and identifies a 'top 5' based on their presence in BAF's across the system. It should be noted that this is initially based on Q1 risk scores and the work continues to be developed. Options are being explored for a transition towards a single risk scoring matrix to remove the variation across the system.

System Strategic Risk

Staffordshire and Stoke-on-Trent Integrated Care System



Top 5 System Risks

1	Responsive Patient Care
2	Sustainable Workforce
3	Sustainable Finances
4	High Quality, Safe Care Outcomes
5	Fit for Purpose Estate

Threat to Strategic Ambitions (No. Risks)

10	SA3: Achieve a sustainable and resilient integrated care system	
5	SA1: Improve population health and wellbeing	
4	SA3: Address inequalities in access, experience and outcomes	SA4: Work in partnership to achieve social, economic and community development

System Risk – Mapping of SSOT ICS Strategic Risks from Board Assurance Frameworks

Strategic Risk	ICB	UHNM	NSCHT	MPFT	UHDB	SA1	SA2	SA3	SA4
Responsive Patient Care (Urgent & Emergency)	High 15	Ext 20	Sig 12	High 16			•		
Responsive Patient Care (Elective)	High 20					•	•	•	
Proactive & Needs Based Community Services	High 20							•	
Reducing Health Inequalities	High 20	Ext 20				•	•		•
High Quality, Safe Care Outcomes	High 16	Ext 16	Sig 12	Mod 9		•	•		
Sustainable Finances	High 20	High 9	Sig 12	High 15				•	
Improving Productivity	High 16							•	
Sustainable Workforce	High 20	Ext 16	High 16	Mod 12 High 16				•	
Leadership, Culture & Values (including EDI)		High 12		Low 6				•	
Digital Transformation / Infrastructure		Ext 16		High 20				•	
Fit for Purpose Estate / Sustainability		High 12	Sig 12	Mod 9 High 16 High 20				•	
Research & Innovation		High 12				•			
Collaboration with / Feedback from Service Users, Carers & Communities			Sig 12	Mod 9		•			•
Lead / Evolve Relationships with Partners			Sig 12						•
Local Authority Budget Pressures / Commissioning				High 16				•	
Inability to Tender for Services / Collaborative				High 15				•	
Place Based Partnership approach to Commissioning				Mod 12					•

7. Board Assurance Framework (BAF)

BAF 1: Responsive Patient Care – UEC

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Ambitions

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

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

Responsibility for Risk

Committee:	Finance & Performance	Lead Director:	Chief Delivery Officer

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	3	3			3	31/01/2024	The tolerance is set at 10, the consequence of not having capacity in the UEC system will inevitably result in domino effect where patients are not able to timely access the urgent and/ or emergency care they require. The biggest risk is having long waits for emergency ambulances.
Consequences	5	5			5		
Risk Level	High 15	High 15			High 15		

Rationale for Risk Score and Progress Made in the Quarter:

Within Q2 there was sufficient flow and capacity in the UEC System. The SSOT predicted bed model demonstrates that the SSOT system always requires a level of escalation open, this is due to historically not having sufficient core capacity. The bed model utilises a robust evidence base and is supported by all partners.

As a result, the UEC system has significantly reduced its handover delays from the same period last year and has made improvements in performance, all of which support patients to have better outcomes. At UHNM, Q2 variance compared to the same period last year demonstrates:

	Q2 22/23	Q2 23/24	Q2 variance on previous Year (Q2)
4hr ED Performance	64.90%	69.30%	+6.8%
12hr ED Performance	9.00%	7.50%	-16.7%
Hours Lost due to Ambulance Handovers*	12957	6328	-51.2%
Category 2 Response Times**	00:57:52	*00:26:22*	-54.4%

** time lost rebased to use 15 minute threshold*

***data only available for July/August 2023 at present*

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

Whilst the UEC Performance still requires improvement and has had periods in the last quarter that have been challenged, it has maintained flow and improved many performance indicators.

In anticipation of Q3 and beyond, the system surge group has developed the System Surge Plan. This demonstrates that for the remainder of the financial year there is an expected bed deficit. The initial unmitigated peak bed gaps remains at 214 across UHNM Medicine division, with the peak mitigated bed gap remaining at -24. Whilst the residual bed gap described has been mitigated to agreed manageable levels there is significant risk for October and November as some of the mitigating schemes are currently not planned to be available. The System Control Centre alongside the System Escalation Plan will oversee flow and take necessary action to ensure risk across the UEC system is distributed.

