NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

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

Thursday 21 September 2023
12.30pm-2.30pm
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 18 May 2023 and Matters Arising	Chair	Enc. 03	A		5-17
5.	Action Log Progress Updates on Actions	Chair	Enc. 04	D		18
6.	Questions submitted by members of the public in advance of the meeting	Chair	Verbal	D	12.35pm	
	Strategic and System Development					
7.	ICB Chair and Chief Executive Update	DP/PA	Enc. 05	D/I	12.45pm	19-26
8.	System Recovery Plan	PB	Enc. 06		1.05pm	27-48
	System Governance and Performance					
9.	Quality and Safety Report • Quality & Safety Committee Assurance Report	HJ JS	Enc. 07 Enc. 08	S	1.25pm	49-55 56-58
10.	Finance & Performance Report • Finance & Performance Committee Assurance Reports (August & September 2023)	PB/PS MN	Enc. 09 Enc. 10	S	1.45pm	59-73 74-85
	Committee Assurance Reports					
11.	Audit Committee	JHo	Enc. 11	S	2.00pm	86-89
12.	People, Culture and Inclusion Committee	SL	Enc. 12	S	2.05pm	90-91
	Any other Business					
13.	**Items notified in advance to the Chair**	All		D		
14.	**Questions from the floor relating to the discussions at the meeting**	Chair			2.10pm	
15.	**Meeting Effectiveness**	Chair				
16.	**Close**	Chair			2.30pm	
17.	**Date and Time of Next Meeting** 19 October 2023 at 1.00pm held in public					

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 12 SEPTEMBER 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.
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	1. Non-Executive Director and minority shareholder of Infinite Me Primary Health Care, Ireland.	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 20th July 2023 12:30 pm-2.20pm

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

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		✓	✓	✓	✓							
Sally Young (SY) Director of Corporate Services, Staffordshire & Stoke-on-Trent ICB		✓										
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		✓	✓	✖	✓							
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		✖	✓	✓	✓							
Simon Fogell (SF), Stoke-on-Trent Healthwatch		✓	✓	✓	✓							
Baz Tameez (BT), Staffordshire Healthwatch		✖	✓	✓	✖							
Present:												

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) Deputy Director of Corporate Governance, Compliance & Data Protection, Staffordshire & Stoke-on-Trent ICB		✖	✓	✓	✓							
Steve Grange (SG), Midlands Partnership NHS Foundation Trust		✓	✓	✖	✓							
Helen Ashley (HA), University Hospitals of North Midlands			✓	✖	✖							
Claire Cotton (CC), University Hospitals of North Midlands		✓	✓	✖	✓							
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					✓							
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, Patrick Flaherty, Josie Spencer and Megan Nurse.	
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 15th June 2023**	
	The minutes of the meeting held on 15th June 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**	
	Derek Hoey Since the demise of the CCG and the formation of the ICB, the previously extremely active District Patient Group in Southeast Staffordshire has effectively been terminated and the 'patient voice' has been deprived of a hitherto effective channel of communication. What plans does the Board have to actively engage with patients and reinstate a facility which enables patients to make a positive and ongoing contribution to the development of local health plans? **Response:** *TS thanked Derek Hoey for submitting the question. TS responded to advise that through the development of the ICB Strategy, an engagement exercise was undertaken with communities around how communities would like to be engaged with by the ICB when established. This included groups that were not able or willing to join the existing groups and forums that the CCGs had. The local principles that were developed following engagement, highlighted that we needed a range of options not a 'one size fits all', and that we should build on what we already have, but we definitely needed to add to it. There are places for groups like the 'District Group' and we recognise the valuable role Patient and Public Groups (PPGs) and groups that come together as PPGs play. We need to recognise that they won't reach everybody. The groups themselves acknowledged that they were not representative of our wider populations. The People and Communities' Assembly aims to shape how we engage with our wider communities. This is about tailoring and adapting our approach, depending on what it is we want to talk about with our communities. We have also established a 'patient voice inbox', which will allow people that generally attended PPG and District meetings to inform us of any patient experience stories, which we can collate for soft intelligence so we can understand our services. Work is currently being undertaken with our stakeholder partners to develop stakeholder maps for each of our portfolios to look at what each portfolio needs to engage with communities. Involvement exercises have taken place, the latest being around inpatient mental health in the Southeast, which saw a range of people, and a range of opportunities for people, to be engaged. Even though the PPGs were one source of information, what we are looking at now is to ensure we widen involvement of our communities so we can reach them, as we should have done previously.* **Ian Syme** The NHS Race and Health Observatory published earlier this month July 2023 a review of tests which indicate newborns health. That review made some very strong recommendations very specifically that tests indicating the health of newborns moments after birth are limited and not fit for purpose for black, Asian, and ethnic minority babies and need immediate revision. That's unusually strong language and emphasises very deep concerns regarding the Apgar score the detection of cyanosis and jaundice. Will it now be incumbent on all Maternity Service Providers to ensure that the recommendations within this review above are implemented immediately? **Response:** *HJ thanked Ian Syme for submitting the question. HJ responded to advise that the report was published on the 11th July 2023 and is fairly new. It does highlight that the test indicators for newborn's are limited and not fit for purpose particularly for black, Asian and ethnic minority babies so they do need immediate revision. There are a number of recommendations in the report, including newly updated guidelines which refers to neonatal assessment by skin colour, medical devices used to detect*	

	jaundice and cyanosis, special education for parents and families to spot the signs of jaundice, with access to images of previous cases including healthcare education and training. There is an urgent need for education and training for healthcare professionals and clinical assessments particularly for black, Asian and ethnic minority backgrounds. Further study is required particularly around the use of Apgar, which has been around for a long time and how health professionals use this when assessing babies. In terms of the question around what providers will do to ensure the recommendations are implemented immediately, the report will be presented at the next Local Neonatal Services Board, where we will be having conversations with all our maternity providers to highlight the recommendations of the report. HJ stated that for a degree of extra assurance all our maternity providers currently use devices for assessing jaundice already. Therefore, linking in with them to ensure that this is picked up with any families and link it to an additional report that came out earlier in the year, that most people will be as familiar with as other reports, is the report into RAC Maternal Health published on the 18th April 2023, which talks about at priorities and outcomes. This will be brought together for assurance from the Local Maternity Services Board. How will the ICB and ICS assure that such recommendations are fully implemented not just within its geographical boundaries but also by all providers out of area who may provide the Maternity Service to any ICB resident? **Response:** *HJ responded to advise that through the Local Maternity Services Board, links in with all our providers including providers in out of areas to make sure the recommendations are being picked up.* The Primary Care Access Hub Reinvestment Funding was a full agenda item at a Stoke and North Staffordshire Primary Care Commissioning Committee (a subcommittee of the then Staffordshire wide CCGs) 3rd May 2022. The Darzi Centre was Stoke-on-Trent primary care delegated funding and whilst concerns were expressed at this meeting around Stoke-on-Trent having such funding removed and or diluted, assurances were given that reinvestment plans may cover a wider area across North Staffordshire where deprivation exists. Is that still the case that what was Stoke-on-Trent delegated primary care funding is being fully reinvested in what were the Stoke-on-Trent CCG and North Staffordshire CCG catchment areas? **Response:** *CB advised that the Hanley walk-in-centre was closed in June 2022, following a review by the CCGs. At the time it had been offering open access to general practice for people in and around the Hanley area and given its location a proportion of people experiencing homelessness. Since this time, we have commissioned extended access services from the Primary Care Network, Monday to Fridays, 06:30 to 20:00 and Saturdays 09:00 – 17:00. There is also a homelessness outreach service, that's delivered through North Staffs. There has also been a commitment to some of the funding to newly investment of bariatric services, through consultation with Local Medical Committees. There is some residual funding that remains available from the former Hanley walk-in-centre. At the moment that has been committed to supporting cost pressures within the delegated GP services. These are the services that we deliver on behalf of NHSE through the delegated agreement, there is a £4 million pound cost pressure in these areas that we have had to mitigate, which includes the redirection of uncommitted funds of which the Hanley walk- in-centre is part. A meeting with colleagues from the Local Medical Committee took place this week to share plans with a view to commit to work with them on further incentives for direction*	

