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By email

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Dear Prem,

**Staffordshire and Stoke-on-Trent (SSOT) Quarterly System Review Meeting - 08 September 2022**

Thank you to you and system colleagues for attending the Quarterly System Review Meeting (QSRM) on 8 September chaired by Dale Bywater, Regional Director and for providing a comprehensive slide pack to support the agenda. This letter is intended to capture some of the key points from our discussions

**1. Overview**

The purpose of the meeting was to review the current areas of focus across the system, to discuss key challenges and to provide an update on the progress being made in relation to preventing ill health and reducing inequalities.

Up front we were keen to acknowledge that SSOT ICB has made some really positive progress in a number of areas since we last met in May. In particular:

- Good improvements across primary care and dental care, particularly with restoring GP appointments to pre-COVID (2019) levels and increasing appointments, in line with planning submission, against 2021 levels. Additionally, dental care, across the ICB benchmarks well against other systems.
- Despite a challenging start, the system achieved zero 104 week patient waits (excluding those due to complexity and patient choice) at the end of July 22 and the ongoing commitment to eradicating long waits was noted as a positive particularly in respect of UHNM as the main provider of these services. We all agreed that whilst great progress has been made, the challenge now is to eliminate all 104 week waits by the end of September 22.
- The successful transition to Staffordshire and Stoke on Trent ICB on 1<sup>st</sup> July and continued commitment to system development
- The system is performing well across the COVID-19 vaccination programme and is performing above both national and regional averages on all categories. The system also demonstrates proactive management of health inequalities for this programme.

- The system leadership in the handling of the 'Woodhouse' closure, as host commissioner is commended. The system has been actively engaged with placing commissioners, NHSE and providers to ensure safe and timely discharges are managed for individuals at Woodhouse.
- The support that UHNM is providing to Welsh Vascular services is noted as positive and a good example of collaboration.
- From a CQC lens the system is considered a high performer in Mental Health with the two Mental health providers covering the geographical footprint (MPFT and NSC) rated either 'Good' or 'Outstanding'

## **2. ICB Development and Establishment of approach to system portfolios**

You provided a comprehensive overview of the work the ICB is doing to strengthen system partnership working which was demonstrated by having multi-partners at the meeting including senior local authority representation; and being shortlisted for a HSJ award for 'ICS of year'.

An overview of the ICB operating model was provided where you gave an update against the 7 portfolios which focus on delivery and a need-based agenda including prevention. Each portfolio was described as having a 'citizen' focus. The work around the operating model is commended by NHSE

## **3. Preventing Ill Health and Reducing Inequalities**

Population Health, Prevention and Health Inequalities is a key priority for the ICB and is one of the 7 portfolios in your operating model as well as a key enabler to all portfolios including Clinical and Professional Leadership Framework.

You also described the work ongoing using a population health management (PHM) approach as well as outlining the bespoke pieces of work being undertaking with the University Hospitals of Derby Burton regarding tackling health inequalities across waiting lists which was really positive to hear.

## **4. People**

The system has some of the highest vacancy rates and capacity challenges across the region and staffing constraints remains one of the single biggest risks. You described workforce supply challenges and agency spend cap creating pressures and the ongoing work to mitigate this through managing the market around agency staff, building on reserves for winter, international recruitment and targeting newly qualified staff. Despite these challenges, the system has a robust people plan which is signed by all partners, however there is recognition there remains significant risk and the mitigations of those risks continues to be a high system priority.

## **5. Digital**

You described the positive work ongoing regarding the digital agenda and the good working relationships with partners including local authorities to support this work moving forward.

## 6. Quality of Care, Access and Outcomes

### Long waits

Staffordshire and Stoke on Trent have worked hard at eliminating 104 weeks waits in line with national expectation at the end of July 22 (excluding breaches due to patient choice and complexity). University Hospitals of North Midlands in particular are commended for delivery of this national ask. The national expectation of eliminating all 104 weeks wait breaches by the end of September 22 remains a challenge as currently there are 39 complex patients on the 104 weeks wait waiting list. The importance of eliminating these breaches by the end of September was emphasised by NHSE.

**Action QSRM202209-1: Phil Smith/ Paul Bytheway to review all possible actions to support achievement of 104 weeks wait target by the end of September.**

**Action QSRM202209-2: ICB to prioritise delivery of elimination of 104 weeks wait by the end of September 22.**

Regarding 78 week waits, the system is ahead of plan and continues to make good progress in this area. The system is encouraged to sustain progress for this domain.

### Cancer

Cancer remains a challenge for the system, however there is a shared understanding of the issues through the weekly escalation meetings with NHSE. The main tumour sites of concerns are Lower GI, Skin & Urology which account for 79% of the 62-day backlog. You described positive progress in tackling the backlog for 62-day cancer and being ahead of trajectory for the first time since April with now under 1000 patients waiting but recognise that this is still a significant number

You confirmed some mitigating actions to support improvements to the 62-day backlog including:

- Development work in imaging
- Additional capacity for Skin cancer services to come online from week w/c 12 September
- Increased pathology capacity - there are c300 people currently on the skin pathway that are awaiting results which are caused by pathology delays, to mitigate this you confirmed that UHNM are recruiting additional biomedical scientists
- FIT hub roll out for the North of the county is going live week commencing 12 September 22
- A Tele-dermatology service has been commissioned from 1st October

### Diagnostics

You continue to see pressures in the diagnostic phase of the pathways and there is a significant 6 week plus backlog in Ultrasound and MRI. You confirmed that UHNM have invested in additional MRI and CT capacity over the last 6 months and have outsourcing arrangements in place for ultrasound.