The Staffordshire and Stoke-on-Trent UEC Priority Plan will be fundamental in ensuring improvements are made across the UEC system that will derive efficiency and subsequently improve patient experience and outcomes. The UEC Priority Plan has significant interdependencies with the other portfolios across the ICS as a major importer of positive and negative delivery.

Key Controls Framework	
Key Controls:	• Daily System Control Centre & Daily System Calls Daily • Regional Capacity Calls attended by System Control Centre • System UEC Priority Plan/Operational plan – the system has agreed a 7 point focused plan to drive improvements across the UEC system. As part of the national operational plan SSOT has submitted a Short Form Business Case to the national team to increase the Royal Stoke acute bed capacity by 45 beds to meet demand during 23/24 peak surge. The additional bed capacity is imperative to the delivery and compliance of the national operational plan. • System UEC 23/24 Surge Plan has been developed and is currently going through the system governance processes. A monitoring framework for impact and effectiveness is in development. • System Control Centre – The SCC was mobilised in December 22 and shall remain until March 24 as a minimum. The SCC proactively manages the daily capacity and demand across the system and leads daily system COO calls to manage pressure • System Escalation Plan – developed in 22/23, the system escalation plan is being further developed across the system to ensure there is an appropriate framework for managing risk and escalation across the ICS • System UEC Strategy – whilst outlining longer term plans of improvement, the UEC Strategy development ensures that the UEC Portfolio has a clear vision for UEC development, any in year improvements will be striving to meet the improvements set out in the long-term System UEC Strategy • ICB F&P Committee + System Performance Group – added as controls, post-Audit Committee by request of the F&PC Chair. These groups are tasked with being assured on delivery, and offer good-strength controls into the decision-making processes, supporting the other principal controls outlined.

Assurance Map					
Defence Line	**Sources of Planned Assurance**	**Q1**	**Q2**	**Q3**	**Q4**
1st Line (Organisation)					
2nd Line (System)	System Performance Report to Finance & Performance Report to F&P Committee and ICB Board				
	Monthly updates to System Delivery Group				
	Monthly updates to Finance and Performance Group				
	Monthly update to System Performance Group				
	Monthly update to Finance and Performance Committee				
	Fortnightly SLT update				
	Surge Plan Assurance by: UEC Board CYP Programme Board UEC Clinical Advisory Group Finance & Performance Committee UHNM Trust Board Clinical Senate SOTCC Operational Business Meeting MPFT Trust Board SCC Health & Care SLT Staffordshire Health OSC System Quality Committee ICS People, Culture & Inclusion Group				
3rd Line	Tier 2 UEC Improvement framework – exec weekly oversight				
	Surge Plan Assurance				

(External / Independent)	NHS England - Surge Plan Assurance Template (NHSE partial assurance owing to System Escalation Plan not finalised.				
	NHS England Regional Assurance Visit				

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

Gaps in Control or Assurance

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

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

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

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	23/24 Surge Plan to be agreed ICB Board	Agreed trajectory to increase capacity	Chief Delivery Officer	18/11/23	Surge Plan developed. There remains a residual bed gap.	
2	National capital bid submission for increased G&A capacity	45 additional acute beds available at RSUH	Chief Delivery Officer	01/12/23	Funding agreed, however due to delay in approval the additional beds are unlikely to be available prior to March 24. Work underway to identify additional beds above core to demonstrate increased bed base.	
3	Delivery of System UEC Improvement Plan against trajectory	Achieve Operational Plan requirements Bed occupancy – 92% Cat 2 response – 30 mins	Chief Delivery Officer	31/03/24	Delivery underway. Improvements have been seen, however off track in line with trajectory.	
4	System Escalation Plan	Plan to cover risk arising from • Bed capacity gap • Surge beyond predicted peak • Covid restriction in Care Homes	Chief Delivery Officer	30/10/23	In progress but lacks traction. Some Partners response is overdue.	
5	Industrial action	There are plans in place to deal with each incidence of industrial action	Chief Delivery Officer	31/03/24	This remains a risk as the level and frequency of the industrial action are unknown	
6	Workforce deliverability across all areas of UEC pathway	Overarching workforce plan, underpinned by workstream & service level plans incl transformation, supply, training and OD	Chief Delivery Officer/Chief People Officer	31/03/24	In progress. Approach to workforce plan agreed, scoping underway within workstreams and services to identify workforce requirements, risks and plans to mitigate	