	of funds, particularly to enable targeted investments in areas that do experience deprivation. **Clare Banks** Has the board made plans to proactively begin working towards improving the access to NHS dentistry locally? Due to the national issue of a contract that's not fit for purpose, there are serious local issues with access to dentistry affecting not just patients but other NHS teams (e.g., GPs, pharmacists, A+E). Efforts must be made to improve oral health locally - and open discussion with some understanding of the current dental system is required. Steps must be made to improve access to prevention services for vulnerable groups, address the issue of a depleting workforce, consider flexible commissioning and incentives to enhance the local dental service across the patch. As such, the question remains: Has the board made plans to proactively begin working towards improving the access to NHS dentistry locally? **Response:** *CB responded to advise that Podiatry, Ophthalmic and Dentistry (POD) services, were delegated to the ICB in April 2023. As part of those delegations, we agreed a two-phase approach. The first phase approach was to develop a detailed understanding of issues impacting on performance, particularly around dentistry, and will be sharing our assessment of options to the Finance and Performance Committee in August 2023. What we do know is that access to NHS dentistry remains a challenge. For the year ending 31st March 2023 there was 75% contract activity with access levels remaining below the pre pandemic level. This is expected to be recovered by the early part of 2024. The main issues impacting access are reasonably well documented which includes the national shortage of dentists and contract hand backs. The NHS Workforce Plan published recently wishes to increase the training places for dentists. We expect that to be through expanding capacity in existing dental schools in the first instance, which will take time to pull through into local provision. In the meantime, there are national initiatives that we are working to implement which will offer further incentives for dentists to treat complex patients and to incentivise dentists to see patients who perhaps have not accessed a dentist over three years. All ICBs are going to be given greater flexibility to move contracting activity around between performers and also to replace underperforming contracts, where contracts have not delivered the level of contact activity for a three-year period.* DP thanked members of the public for submitting questions in advance of the meeting and highlighted that there will be an opportunity for further questions around any matters relating to the agenda at the end of the meeting.	
7.	**Community Story – Learning Disability and Autism – Posy's Story**	
	The Integrated Care Board (ICB) was asked to listen to Posy's story and consider how the Board can support the needs of autistic people who don't have a learning disability. The ICB were asked to consider what reasonable adjustments the ICB can make as an orgnaisation, and we can all make individually to support the independence of those with a learning disability and/or autism. CB introduced KWe who is the ICB SRO for learning disabilities and autism. CB highlighted that KWe has been an integral part of strategies that were signed off. A joint strategy was signed off in April 2023 with Stoke-on-Trent City Council and in June 2023 a joint strategy was signed off with Staffordshire County Council. KWe presented a video of Posy's story to the Committee.	

	TB thanked KWe for presenting a powerful story and enquired how we downstream, to help the maximise potential. KWe responded to advise that it's about integration with education, social care and the NHS working together to share information, intelligence, plan and work collaboratively. There are lots of opportunities to do things better and differently. NC shared that there are currently lots of people in the country waiting for assessments for a potential diagnosis of autism and highlighted that services are not engaging how they should be. Discussions took place around the Oliver McGowan training and the suggestion that this training is available in education and the wider teaching population was highlighted. DP thanked KWe and recommended that a letter be sent to Posey on behalf of the Board to thank her for sharing her story. DP highlighted the requirement for the strategy's to be implemented and delivered. DP stated that the Board will keep regular oversight going forward. The Staffordshire and Stoke-on-Trent Integrated Care Board **NOTED** the contents of the presentation for information.	
8.	**ICB Chair and Chief Executive Update**	
	The paper presented was taken as read. DP took the opportunity to highlight that himself and PA met with Anthony Marsh and Sir Ian Cumming from the West Midlands Ambulance Service (WMAS). Discussions that took place were around the engagement and processes within our system. There were encouraging signs that there will be regular attendance from WMAS at meetings going forward. PA highlighted the details of the Long-Term Workforce Plan and advised that the system is well placed, given the resource and capacity that we have, however presents some significant challenges that need to be addressed over the next few weeks/months. This includes a level of understanding how we deliver against the plan's ambitions. Members were informed of the significant challenge around finances presently and the work to be undertaken. PA highlighted that the NH75 celebrations was a success. There were no issues raised regarding the report presented. The Staffordshire and Stoke-on-Trent Integrated Care Board **NOTED** the contents of the report for information.	
9.	**Emergency Preparedness, Resilience and Response (EPRR) Annual Report**	
	The overall paper is presented for discussion and recommended for approval, with the updated EPRR Policy recommended for approval into ICB Policy arrangements. PS introduced the report and highlighted that the Emergency Preparedness, Resilience and Response (EPRR) Annual Report covers several areas and that EPRR over the last few years has seen a growth in terms of importance, recognition of the role particularly during the pandemic. The report covers several areas and members were informed that in section five and six of the report, sets out the vast number of incidences where the ICB were required to use EPRR methodologies and principles to support the ICB managing either formal incidents or events that have happened were we chosen to deploy an EPRR response. PS highlighted that there has been a great deal of	

	success and positive feedback has been received from regional colleagues in relation to the ICBs response to specific incidents. Members were informed that as a system the profile of EPRR has been increased, with the recognition and the value it brings, however accept that with the increased profile and the move into a category one responder there is an increased level of best practice standards that the ICB needs to meet. PS shared that there has been a recent overhaul of the national framework in terms of EPRR, which have significantly increased and are set out within the report presented. PS highlighted that the ICB is currently not compliant and there is work underway to lead the ICB into a level of compliance. KW highlighted to members the core standards and outlined section four of the report and provided context around the 47 standards that are required and assessed for the ICB. Members were informed that there has been a robust process over the last 12 months with a drive from NHSE following Covid-19, to drive best practice across the EPRR national profile. Members were informed that the ICB were non complaint for 2022 and stated that across all 47 standards the ICB is compliant, however in terms of reaching the final rating there is a requirement to show full compliance on a number of standards set at a 77% threshold. KW informed members that the ICB is comparable with other ICBs in the region. KW confirmed that NHSE are assured that the ICB as an organisation can respond to any incident. KW highlighted the improvement plan outlined in section five and section three of the report, which set out the resource for EPRR. Members were informed that EPRR policy, which has been refreshed sets out the governance roles and responsibilities. DP thanked KW for the report and recommended inclusion of EPRR into the risk register. TB highlighted that all organisations have EPRR policies and enquired if they are all aligned. KW responded to confirm that where possible the policies are aligned, to avoid duplication. The policy sets out the ICB position and how we integrate with Trusts and providers to ensure that opportunities are optimised. JHo stated that the report has been presented to the ICB Audit Committee and it's important to note that although we are not compliant, the assurance is that we have around the areas that we can demonstrate from a practical point of view and that we are working very well with incidents. JHo highlighted that since Covid-19, arrangements were stepped down carefully, but can be stepped up again. The important part is that there has been significant additional resource dedicated to make this work. The Integrated Care Board is asked to: Part 1: <u>Recommendation 1</u>: to confirm the Board are satisfied that the ICB has put in place sufficient and appropriate resources to meets its roles and responsibilities with respect to EPRR and Business Continuity planning. The Staffordshire and Stoke-on-Trent Integrated Care Board **APPROVED** recommendation one. <u>Recommendation 2</u>: to note the 2022 EPRR annual assurance compliance rating of non-compliance, recognising the context of this position described at 4.12, including the significant uplift in process for 2022 by NHSE and the subsequent impacts on the SSOT compliance position.	