**Action QSRM202209-3: System/ UHNM/ NHSE to work together around diagnostic challenges in the system. System to reach out to Andrea Clark in NHSE.**

It was noted that UHNM are currently in enhanced NHSE oversight (Tier 2) for Elective and Cancer however should improvements continue to be made there will be opportunities for this to be revisited

### **Urgent and Emergency Care**

There have been significant challenges across all aspect of Urgent and Emergency care in recent months which has resulted in UHNM being escalated as 1 of 10 providers in national escalation for ambulance handover delays. Although some improvements have been seen recently there remains a challenge for this to be done in a sustainable way. In order to support this urgent requirement, the system has been asked to prioritise 3 areas for consideration and implementation

- a patient cohorting service that is consistently available to deal with peaks in patient volumes arriving at the front door
- learning from the patient flow model being utilised in North Bristol which pro-actively moves patients onward through the hospital pathways
- mobilisation of the Ambulance Handover Plan submitted as part of entering national escalation.

You confirmed that the co-horting service is a priority action and the work you are currently undertaking is to finalise the plans for full implementation of the service. In addition, that a risk assessment paper is being presented to UHNM executives in September in respect of the learnings from North Bristol which will highlight the benefits as well as some of the associated risks with the approach. Further discussion helpfully clarified that CQC are fully aware and supportive of the model and that it is being endorsed nationally given the benefits being seen to non elective patient access in particular so the implementation of the approach is actively encouraged

Finally, you confirmed you have developed a robust ambulance handover plan in conjunction with national colleagues and this has now been reviewed by UHNM's Executive team and has buy in from executives at UHNM and all clinical divisions which is enabling full implementation to progress.

**Action QSRM202209-4: Paul Bytheway to provide NHSE with date and overview for implementation of the cohorting service by 09 September 22**

**Action QSRM202209-5: System/ UHNM to provide NHSE with proposed approach to implementation of the North Bristol Model by the end of September 22**

### **Mental health and LDA**

There has been good progress demonstrated on the Mental Health agenda particularly with the implementation of a Mental Health Board which has multi-partnership involvement. The system also has a clear plan for delivery of the Mental Health Investment Standard (MHIS).

What is proving more challenging is access to annual health checks with the system currently achieving 73% which means that 1 in 4 individuals in this care group did not get the opportunity. The system is encouraged to continue to focus on achieving further improvements.

A further positive to note is the work being done on the digital dynamic support register which is hosted by MPFT and is seeking to provide a single version of information to support these important patient pathways. The system is commended on the work being progressed in this area.

## **Maternity**

You confirmed that workforce constraints are causing significant pressures across maternity services but that work continues in order to develop a robust workforce plan to seek to mitigate the risks. You also highlighted the sustained challenges with Induction of Labour (IOL) pathways and confirmed you have mobilised a specific improvement project to focus on implementing the changes required. Additionally, you confirmed LMNS monies have been utilised across the system and not focused on one single provider.

## **Palliative care/End Of Life (EOL)**

Currently the system is RAG rated red for Palliative care and EOL. You confirmed due to workforce changes the lead for palliative care and EOL is yet to be finalised and this will be picked up by the system and progress will be reported to NHSE.

**Action QSRM202209-7: System to confirm with NHSE, Palliative care/EOL senior lead and plans for improvement in this domain**

## **Primary care**

In addition to the positive work across primary care highlighted in the overview section, NHSE require further assurance regarding flow of referrals outside the Staffordshire borders (UHDB in particular) where patients are entering pathways without having had access to a FIT/provide a result.

**Action QSRM202209-8: NHSE require further assurance regarding patient access to FIT testing across the full SSOT footprint**

## **7. Finance**

The system previously presented a net run rate risk to the financial plan of £40m based on month 03 actuals. Following a NHSE/I financial stock take, the system set out mitigations to a value of c£20m which offset this run rate risk and therefore the unmitigated risk is now c£20m.

The system reiterated commitment to delivery of a break-even position, however there are challenges to achieving this position due to COVID-19 prevalence, excess inflation pressures and ERF. NHSE confirmed that additional funding has been made available for inflationary pressures and any cost pressures over and above this needs to be understood further.

**Action QSRM202209-9: System to provide NHSE with evidence of cost pressures over and above additional inflationary funding.**

## **8. National Oversight Framework (NOF) – Provider Segmentation**

As requested, you have undertaken a system led review of the current NOF segmentation for your providers and on that basis believe that some changes should be considered in relation to North Staffordshire Combined Healthcare Trust and the Midlands Partnership NHS Foundation Trust, with both potentially moving from NOF#2 to NOF#1. As the national deadline for this process has moved to the end October 22 it was agreed I will continue these discussions directly with the system.

**Action QSRM202209-10: Fran Steele and Peter Axon to review NOF segmentation by the end of October 22.**

## **9. Summary**

In conclusion I would like to thank you and your system colleagues for what was a helpful and informative discussion. Also, once again I would like to thank the system for the hard work you have done in managing the response to system pressures and recognise the progress you are making on working together as a system and proactively tackling some difficult system issues.

Yours sincerely,



**Fran Steele**

Director of Strategic Transformation, North Midlands

cc: Dale Bywater, Regional Director, NHSE  
Peter Axon, ICS Interim CEO  
Halima Sadia, Assistant Director of Strategic Transformation, NHSE