No. Linked Risks on Risk Register		
Low (1-4)	Mod (6 – 10)	High (12 – 25)
0	3	15

BAF 2: Responsive Patient Care – Elective

ICS	✓
ICB	✓

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

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

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

Risk Scoring and Tolerance

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

Rationale for Risk Score and Progress Made in the Quarter:

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

Key Controls Framework

Key Controls:

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

Assurance Map

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

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

Gaps in Control or Assurance

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

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

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

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1.	Opening of tier 3 community Gynae service in Stafford & Cannock (~40% acute activity)	Reduce demands on UHNM to enable recovery	Chief Delivery Officer	30/06/23	Service was open to referrals in July and new clinics in operation in August. To increase referrals information to be shared at GP Engagements.	
2.	Harmonised Tier 3 gynaecology service to be procured.	Reduce demands on UHB and UHDB supporting recovery	Chief Delivery Officer	01/07/24	SSOT procurement plan is being development and will be published in November.	
3.	Extension of Community Dermatology contract to cover East Staffs	Reduce demands on UHDB supporting recovery	Chief Delivery Officer	31/10/23	Proposal discussed at POG and supported by FPC. UHDB undertaking impact assessment and therefore not yet agreed. Community provider costs still under negotiation	
4.	Commissioning Virtual Outpatient services - Gastroenterology	Reduce demand on UHNM and reduce UHNM Backlog	Chief Delivery Officer	31/10/23	Proposal discussed at POG and supported by FPC. Single tender waiver approved; Contract being agreed. Service to go live in October 23	
5.	Ophthalmology: IS providers contracted to deliver the SSOT Cataract pathway	Reduce costs within the system and ensure informed patient choice is delivered	Chief Delivery Officer	31/10/23	Draft contracts have been sent out to the providers that cater for 98% of cataract activity in the IS.	

No. Linked Risks on Risk Register		
Low (1-4)	Mod (6 – 10)	High (12 – 25)
0	0	3

BAF 3: Proactive and Needs Based Community Services

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Ambitions

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

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

Responsibility for Risk

Committee:	Quality and Safety	Lead Director:	Chief Medical Officer

Risk Scoring and Tolerance

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

Rationale for Risk Score and Progress Made in the Quarter:

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

Delays to Digital and PHM Programmes regards the secondary use of data has led to a review of the PHM programme to scale, spread and sustain a PHM approach across SSOT at all levels. The programme has moved up plans to influence the culture of the system and has commenced the PHM Culture Compact work, whilst the Data and Information Governance issues are worked through.

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

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

Whilst much work has been done during Q2 these are the foundations, therefore cautiously Risk Scoring has remained the same as Q1 until written agreements are in place and the mechanics and priorities of the newly agreed localities is formalised.

Key Controls Framework

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

	• Other Portfolios (matrix working with other portfolios to design interventions and deliver transformational change) • H&CS (provides a system health and care viewpoint on any PHM processes being implemented and interventions being designed) • IPH Portfolio Board (provides strategic oversight and is the portfolio aligned with this risk) • ICP (has ICS partnership wide oversight) • Establishment of IPH Portfolio Board • Defined scope of IPH Portfolio and all incumbent programmes and projects

Assurance Map					
Defence Line	**Sources of Planned Assurance**	**Q1**	**Q2**	**Q3**	**Q4**
1st Line (Organisation)	**IPH Team Meetings** MS Planner reviewed to assure programme actions are on track for delivery (weekly)				
2nd Line (System)	**ICP Meeting** IPH Portfolio Progress report presented to ICP for assurance				
	ICB Board IPH Portfolio Progress update provided via Deep Dive				
	Quality & Safety Committee IPH Portfolio Progress update provided to assure committee of progress (bi-monthly) IPH Portfolio – Health Inequalities Deep Dive				
	F&P IPH elements of Quarterly Stocktake to provide assurance against LTP and 1YOP delivery				
3rd Line (External / Independent)	**Regional HI Programme** IPH Portfolio Progress Reports for progress assurance against LTP				
	Regional Prevention IPH Portfolio Progress Reports for progress assurance against LTP				
	NHSE IPH elements of Quarterly System Review provided to assure progress against LTP and 1YOP delivery				