	The Staffordshire and Stoke-on-Trent Integrated Care Board **NOTED** recommendation two. Recommendation 3: to note and support the improvement plan against the EPRR annual assurance process and 2023/24 priorities. The Staffordshire and Stoke-on-Trent Integrated Care Board **NOTED and SUPPORTED** recommendation three. Note the remaining content of the EPRR annual report provided for information. The Staffordshire and Stoke-on-Trent Integrated Care Board **NOTED** the report for information**.** Part 2: Recommendation 4: to approve the accompanying EPRR Policy following its annual review. The Staffordshire and Stoke-on-Trent Integrated Care Board **APPROVED** recommendation four.	
10.	**Quality and Safety Report**	
	The paper presented to the ICB is a combination of those corresponding papers presented and discussed at the System Quality Group and the Quality and Safety Committee. The paper is intended to provide assurance to the ICB in relation to key quality matters. HJ highlighted to members that monitoring of the outcomes from a patient's point of view, linked to acknowledged pressures within the system in terms of urgent care and other delays continues. HJ wished to acknowledge the added value of the Healthwatch representatives, in terms of the System Quality Group and the work undertaken from a quality and safety point of view. There is added value from the two-way communications around what's been brought forward from Healthwatch and the work that's been undertaken throughout the system. This helps us all to target areas of focus where need is arising. Members were informed that there has been an increase in infection rates, which are being closely monitored. There are some increases around MRSA and C-Diff, both have been raised nationally and are being monitored by the Health Protection Boards. HJ highlighted that the CQC continue with local inspections and the ICB are working with and acknowledging work being undertaken with our local system partners to continue to drive improvements. Members were informed that there is some good work presently across the entire patch including Harm Free Care Ambitions at UHNM. There are lots of award nominations for quality and care safety across the system. Members were informed that at the Learning Disability Mortality Review (LeDeR) Conference that took place in July there was a celebration of the work being undertaken. HJ took the opportunity to highlight that LeDeR is about learning from the deaths of people with a disability and long before this we need to make the changes in the patient experience and patient pathway and take every opportunity every time a death happens to ensure we do all we can to bring down the gap.	

	HJ highlighted that the Oliver McGowan training can be shared with partners and education colleagues and recommended the ICB led the way to get this training front and center with colleagues though our networks. **Action:** HJ to link in with ICB networks to implement the Oliver McGowan training with partners and education colleagues. The Staffordshire and Stoke-on-Trent Integrated Care Board 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 and **RATIFIED** decisions in relation to the approval of the Terms of Reference for the Health Safeguarding Forum (HSF).	**HJ**
11.	**Finance and Performance Report**	
	PB presented the Finance and Performance Report and informed members that the report is a new look report that has been developed following feedback from the Board. The following exceptions were highlighted: • De-escalation of 2022/23 surge capacity remains challenged and is impacting the financial plan. • The Same Day Emergency Care (SDEC) build (addition of 50 new general and acute beds) may not complete in time to support UHNM aim of achieving a bed occupancy rate of 92% (or lower) and the A&E four hour standard (76%) by 31 March 2024. • Long waiters reduction remains a significant challenge, particularly for 78 and 104 weeks waits. Weekly updates continue via tier 1 escalation meetings with UHNM and a trajectory is in place to eliminate 78 and 104 ww by mid-July. • It has been identified that we are a significant outlier for >75 year old admissions. We need to reduce this by 10%. • Slippage on efficiency programmes within the financial plan are contributing to a year to date deficit position of £15.2m, which is a £11.4m adverse variance against the £3.9m deficit plan. PB highlighted positive conversations took place at a System Planning Event, where all six Chief Executives and Local Authorities Chief Executives were in attendance. Everyone spoke powerfully around how we need to work together. There was a determination in the room from all colleagues to fix issues and use the skills and the capacity we have within the system. The Staffordshire and Stoke-on-Trent Integrated Care Board were **ASSURED** and **noted** the contents of the report presented.	
12.	**Board Assurance Framework**	
	CC presented the Board Assurance Framework (BAF) Q1 2023-24 update to members. CC advised that the BAF has been structured around eight key strategic risks previously agreed by the Board, which threaten the achievement of the strategic ambitions set out within the ICP Strategy and had been mapped accordingly. The BAF has been presented at all the Committees. There have been some good debates which have taken place which resulted in some changes which have been outlined in more detail in the executive summary within the report presented.	

	Members were informed that work is underway to develop a system assurance framework to map together risks across the system. CC advised that the next step will be to develop the cycle of business of Committees, to align and drive the content of the BAF and provide assurance where risks have been identified to enable the business of the Committees to obtain assurances against those risks. CC shared with members that development of a dashboard style approach for reporting is underway. JHo respond to highlight that the BAF shows how much energy and pressure there is within the system. The Board is asked to: • Consider whether the Q1 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 being undertaken on aligning BAF and Committee Business Cycles to ensure full integration of both. The Staffordshire and Stoke-on-Trent Integrated Care Board **DISCUSSED** the report and were **ASSURED** with the contents of the report.	
	Assurance Reports from Committees of the Board	
13.	<u>Quality and Safety Report</u> HJ presented the report and highlighted the Public Consultation for Impatient Mental Health Services and Assisted Conception Involvement – Report of findings. HJ highlighted that this was not a decision-making discussion. It was about making sure that members of the Quality and Safety Committee were made aware of the feedback that we received and that we can go forward into a new decision-making process. Members were informed that a first update was received since taking over responsibility for oversight of reducing inequalities, which is the right move and will raise the profile up the agenda of the Public Safety Committee. There was also a briefing on the Joint Area Targeted inspection (JTAI).	
14.	<u>Finance and Performance Committee</u> PB presented the report and highlighted that there are points for escalation which are good points for information rather than specific actions. PS shared with members that continued periods of industrial action are impacting on the system. UEC remains in tier 2 oversight, however, there has been some good progress in terms of our improvement plan and strategy, which region have provided us with good feedback. Pressures seen in recent weeks have been significant, however ED performance has not deteriorated with lower levels of ambulance lost hours and Cat 2 response times remained within the 30-minute window. PS highlighted that bed capacity is pressured, due to protecting surgical capacity to deliver the elective programme. There are several wards in escalation capacity from last winter that remain open. The focus remains around surge planning for the next 12-month period,	