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

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

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

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						
No.	**Action Required**	**Outcome of Action**	**Lead Director**	**Due Date**	**Quarterly Progress Report**	**BRAG**
					health have been able to be laid	
4	Establishment of PHM Steering Group	Additional control through governance	Chief Medical Officer	31/07/2023	PHM Programme Plan reviewed and now being led out by PHM Culture Compact whilst Data and IG issues are resolved.	
5	Develop a detailed plan to scale, spread and sustain a PHM approach across SSOT	Additional control to manage progress and delivery	Chief Medical Officer	31/07/2023	PHM Programme Plan developed and reviewed to enable progress in areas not constrained by Data and IG issues	
6	Resolve data and information governance issues regards GP data extraction	Additional control through secure and legal basis to extract data	Chief Medical Officer	30/11/2023	Options appraised, preferred option agreed, recommendation to be taken toe Exec 02/11/2023 for approval	
7	Work with the Digital Programme to resolve data and information governance issues regards the sharing of data for the purpose of secondary use	Additional control through secure and legal basis to use data	Chief Digital Officer	31/03/2024	Working with Digital Programme, section 251 being reviewed	

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

BAF 4: Reducing Health Inequalities

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Ambitions

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

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

Responsibility for Risk

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

Risk Scoring and Tolerance

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

Rationale for Risk Score and Progress Made in the Quarter:

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

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

Through PHM led discussions at both Staffordshire and Stoke-on-Trent Place Development Boards, there is now agreement of the localities that make-up the two Place's aligned with UTLAs:
Staffordshire – District and Borough Council alignment (8)
Stoke-on-Trent – Ward alignment (4)

Whilst much work has been done during Q2 these are the foundations, therefore cautiously Risk Scoring has remained the same as Q1 until written agreements are in place and the mechanics and priorities of the newly agreed localities is formalised.

Key Controls Framework

Key Controls:

- ICP Strategy approved with a focus on 5P's across the life course which all centre on reducing health inequalities across SSOT
- Place Development Boards have agreed the construct of 'Place'
- ICB impact assessment and business case templates include consideration of HI
- IPH Team (manage the implementation of the HI Programme to reduce inequalities across SSOT)
- IPH Portfolio Programmes (cross working to ensure work to reduce health inequalities is led by intelligence) Other Portfolios (matrix working with other portfolios to design interventions and deliver transformational change)
- H&CS (provides a system health and care viewpoint that will always consider HI impact)
- ICP (has ICS partnership wide oversight)

	• Clarity of governance and delegated authority to Place and Portfolio • Defined scope of IPH Portfolio and all incumbent programmes and projects

Assurance Map					
Defence Line	**Sources of Planned Assurance**	**Q1**	**Q2**	**Q3**	**Q4**
1st Line (Organisation)	**IPH Team Meetings** MS Planner reviewed to assure programme actions are on track for delivery (weekly)			☐	☐
2nd Line (System)	**ICP Meeting** IPH Portfolio Progress report presented to ICP for assurance Prevention Deep Dive			☐	☐
	ICB Board IPH Portfolio Progress update provided via Deep Dive				
	Quality & Safety Committee IPH Portfolio Progress update provided to assure committee of progress (bi-monthly) IPH Portfolio – Health Inequalities Deep Dive			☐	☐
	F&P IPH elements of Quarterly Stocktake to provide assurance against LTP and 1YOP delivery			☐	☐
3rd Line (External / Independent)	**Regional HI Programme** IPH Portfolio Progress Reports for progress assurance against LTP			☐	☐
	Regional Prevention IPH Portfolio Progress Reports for progress assurance against LTP			☐	☐
	NHSE IPH elements of Quarterly System Review provided to assure progress against LTP and 1YOP delivery			☐	☐

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

Gaps in Control or Assurance

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

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

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

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Continued ICP Strategy engagement plan to maintain stakeholder relationships, engagement, involvement and commitment to ICP Strategy aims by all ICP partners	Additional Control	Chief Medical Officer	31/12/2023	Continuous engagement plan to be formalised – delivery moved to Q3 to take account of recent agreements regards Place	
2	Clarity of governance and delegated authority to Place and Portfolio to ensure a shared understanding and development of delivery vehicles that ICP Strategy priorities can be owned through	Additional Assurance	Chief Executive	30/09/2023	Portfolio TOR finalised and approved on 27/6/23. PHM led discussions at Place have resulted in the agreement of 12 localities aligned with SSOT UTLAs.	