	refreshing our capacity model as a system and considering workforce and finance constraints. PS shared that there will be a focus around how well we can deal with the next period of winter and stop the demand of admission and presentation of the over 75s to hospitals. Members were informed that for Planned Care we remain in Tier 1. There has been stabilisation of our forecast. Locally there are challenges are around orthopedics and spinal surgery. JHo enquired around understanding the impact of industrial action, which will impact on performance and potentially on efficiencies. The impact of ensuring we allow people stay in the community and the impact on continuing healthcare and understanding how it fits together, in terms of trying to contain the cost, whilst ensuring it is used in an appropriate way. JHo shared that at the People, Culture, and Inclusion Committee there was some good information provided. We have triangulated our plan around activity, finances, and people, but we are not seeing a 'people focus' report. PS responded to clarify that industrial action has been monitored, to understand how many procedures have been stood down. The numbers are significant and proving to be challenging. TB shared that monitoring and reviewing of financial impact of the activity is taking place, to ensure a clear understanding of productivity. DP suggested a link between ICB and UHNM would be helpful to understand the data. **Action:** AB/PS to work together to address the points raised around impacts of the industrial action. SL enquired around capacity and skills and highlighted that what we know about the workforce and the data, and a pipeline isn't there, to readily bring people in. SL enquired where will the capacity and skills come from as there is a challenging market currently. PA responded to share that discussions took place with CEOs around what skills we have and what skills can be utilised in the system. PB shared that skill sets are being looked at across the system. AB highlighted that being creative is key, how do use different workforce supply models and manage the market differently. Further discussions took place around CHC, finance implications, promotion of system ownership to redesign pathways and apprenticeship programmes.	**AB/PS**
15.	<u>People, Culture and Inclusion Committee</u> No escalations from the report presented.	
16.	<u>Audit Committee</u> JHo requested members to note that an unqualified audit opinion of financial statements has been received. The Staffordshire and Stoke-on-Trent Integrated Care Board **NOTED** the Committee Assurance Reports.	
17.	**Any Other Business**	

	No other items of business raised.	
18.	**Questions from the floor relating to the discussions at the meeting**	
	Ian Syme Quality and Safety Report: Paragraph 4.3 University of North Midlands (UHNM) *Ian Syme made the observation in relation to the CQC maternity final report which has now been published. 'The Trust remains good overall but maternity services have been rated as requires improvement with ratings of inadequate for the safe domain and requires improvement for the well led domain'. This was the publication from 2021.* *HJ thanked Ian Syme and apologised for the error, which will be corrected.* Performance and Finance Report *Ian Syme enquired in relation to the significant outlier for 75-year-old or older admissions and asked for clarification of what mitigations are in place, how this is being addressed and is this current or been an issue/theme for quite some time.* *NC responded to advise that this will be addressed along with long term conditions, frailty, and end of life in the 'Deep Dive' afternoon session.* *DP advised that following todays' meeting there is a 'Deep Dive' session into the end-of-life framework and frailty as part of the portfolio development. DP recommended pausing the question and respond with a detailed response in writing.* ***Action:** TS to write to Ian Syme with a detailed response to the question raised around 75-year-old and older admissions.* De Escalation Beds *Ian Syme asked **a)** if we know the situation is similar in other ICBs? **b)** it's a significant cost pressure, are we going to have to negotiate the financial storm throughout next winter or will the escalation beds shut?* *Ian Syme highlighted the Same Day Emergency Care build, 50 additional beds at UHNM are not likely to open until winter has finished and enquired how are we negotiating this situation?* PS responded to advise that we have 47% open presently, however looking to stand down during August. PS stated that from an operational aspect if we have not got capacity to escalate into as we move into winter, we have release valves as we move into challenging months, with an operational focus to come out safely and not to compromise the delivery of the elective care plans. PS clarified that winter capacity as referenced in the report, we are currently recalibrating the capacity model for winter. This will be challenging. The business case referred to earlier in the year was delayed for national approval of the plan and other options are being looked at. PB responded to advise that the cost of escalation capacity across the acute trust and MPFT and Primary Care is about £4.5m of the deficit. TB highlighted that capacity and demand model is being refreshed and will form a key part of our winter planning and part of the mitigation that we need to take	**TS**

	knowing there will be a bed gap at this moment in time. Discussion will take place around the types of beds that will be required and where we will find these beds. Virtual wards *Ian Syme enquired if there is any work being undertaken in relation to re admissions from virtual wards or virtual beds?* *TB responded to advise that she is not aware of any specific work being undertaken and advised that this is being looked at by the Medical Director and will share information with Ian Syme.* **Action:** TB to correspond with Ian Syme information in relation to work being undertaken in relation to re admissions from virtual wards/beds. DP thanked Ian Syme for the questions presented. No further questions were raised.	**TB**
19.	**Meeting Effectiveness**	
	The Chair confirmed that the meeting followed the compact.	
20.	**Close**	
	The Chair closed the meeting at 14:13	
21.	**Date and of Next Meeting**	
	21st September 2023 at 1:00pm 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 21/09/2023

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)
2023-24/001	20/07/2023	Quality & Safety Report	10	HJ to link in with ICB networks to implement the Oliver McGowan training with partners and education colleagues.	21/09/2023	HJ	Verbal update to be provided.
2023-24/002	20/07/2023	F&P Assurance Report	13	AB/PS to work together to address the points raised around impacts of the industrial action.	21/09/2023	AB/PS	**UPDATE**: Regarding industrial action, this remains a key focus within the EPRR continuous improvement process to ensure any lessons identified throughout each period of industrial action are captured across the system as part of a shared learning discussion, and recorded onto the ICB EPRR Lessons Register. These are then adopted into future iterations of plans at both a system and Provider level. Any lessons identified which would be beneficial for sharing across the Region are fed into regional lessons processes via EPRR. Plans are produced in alignment with NHSE directive to ensure risks and impacts are mitigated, and are assured by the ICB during completion to support dovetailing of arrangements between system partners and any remaining gaps to be addressed. Any planned activity which is stood down due to industrial action is tracked across UHNM, MPFT and NSCHT by the ICB (and UHDB by Derbyshire ICB) as part of returns to NHSE for each period of industrial action.
2023-24/003	20/07/2023	Questions from the public	14	TS to write to Ian Syme with a detailed response to the question raised around 75-year-old and older admissions following the Deep Dive session into the EOL framework and frailty.	30/09/2023	TS	**UPDATE**: Needs assessment to be conducted by the end of September and End of Life Framework deep dive to be shared.
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.	19/10/2023	TB	**Update 22/08/2023** - Work is still ongoing in relation to virtual wards. When complete it can be shared.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	**05**

Title:	**Chair and Chief Executive Officer Report**

Meeting Date:	21 September 2023

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
David Pearson, ICB Chair and Peter Axon, ICB Interim Chief Executive Officer		Peter Axon, ICB Interim Chief Executive Officer

Clinical Reviewer:	**Clinical Sign-off Required Y/N**
Not required	N

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

Is the [Committee]/[Board] being asked to make a decision/approve this item? N			
Is the decision to be taken within [Committee]/[Board] delegated powers & financial limits?			
• N/A			
Within SOFD Y/N		**Decision's Value / SOFD Limit**	

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

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

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

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
Any risks to ICB Strategic Objectives delivery implied by the subject matter are covered on our BAF.