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

No. Linked Risks on Risk Register		
Low (1-4)	**Mod (6 – 10)**	**High (12 – 25)**
0	**4**	**2**

BAF 5: High Quality, Safe Care Outcomes

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Ambitions

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

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

Responsibility for Risk

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

Risk Scoring and Tolerance

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

Rationale for Risk Score and Progress Made in the Quarter:

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

- Maternity Induction of Labour (IOL) continues to be an area of concern. UHNM are reviewing and revising processes to support a more proactive response and review all breaches for potential harm.
- Maternity staffing continues to be an issue, with improvements expected in October 2023 following significant recruitment activity. Specific challenges with Neonatal Consultant absences, managed via mutual aid meetings, overseen by NHSE. Fluctuating levels of maternity and neonatal activity result in periods of escalation.
- Recent CQC visits to providers have identified areas of improvements which need to be monitored through governance process to ensuring actions are implemented and changes embedded.
- FMBUs are still not open due to workforce capacity issues. A Technical Event was held on 26th September 2023 to consolidate the current status seek clarity from both UHNM and UHDB.
- The Quality Strategy is now in final draft following engagement with key stakeholders, will be presented at the November Quality and Safety Committee for approval and then onto Board for ratification
- Patient Safety Incident Response Framework (PSIRF) training has been rolled out since June 2023. 3 cohorts will have received training by the end of Q3 in readiness for the launch of the new system in Autumn 2023.

Key Controls Framework

Key Controls:

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

	• Care Home quality framework monitoring • LeDeR group including system partner attendance and shared learning as well reporting into LDAP board • PSIRF training has been agreed using a system wide approach and we continue to meet the planned Autumn 2023 deadline. Additional training sessions have been made available to the system • Health Economy Infection Prevention meeting as well as weekly informal IPC Leads meetings • Midlands IPC BAF • Independent hospital quality quarterly assurance meetings

Assurance Map

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

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

Gaps in Control or Assurance

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

- Quality Strategy being approved November 2023 with an implementation plan

- Portfolio working is progressing and quality is being embedded within the structure of the workstreams
- Progression of the maternity transformation programme is being impacted upon by current workforce/operational challenges which are key to maintaining safety within this speciality. Agreement that the 0.5WTE lead Midwife can be appointed to.

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

No. Linked Risks on Risk Register		
Low (1-4)	**Mod (6 – 10)**	**High (12 – 25)**
0	**3**	**9**

BAF 6: Sustainable Finances

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Ambitions

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

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

Responsibility for Risk

Committee:	Finance & Performance	Lead Director:	Chief Finance Officer

Risk Scoring and Tolerance

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

Rationale for Risk Score and Progress Made in the Quarter:

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

Key Controls Framework

Key Controls:

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

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1st Line (Organisation)	Monthly System finance reports articulating risk / mitigations			☐	☐
2nd Line (System)	System Finance Report to Finance & Performance Committee				
	System Performance Report to Finance & Performance Committee				
	System Finance and Performance Committee				
3rd Line (External / Independent)	Value for money assessments completed by external auditors			☐	
	Internal audit review of efficiency programme			☐	

Assurance Assessment

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

Gaps in Control or Assurance
What are the gaps to be addressed in order to achieve the target risk score or to improve adequacy of assurance?
• The Financial Plan is a best-case scenario and consequently the System is working towards a Financial Plan for the year to ensure all risks are understood and mitigated wherever possible.

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

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	System to agree to System Financial Plan. To be agreed at SPG and Finance and Performance Committee	Additional Control	Chief Finance Officer	30/06/2023	System financial plan developed by CFO's agreed with SLT and SPG and approved by system Performance & Finance Committee on 6th June. Implementation of all 12 actions underway.	
2	Agreed System Recovery Plan to be implemented and overseen by System Performance Group (Recovery Board)	Improvement to financial trajectory	Chief Finance Officer	31/03/24	Reported to System Finance and Performance Committee and SPG.	
3	At M6 a number of the risks identified in the financial plan have crystallised. Outturn plan to be agreed with regulators	Agreement to a deliverable outturn	Chief Finance Officer	31/12/23	System Finance and Performance Committee in January 2024	

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

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No. Linked Risks on Risk Register		
Low (1-4)	Mod (6 – 10)	High (12 – 25)
0	3	9

BAF 7: Improving Productivity

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Ambitions

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

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

Responsibility for Risk

Committee:	Finance & Performance	Lead Director:	Chief Finance Officer

Risk Scoring and Tolerance

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

Rationale for Risk Score and Progress Made in the Quarter:

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

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

Key Controls Framework

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

Assurance Map

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

Assurance Assessment

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

Gaps in Control or Assurance

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

- The national team look at productivity through an acute lens. The System will need to widen this to include all other elements of productivity.