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

Key Requirements:			
1a.	How can the author best assure the Board that the decision put before it meets our statutory duty to reduce inequalities by ensuring equal access to services and the maximising of outcomes achieved by those services? **The Board will need to consider this statutory duty and how we reduce these.**		
1b.	How can the author best assure the Board that the decision put before it meets our new statutory duty to have regard to the wider effects of our decisions in relation to health & wellbeing, quality and efficiency? (If the paper is 'for information' / for awareness-raising, not for decision, please put n/a) **N/A**		
		Y/N	**Date**
2a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N/A**	
2b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
2c.	Were there any conditions? If yes, please state details and the actions in taken in response: • **Condition 1 & action taken.** • **Condition 2 & action taken.**		
3a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • **Stage 1** • **Stage 2**	**N**	

3b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion? Not required as no service change, new policy or strategy		
3c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
4.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**N**	
5.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N**	
Recommendations / Action Required:			
The Integrated Care Board is asked to: • **Note the updates in the report.**			

1.0 System and general update

1.1 Support Staffordshire

Support Staffordshire has recently achieved the Volunteer Centre Quality Accreditation (VCQA), demonstrating the quality of their offer and impact in supporting local voluntary, community and social enterprises across Staffordshire. Accreditation is awarded for three years and is provided following independent assessment of a portfolio of evidence provided against a set of criteria based around the Five Functions of Volunteer Centres.

In achieving the VCQA, Support Staffordshire has demonstrated it delivers each of these functions to a high standard, that it is responsive to, and embedded within the needs of the local voluntary, community and social enterprise sector, and is committed to working in partnership. The VCQA is a quality mark that provides confidence to local communities, voluntary and community organisations and local strategic partners, funders and commissioners. We are very pleased to share that Support Staffordshire's assessment showed its particular strengths in Good Practice Development. The accreditation process also provides opportunities to gain invaluable insights into organisational strengths and areas for development.

1.2 Verdict in the trial of Lucy Letby

In response to the verdict in the trial of Lucy Letby, NHS England has stated that they are committed to doing everything possible to prevent anything like this happening again and are already taking decisive steps towards strengthening patient safety monitoring.

Within the ICS we are ensuring that national and regional recommendations are acted upon. The Quality Committee is also ensuring that bespoke discussion and action is occurring as required. Below is a description of some steps being taken both nationally and locally.

1.2.1 Patient Safety Incident Response Framework

This autumn, the new Patient Safety Incident Response Framework will be implemented across the NHS – representing a significant shift in the way we respond to patient safety incidents, with a sharper focus on data and understanding how incidents happen, engaging with families, and taking effective steps to improve and deliver safer care for patients. In Staffordshire and Stoke-on-Trent, we have collaborated with partners to develop a collective approach to the implementation of the Patient Safety Incident Response Framework (PSIRF) and have been recognised as regional front runners.

1.2.2 Fit and Proper Person Framework

The Kark Review (2019) was commissioned by the government in July 2018 to review the scope, operation and purpose of the Fit and Proper Person Test (FPPT). The review highlighted areas that needed improvement to strengthen the existing regime. NHS England has now published a Fit and Proper Person Test Framework in response to the recommendations in the Kark review. The purpose is to strengthen individual accountability and transparency for board members, thereby enhancing the quality of leadership within the NHS. The Framework is effective from 30 September 2023. Detailed documents setting out the framework can be found on the NHS England website.

The next steps for us in Staffordshire and Stoke-on-Trent are to develop a policy development and design a process based upon updated regulation and newly published framework by the Director of Corporate Services in conjunction with HR colleagues.

1.2.3 Freedom to Speak Up

In 2024, NHS England rolled out a strengthened Freedom to Speak Up (FTSU) policy. Locally, we have adopted this and now have two Freedom to Speak Up Guardians - an Executive Lead and a Non-Executive Lead. The Freedom to Speak Up Guardians complete a report that goes to the People, Culture and Inclusion subcommittee of the ICB Board. We are also working to ensure this strengthened policy covers General Practice.

2.0 Finance

Month 4 reporting for 2023/24 showed the system £34.1m behind the year-to-date plan. The drivers behind this adverse position are slippage on efficiency programmes, the ongoing retention of escalation beds due to urgent and emergency care (UEC) demands, continuing health care (CHC) and prescribing inflationary pressures and the industrial action that has taken place across the year. Whilst we are still reporting a forecasted breakeven position, there remains a significant amount of risk incorporated into our financial plan (as per the year-to-date position). Work continues across all four system partners to deliver our challenging efficiency programme for the year, which is also the focus in developing the Recovery Plan. A further system recovery event is planned for late September that will focus on progress with our seven recovery projects. The session will also discuss emerging projections for 2024/25 and any resulting additional action required.

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 is being hampered by the ongoing industrial action by both junior doctors and consultants.

Two patients breached 104 weeks during August (both at University Hospitals of North Midlands NHS Trust (UHNM)). There are plans in place to treat both during September and 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 across the system at the end of August was 211 (180 at UHNM, 30 at Nuffield and 1 at Ramsay), the forecast position for the end of September is now 98 (all at UHNM) but work is ongoing to 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 18,073 (compared to over 37,000 in April and 26,700 in June). 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 undertaken preliminary analysis to identify which specialties will delivery on the ask and which won't. Further work is being undertaken to provide a date by which all patients will have been seen for each specialty.

As a result of industrial action, there has been an increase in the 78-week-wait cohorts for Staffordshire and Stoke-on-Trent patients awaiting treatment from providers outside our system. The number has increased to 71, of which 61 are at University Hospitals of Derby and Burton NHS Trust (UHDB). Plans are in place to recover the position during September.

Similarly, Staffordshire and Stoke-on-Trent patients in the 65-week-wait cohort awaiting treatment outside our system has been static over the last two weeks at around 2,476.

3.2 Cancer Performance

University Hospitals of North Midlands NHS Trust (UHNM) has reported a continued steady reduction in the 62-day cancer backlog. As of 31 August 2023, the backlog was 455 patients against a trajectory of 501. The 104-day backlog has reduced from a peak of 172 in June to 128 and the Trust is expecting to achieve the target of 78 by the end of March 2024. The key area of challenge remains to be colorectal, and the delays are due to capacity within endoscopy services. Independent insourcing capacity is being utilised to support a revised recovery plan; however, the benefits of this capacity are slower in being seen than expected.

The position of 28-day faster diagnosis standard for cancer has again improved with provisional performance for July at 72.5%. This is ahead of the milestone target to achieve 70% by September and on track to deliver the national target of 75% by March 24.

4.0 Urgent Care

4.1 Operations and Delivery

Four hour performance has maintained at approximately 70% since April and continues to be a significant area of focus for UHNM.

Twelve hour performance has also maintained again and is below the mean for calendar year. However, once again performance has been relatively flat since April and requires improvement.

Long length of stay (LOS) performance has maintained a positive step change with continued strong performance regionally.