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

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Finance and Performance Committee to conduct a more detailed review of the productivity work undertaken by UHNM	Additional Assurance	Chief Finance Officer	31/07/23	Responsibility for acute productivity improvement to be taken forward by UHNM. Progress to be reported to System Finance and Performance Committee.	
2	Finance and Performance Committee to review progress over the reminder of the financial year	Additional assurance	Chief Finance Officer	31/03/24	To be reported to the Finance and Performance Committee quarterly.	

No. Linked Risks on Risk Register

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

BAF 8: Sustainable Workforce

ICS	✓
ICB	✓

Risk Description and Impact on Strategic Ambitions

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

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

Responsibility for Risk

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

Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	4	4			4	31/03/24	Tolerance is high (16) in recognition of the workforce pressures in health & social care. As it may not be possible to significantly improve the pipeline and levels of recruitment the system aims to maintain the staffing levels & develop operational & innovative approaches to reduce the impact.
Consequence	5	5			4		
Risk Level	High 20	High 20			High 16		

Rationale for Risk Score and Progress Made in the Quarter:

- The risks to delivery of the strategic People objectives are well known and managed through the People Culture and Inclusion Committee. The risk scores remain high in view of the additional workforce pressures and the ability to effectively deliver mitigating actions at present (strike action, increase in COVID-19 cases, staff availability and recovery)
- The ICS People Function continues to work with partners to explore and implement innovative approaches and solutions to workforce supply.
- Overall delivery of the ICS People Plan and Long-Term Workforce Plan is led by the ICS People Function and programme delivery across all schemes is currently on track. The plan covers a number of schemes and programmes which seek to improve supply, retention, the experience and health & wellbeing of the workforce, belonging and our approach to OD, culture and leadership. The system EDI agenda is a crucial element of the plan and all programmes.

Key Controls Framework

Key Controls:

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

	• NHSE funding to support workforce solutions and programme delivery

Assurance Map					
Defence Line	**Sources of Planned Assurance**	**Q 1**	**Q 2**	**Q 3**	**Q 4**
1st Line (Organisation)	**Trust People Committees (Review and assurance)** - People Metrics, Key performance indicators and assurance reporting - People Risk Register and Board Assurance Framework				
2nd Line (System)	**ICS People Culture and Inclusion Committee** - People Metrics, Key performance indicators and assurance reporting presented - Deep drive review of high scoring risks driving the BAF risk – Feb 2024				
	ICB Board – ICS People Culture and Inclusion Committee highlight report – People Deep dive planed for February 2023				
	FPC – People Metrics Report presented inc agency, vacancies and staffing position				
	SPG – People Metrics Report presented inc agency, vacancies and staffing position				
3rd Line (External / Independent)	NHSE - Quarterly System Review - People Metrics and KPI report presented to assure progress against Operational plan, JFP and LTWP				
	NHSE – Regional Workforce Transformation and Development teams • Quarterly review meetings to report and assess the progress of workforce development funding spend • Monthly review meetings for national/ regional programmes (inc T-Levels and retention) to assure progress of programme activity and funding				
	NHSE - Monthly Provider Workforce Return and Agency reporting				
	NHSE - Monthly Provider Workforce Return and Agency reporting				

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

Gaps in Control or Assurance

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

- CPOs and CNOs meetings haven't taken place as frequently as planned.
- Workforce development funds limited from NHSE and other sources to support innovative future workforce supply solutions and programmes. High level local data and intelligence analysis against the long term workforce plan projections.

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						
No.	**Action Required**	**Outcome of Action**	**Lead Director**	**Due Date**	**Quarterly Progress Report**	**BRAG**
1	Collaboratively review and update the ICS People Plan in line with the National Workforce Strategy	Additional Assurance	Chief People Officer	31/03/2024	• National Long Term Plan released • System partners collectively reviewed and update the plan and • associated delivery plans • Identify priority activities to address the immediate and future workforce risks in line with the local JFP • Compiled annual report to reflect on 2022/23 activities • ICS People Function operating framework developed with CPOs and deputies	
2	Establish CPO and CNO/CMO forum to join up and agree actions to address critical workforce challenges	Additional Assurance	Chief People Officer	31/03/2024	CPO, CNO and CMO group to agree collaboration focus and alignment of activities	
3	Horizon Scanning for alternative workforce development funding sources	Additional Assurance	Chief People Officer	31/03/2024	National T-Levels pilot funding secured to increase placements locally and future pipeline NHSE funding to support ICS New to Care Support Worker training and recruitment	
4	Further mapping and alignment of long term workforce plan trajectories against the local position and our gap.	Additional Assurance	Chief People Officer	31/03/2024	Further data and intelligence analysis required to understand the local position and projections currently underway	

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

Board Committee Summary and Escalation Report

Report of:	People, Culture and Inclusion Committee
Chair:	Shokat Lal, Non Executive Director
Executive Lead:	Mish Irvine, Interim Chief People Officer
Date:	Wednesday 8th November 2023

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Staff Story	The Committee heard from one of the ICS Retention Partners who works alongside UHNM and UHNM colleagues within the ICS retention programme, the story focussed on their focus and experience of flexible working. Committee members welcomed the positive feedback around what a difference flexibility can make to being able to fulfil their at the same time as being able to enjoy work as it promotes a healthy work life balance. Committee members discussed the benefits of flexible working and how this can encourage recruitment but were also mindful of the impact this can have on managers who are potentially trying to produce rotas and on colleagues who don't work a flexible work pattern.	
Strategic People, Culture and Inclusion Update	Committee members were assured by the confirmation of the substantive appointment to the ICB Chief Executive Officer role – Peter Axon, Peter has been interim since December 2021 so the move to a permanent position is a welcomed one. SSOT, as with other Systems are in a challenged position financially. We must be very clear as we move forward on the efficient gains and productivity of our workforce innovations, as well as the overarching aim to increase supply to appropriate roles and the wellbeing of our current workforce. Part of their focus has been on agency usage and how to utilise the substantive workforce most efficiently. Committee members welcomed news that there is to be a face to face follow-up from the Workforce Summit being held on 9th November. The Committee were made aware that winter has already started to see an impact on services, increasing pressures over the last month has seen the need for mutual aid in maternity and ED.	

People Culture and Inclusion Workforce Metrics	Committee members were assured by the current workforce position noting that turnover has seen a 2.1% reduction over the previous 12 months, sickness a reduction of 0.8% and an increase of staff in post of 1297 (substantive WTE). Members noted the increase in the use of agency staff of 0.2% noting the rationale for this and the work being done to mitigate. The slide shown to the committee is embedded below:  Metrics Slide.pptx	
People Culture and Inclusion Risk Register and Board Assurance Framework	Committee members noted that there are ten risks on the ICS Risk Register of which, eight are High scoring (12 and above) and two are Medium risks. The total number of risks where People, Culture and Inclusion are the lead committee have remained static since the last report. Committee members noted the top three risks but were assured from a governance perspective that the split of 8 high and 2 medium is a similar breakdown to the other sub-committees. Committee members agree to an in-depth review of tolerance levels at the next meeting. In relation to the Board Assurance Framework (BAF), Committee members noted that there hasn't been any change in the level of risk associated with the delivery of this Strategic Aim which remains high risk at a score of 20 but noted the narrative around this is assuring and the activities in place are working well.	
NHS Sexual Safety Charter	Committee members noted the content of the letter issued by NHS England and the Sexual Safety Charter. They received assurance around the scale of work already being undertaken to implement the actions and work to be done across the system to ensure all have the same level of safety. The Committee agreed to proceeding to signing up to the Charter.	The Board is asked to ratify the decision made by the People Culture and Inclusion Committee to proceed to signing up to the Charter.
Freedom to Speak Up	Committee members received the Freedom to Speak Up Reflection and Planning Tool and heard from the two ICB Freedom to Speak Up Guardians around what work is being done within the ICB to promote Freedom to Speak Up, the recent introduction of the role of the ICB and Freedom to Speak Up within Primary Care. Members welcomed views from other organisations on their processes and support for individuals, and how the Staffordshire and Stoke-on-Trent System can share best practice in order to provide safe spaces for	