Cat 2 performance again achieved the 30m standard for the last nine out of ten weeks giving a YTD performance achieving target.

Medically Fit For Discharge (MFFD) on the Royal Stoke Hospital site has seen a steady 14% rise over the last four weeks coinciding with growing COVID related IP restrictions.

The current week has seen significant and sustained operational challenges driven by cumulative poor simple discharge performance and compounded by MFFD and IP challenges.

System Surge Planning in progress and at final stages. Following the NHSE assurance visit on 12th September, key areas of focus remain around: Frailty and end of life admission avoidance, addressing acute capacity deficit, further development of our system escalation plan and maximising the opportunities and utilisation of virtual wards.

The system Integrated Discharge Hub had its soft launch on the 4th September.

The regional 111 preferred provider has been identified and signed off by the Regional Joint Committee on 8th September, bidders have been notified. The preferred provider will be announced post standstill period.

5.0 Key figures for our population:

		Apr-23	May-23	Jun-23	Jul-23
*	**111 calls received**	33,789	34,043	29,849	29,623
	Percentage of 111 calls abandoned	5.4%	7.0%	8.0%	5.3%
	A&E and Walk in Centre attendances (UHNM)	19,268	21,465	21,052	20,631
	A&E and Walk in Centre attendances (other providers)	16,425	18,716	18,519	17,872
	Non elective admissions (UHNM)	6,969	7,599	7,640	7,850
	Non elective admissions (other providers)	5,176	5,680	5,635	5,757
	Elective and Day Case spells (UHNM)	5,708	7,114	7,075	7,139
	Elective and Day Case spells (other providers)	6,875	7,761	8,437	8,049
	Outpatient procedures (UHNM)	4,063	4,659	4,674	4,278
	Outpatient procedures (other providers)	7,140	8,825	8,973	7,972
	GP Appointments (all)	425,635	492,079	523,955	500,967
**	**Physical Health Community Contacts (attended)**	121,860	134,775	136,955	130,410
**	**Mental Health Community Contacts (attended)**	40,395	46,615	48,405	

**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 Nursing Times Award

The Integrated Care Board (ICB) has been notified that the Upskilling Pilot has been shortlisted for a Nursing Times Award in the Best Workplace for Learning and Development category. The Pilot is a collaboration between the ICB, the Integrated Care System (ICS) and Staffordshire University, to support ICB nurses to regain clinical competencies and spend dedicated time in an appropriate clinical environment.

6.2 Maternity

During the ICB and NHS England (NHSE) Ockenden Insight assurance visit to University Hospitals of North Midlands NHS Trust (UHNM) Maternity services on 7 September, an award was presented to Midwifery Support Worker (MSW), Tanith Williams, who received the Chief Midwifery Officer Silver award for her remarkable contribution to recruitment and retention of the MSW workforce. This was presented by the Deputy Regional Chief Midwife for the Midlands, Sandra Smith.

The Chief Nursing Officer (CNO) and Chief Midwifery Officer (CMidO) Awards have been developed to reward the significant and outstanding contribution made by nurses and midwives in England, and their exceptional contribution to nursing and midwifery practice. The awards have also been extended as part of Dame Ruth May's commitment to recognising the contributions of healthcare support workers (HCSWs) and maternity support workers (MSWs) who consistently demonstrate the NHS values in their everyday roles.

7.0 COVID-19

NHS England has announced that the COVID vaccination programme will be accelerated due to concerns over the new Omicron BA.2.86 variant.

The COVID vaccinations will now start three weeks earlier, commencing on Monday 11 September for care home residents and staff and for other eligible individuals via walk-in clinics or some flu vaccination clinics.

Eligible individuals include care home residents and staff, front-line health and social care workers, those 65 and over, anyone 6months+ with a clinical risk factor, household contacts of immunosuppressed individuals or carers. Those who are eligible will be invited for a vaccine via the national call/recall system from the 18 September and will be able to book appointments via the National Booking System from Tuesday 19 September.

All Primary Care Networks (PCNs) within Staffordshire and Stoke-on-Trent are providing COVID and Flu vaccinations and there will be approximately 100 community pharmacies also providing this service this autumn.

Flu vaccinations for children will commence from early September through the School Aged Immunisation Service or via GPs for those aged 2-3years for the clinically at risk. Adults will start to receive their flu vaccinations from early September.

Co-administration with COVID will happen 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, Interim ICB Chief Executive Officer

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	**06**

Title:	**System Recovery Plan**

Meeting Date:	21 September 2023

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Paul Brown Chief Finance Officer	Y	Helen Dempsey – Director of Planning Alex Robinson – Head of Transformation Delivery Unit

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

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

Is the Committee being asked to make a decision/approve this item? N			
Is the decision to be taken within Committee delegated powers & financial limits? N/A			
• Author to check with Finance to determine if the decision is within Scheme of Financial Delegation (SOFD) approved limits			
Within SOFD Y/N		**Decision's Value / SOFD Limit**	

History of the paper – where has this paper been presented		
	Date	A/D/S/I
System Performance Group	30.08.23	S
Finance and Performance Committee	05.09.23	S

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

The paper sets out the emerging 'Big Ticket 7' System Recovery Programme as at the end August 2023.

It provides a re-cap of the areas of focus agreed at the System Planning Event on 14 July and updates on the journey so far to build a programme of work that will meet the requirements set by the regulators.

This programme of work is not a replacement for the objectives and delivery plans set out within the ICS Operating Plan, rather it is a short-term prioritisation of capacity and capability to deliver.

Key Points:

- The theme of the management of clinical risk is a golden thread in our programme. SPG recommends an underpinning workstream to focus on supporting our clinical workforce.
- We are establishing a Continuing Health Care (CHC) Provider Collaborative to wrap around this programme of work.
- A programme management approach and a range of governance is required as some of the projects cut across portfolios and providers. This will be supported by the System PMO.
- We have agreed a Turnaround Director role which is being fulfilled by the ICB's Chief Finance Officer for 1 day per week.

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

Summary of risks relating to the proposal (inc. Ref. No. of risk it aligns to on Risk Register):
BAF5: Sustainable Finances Risk 121: Delivery of the 2023/2024 Financial Plan Risk 123: Underlying deficits from 2023/24 Risk 113: CHC cost pressure

Implications:	
• **Legal and/or Risk**	The System PMO will manage a project Risk Register and Issues Log for the programme. As these emerge, they will be included and referenced. A range of risks will be monitored at Provider and Portfolio level.
• **CQC/Regulator**	The delivery of the ICS Operating Plan, especially UEC, Elective and Primary Care Recovery, are key requirements set by NHS England.
• **Patient Safety**	Some parts of the ICS Operating Plan will focus on addressing patient safety issues which will also be monitored by the Quality & Safety Committee.
• **Financial – if yes, they have been assured by the CFO**	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**	N/A
• **Workforce / Training**	The ICS Operating Plan has multiple workforce and training requirements within it which will also be monitored by the People Committee

Key Requirements:	
1a.	How can the author best assure the Board that the decision put before it meets our statutory duty to reduce inequalities by ensuring equal access to services and the maximising of outcomes achieved by those services? **N/A – not for decision**
1b.	How can the author best assure the Board that the decision put before it meets our new statutory duty to have regard to the wider effects of our decisions in relation to health & wellbeing, quality

	and efficiency? (If the paper is 'for information' / for awareness-raising, not for decision, please put n/a) **N/A – not for decision**		
		Y/N	**Date**
2a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?		
2b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
2c.	Were there any conditions? If yes, please state details and the actions in taken in response: • Condition 1 & action taken. • Condition 2 & action taken.		
3a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2	**N**	
3b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion? **N/A**		
3c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?) • Explain any 'objective justification' considerations, if applicable		
4.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**N/A**	
5.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N/A**	
Recommendations / Action Required:			
The Integrated Care Board is asked to: • **Be assured and note the progress of the System Recovery Plan** • **Note that the final Plan will be submitted for approval to the October Finance and Performance Committee meeting and then to the ICB Board for ratification**			

Staffordshire and Stoke-on-Trent Integrated Care System

System Recovery Programme Update

Executive Summary

- This pack sets out the emerging 'Big Ticket 7' System Recovery Programme as at the end August 2023.
- It provides a re-cap of the areas of focus agreed at the System Planning Event on 14th July and update on the journey so far to build a programme of work to meet the requirements of NHS England (separate agenda item for letter from Nicola Hollins – NHSE Regional Director of Finance).
- Management of ***clinical risk*** is a golden thread. SPG recommends an underpinning workstream to focus on supporting our clinical workforce
- We are establishing a ***Continuing Health Care (CHC) Provider Collaborative*** to wrap around this programme of work.
- A programme management approach and a range of governance is required as some of the projects cut across portfolios and providers. This will be supported by the System Programme Management Office and a Turnaround Director role which is being fulfilled by the ICB's Chief Finance Officer for 1 day per week.
- We have proposed that the ***System Performance Group (SPG)*** will act as the Turnaround Programme Board.
- There are some ***key dates*** that we are working towards and they include:
  - 15th September - first weekly meeting of the Recovery Programme Steering Group
  - 2nd October - final sign off of the System Recovery Programme by the system Finance and Performance Committee
  - 8th October - escalation Meeting with NHS England (NHSE)

It is important that everything that we are building within the plan is clearly defined, measurable and owned by all system partners. The following ***discussion points*** were covered at SPG on Wednesday 30th August

- Are the interventions identified to date a complete list of what we need to work on?
- Are all partners happy to sign off / contribute to the process that we have developed for monitoring the impact of each intervention?
- Are all partners able to commit capacity / intelligence to make sure that the metrics in our emerging recovery dashboard can be measured against an agreed baseline?

A verbal update on the outcomes of those discussions will be provided to the Committee for further discussion.

Background

- The System Performance Group (SPG) met on 26th July and again on 31st July to discuss the System Recovery Programme.
- We agreed:
  - Focussing collectively on CHC is the right thing to do, and that this is the largest opportunity we have to improve care and save money
  - We should further develop the agreed 7 areas of focus
  - The theme of the management of clinical risk runs across all these elements, SPG recommends an underpinning workstream to focus on supporting our clinical workforce
  - We agreed the ICB is the wrong organisation to manage delivery of CHC and these supporting workstreams, and that providers are better placed to undertake this role.
  - A provider collaboration will own and drive the programme with support from the Provider Collaborative Programme and SPG.
  - Pace is important, so the work programme will be developed over the rest of August, to be launched on 1st September.
  - The arrangements in the provider collaborative need a little more time to be worked up, so the recovery programme will kick off as a stand-alone programme and then transfer into the Provider Collaborative over the next few months. System oversight will continue through F&P Committee and SPG.
  - This programme of work is not a replacement for the objectives and delivery plans set out within the ICS Operating Plan, rather it is a short term prioritisation of capacity and capability. It will support development and delivery of a set of seven project plans at speed to make clear and tangible changes to how we deliver services for some of our most vulnerable patients before we move into the Winter Period. It will provide a level of grip and control on our CHC spend which will support financial recovery in the short term, whilst we remodel how we deliver CHC into the medium term.
- To enact all of the above, we have been working on determining the roles, responsibilities and governance structures needed to make this happen

Ctrl and click on any underlined text for further detail.

Shape of the ‘Big Ticket 7’ System Recovery Programme

Area of focus	Action	KPI to be achieved by March 2024
1. Management of CHC	• Transfer management of CHC to Midlands Partnership University Foundation Trust (MPFT). • North Staffordshire Combined Healthcare NHS Trust to retain management of Project 86 and Transforming Care Partnership. • MPFT to manage Midlands and Lancashire CSU staff. MPFT to align CHC with Discharge to Assess (D2A) and through the provider collaborative, when formed, to align with the rest of the pathway	• Reduce cost run rate by £100m
2. Integrated Discharge Hub (IDH)	• Implement the IDH with support from all stakeholders through Integrated Discharge Steering Group	• Improve the ratio of simple to complex discharges from 70:30 to 85:15
3. Admission avoidance	Implement the three remaining measures agreed by the admissions avoidance table: • Turbo charge end of life programme and link into care planning for elderly and frail people • Single point of access for admissions avoidance, to cover support for clinicians as well as development of rapid response services • Repository for information and sign posting both to support clinicians and also create empowered citizens • Universal offer to care homes • Professional development work to help manage clinicians to manage risk	• Reduce the number of +75 year olds attending A&E.
4. Care Homes	Care Home Task Force to be established across Primary Care and with Local Authorities. Prioritise the use of existing resources e.g. digital. Two key objectives will be: 1. Ensure that all care home residents have a compassionate care plan 2. Ensure a rapid and compassionate response to incidents / deterioration of care home residents	• Reduce the number of referrals from care homes to A&E
5. Falls Prevention	Identification of those most at risk of falls and implementation of integrated support.	• Reduce number of patients admitted following a fall
6. Severe Frailty	Identification of severely frail patients and increase in the number with completed anticipatory care plans	• Reduce number of severely frail patients admitted to hospital
7. End Of Life (EoL)	Implement 24/7 integrated response for EOL patients	• Reduce the number of patients dying in acute secondary care settings