	staff to feel they can speak out.	
Portfolio / Profession/ Provider spotlight	Surge Plan Committee members received an overview of the Surge Plan but noted the particular emphasis around the workforce elements. They were assured by the fact the ICS People team have been fully embedded into the process for developing the plan. Committee members held a detailed discussion around the risks to workforce including Industrial Action, low morale among workforce, sickness (rising COVID instances), turnover, vacancies and availability of registered workforce (in particular ACPs) and the work being done around mitigating these risks. Committee members were assured around the mitigating factors such as ICS People Hub/Reserves, flexible working, targeted recruitment campaigns, focus on hard to recruit areas/professions, the work of the retention programme and mutual aid processes. Assurance was provided regarding the organisational level recruitment and activities to fill the workforce gaps. The Committee gave their approval to the plan.	
Spotlight on PCI Programmes	Retention Committee members noted the progress in Phase 2 of the Retention Programme. The Retention Programme Steering Group with representatives from across the ICS clearly defined the programmes priorities. Four working groups continue to drive forward the programme priorities. Committee members were assured by the Staffordshire and Stoke-on-Trent NHS Turnover rate which was 9.6% for Sept 23 (a reduction of 2.1% compared to last year). The Staffordshire and Stoke-on-Trent NHS leavers rate in August 2023 was 6.7% this is below regional and national rate and has seen a declining trend since November 2022.	

Risk Review and Assurance Summary

The following risks were highlighted by the Committee:

- UEC Surge plan, workforce supply and delivery of the schemes
- Workforce metrics, risks and interdependencies to be discussed in depth at ICB Board

Current Workforce Position – September 2023

Staffordshire and Stoke-on-Trent Integrated Care System

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

Vacancy

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

Staff in Post & Ops Plan

- Total workforce is currently above operating plan by +387 wte, due to being over plan for bank and also agency.
- **However total workforce remains below the budgeted establishment (Mar-24) by -567 wte**
- Winter plan adjustments will be reflected from Nov-23.

Bank Usage

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

Agency Workforce

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

Turnover

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

Sickness

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

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Board Committee Summary and Escalation Report

Report of:	People, Culture and Inclusion Committee (Part B)
Chair:	Shokat Lal, Non Executive Director
Executive Lead:	Alex Brett, Chief People Officer
Date:	Wednesday 8th November 2023

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Q2 Workforce Report	Committee members received the workforce report for quarter two. This provided data around workforce size, sickness, leavers and statutory and mandatory training. Members noted the most common reason for sickness as stress / depression, the report does not differentiate between whether this is work or home related but they were assured by support the ICB has in place such as all the work being done around Freedom to Speak Up. No areas of concern within the report noted.	
Q2 Exit Data	Members noted the most common reason for staff leaving is career development – promotion, this can be seen positively and reflects that the ICB are actively developing staff. Members were assured by the ongoing monitoring of reasons for leaving and the focus around promoting exit interviews.	
Workforce Race Equality Standard Report	Committee members noted that this is the ICB's first year of producing a WRES report. The main findings from the 2022/2023 data will provide a benchmark to be compared against future year's figures. The Committee noted three key findings in the report were around the ethnic diversity at Board level, the number of VSM who record their ethnicity on ESR was significantly lower than other staff and the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (25%). These findings are reflected in the ICB's 2023-2024 EDI Action Plan. Committee members noted their concern around the bullying identified in the report but were assured by the mitigating actions which form part of the main EDI Action Plan.	

	The report was approved for publication on the website by the Committee.	
Workforce Disability Standard Report	As with the WRES report, this is the ICB's first year of producing a WDES report. The main findings from the 2022/2023 data will provide a benchmark to be compared against future year's figures. The Committee noted three key findings were around representation levels by Disability at Board level, the number of VSM who record their Disability on ESR was significantly lower than other staff and percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months (25%). These findings are reflected in the ICB's 2023-2024 EDI Action Plan The report was approved for publication on the website by the Committee.	
Annual ICB EDI Action Plan 2023/24	The ICB People, Culture and Inclusion Committee approved the EDI Action Plan in July 2023. Committee members received assurance around the work that has progressed in relation to the action plan noting that there is a planning meeting on Friday as to how to progress this further. The EDI team welcomed the discussion at the July Committee regarding how to ensure EDI receives the involvement of the whole organisation and not just the EDI and People team.	
Sexual Safety Charter	Committee members noted the content of the letter issued by NHS England and the Sexual Safety Charter. They received assurance around the scale of work already being undertaken to implement the actions and work to be done across the system to ensure all have the same level of safety. The Committee agreed to proceeding to signing up to the Charter.	The Board is asked to ratify the decision made by the People Culture and Inclusion Committee to proceed to signing up to the Charter.

Risk Review and Assurance Summary