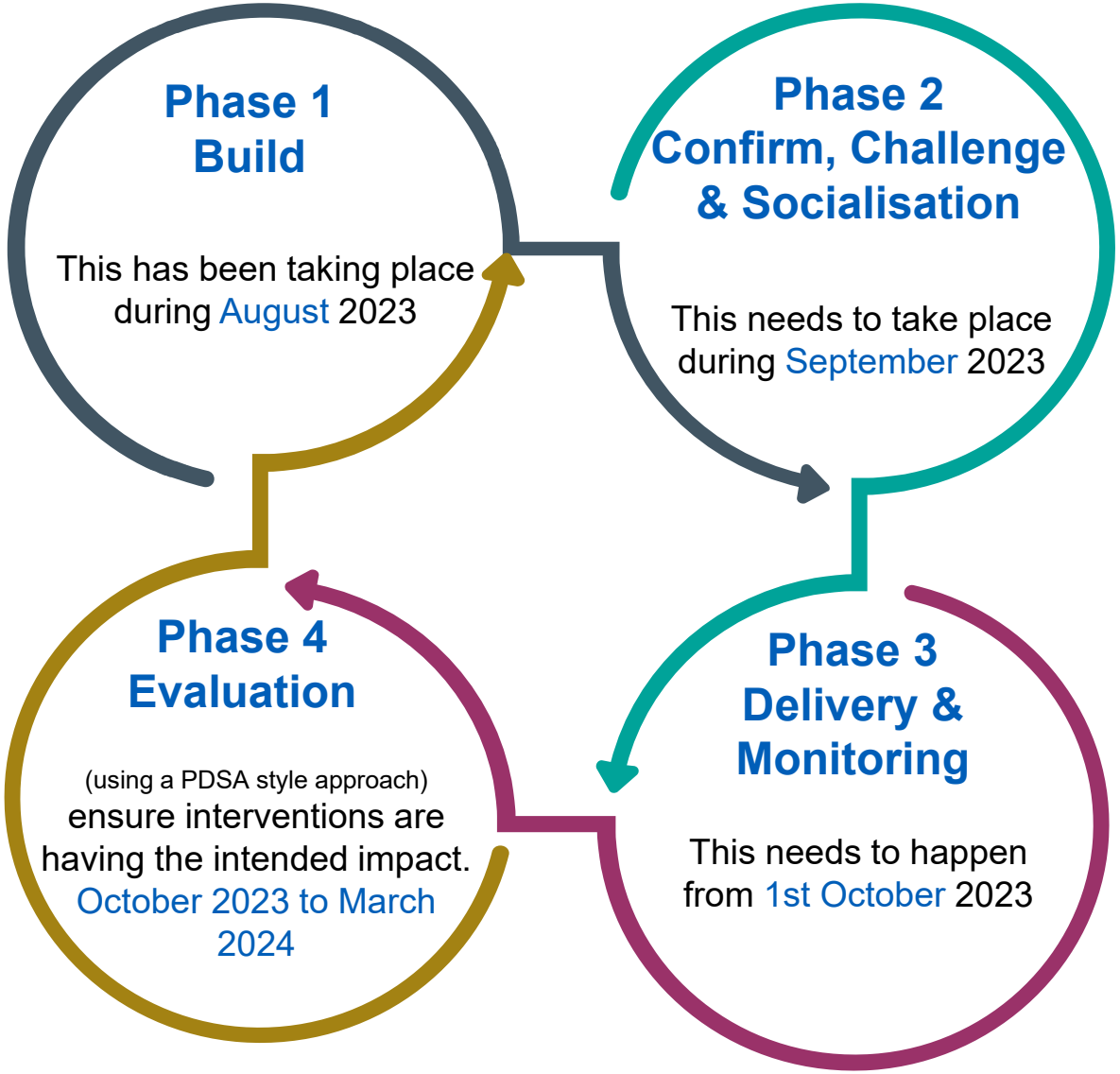
• We have agreed that the system-wide work on Medicines Optimisation and Estates would continue with a focus on generation of cash-out savings and be monitored through the recovery plan.

The journey so far……. (1/3)

The System Recovery Programme is being built to deliver three key objectives:

1. To help the system cope through Winter – there is currently a gap of 100 beds and all agreed interventions need to make a positive contribution to bridging this gap
2. To redesign the way that CHC is delivered for adults, thereby improving quality and reducing costs
3. To demonstrate to NHSE that we have a clear and robust path that will bring us back to a breakeven position in 23/24 and start to tackle the underlying financial deficit in 24/25

- The development of the System Recovery Programme has been broken down into four phases and is outlined in more detail on the following slides.



The journey so far……. (2/3)

Phase	What do we need?	What do we have in place?	What are our next steps (including key timescales)
Phase 1 Design	For every intervention that we agree to include in the plan, it will have the following components: • A clear description of the clinically owned intervention and whether this is a new activity, or a ramping up of an existing activity • A list of critical milestones which shows how it will get from A to B • A set of metrics that have a defined baseline and trajectory for improvement • An agreed date for when the intervention is expected to start to make a difference to the metric (go live date) • A financial value, be that cost out, cost avoidance or improved productivity • An activity value which shows how it will contribute to the 100 bed gap	• A list of interventions which set out the offer from each Portfolio against the 7 focus areas (see Slide 14) • Leads and timescales for some of the interventions, but not all. • Metrics and baselines for some interventions, but not all • PIPs for some new areas but not all	• Finalise the list of interventions • Address any gaps in terms of leads, timescales, metrics and baselines • Quantify the financial savings for each intervention – cost out v cost avoided v improved productivity • Quantify the impact on the 100 bed gap e.g. the availability of 18 hospice beds addresses the gap by nine. • Agree a Local Authority lead for the Care Homes work **To be locked down before the first weekly Recovery Meeting on 15th September**
Phase 2 Confirm, Challenge and Socialisation	• A universally owned set of interventions and metrics that everyone agree to champion and prioritise within their own organisations • A recovery plan where the co-dependencies are clearly identified and prioritised by all stakeholders	• Held a session with Portfolio Directors to look at their respective offers to ensure alignment / minimise duplication • Using the first weekly System Recovery Meeting as a second layer of Confirm and Challenge – these results will be shared with SLT	• Socialise the plan with the Health and Care Senate • Socialise the plan within individual providers • Socialise the plan with both Local Authorities **To be completed before F&P Committee on 2nd October and NHSE escalation meeting on 8th October**

The journey so far……. (3/3)

Phase	What do we need?	What do we have in place?	What are our next steps (including key timescales)
Phase 3 Implementation	• To monitor the project up to the point of 'go live' • The most up to date information on delivery. • To monitor the impact of the intervention post 'go live'	• A Weekly System Recovery Meeting, which will commence on 15th September. This will monitor project delivery • Agreed that the System Performance Group will act as the Turnaround Board and a revised Terms of Reference is underway • Agreed to establish a CHC Provider Collaborative to support all of this work	• Develop a monthly dashboard which can track the progress of the agreed metrics and whether we are turning the dials as expected • Develop the Full Case for Change for the CHC Provider Collaborative, which will include what ICB functions to delegate. **A Recovery Programme Dashboard to be developed and in place by October's SPG meeting**
Phase 4 Evaluation	• A process for ensuring that the intervention we have put in place is working	• Check points built into some interventions but not all.	• Add checkpoints which allow us to complete a PDSA cycle for each intervention

What interventions have been identified so far?

Area of focus	INTERVENTION (S)
1. Management of CHC	• Reduction of inappropriate 1:1 care packages • Implementation of a new CHC Policy • Changes to the market pricing structure • Streamlined CHC End of Life / Fast Track Pathway
2. Integrated Discharge Hub (IDH)	• Fully deployed IDH • Implement a Virtual Wards Step Down pathway at County Hospital* • Create a new pathway (0.5) for patients who can be discharged home with a support package from the voluntary sector
3. Admission avoidance	• 24/7 Single Point of Access** - development of 3 triage point process - routine assessment, urgent assessment, emergency assessment • Virtual Wards - better management of clinical risk to help increase utilisation • Acute Care @ Home – workforce stabilisation and clinical pathway agreed with Royal Wolverhampton NHS Trust • Introduction of NHS 111 Option 2 as the single access point for patients in a mental health crisis • Deployment of Mental Health Response Vehicles to support West Midlands Ambulance Service

4. Care Homes	• **Implement improvements to the Enhanced Health in Care Homes Local Enhanced Service (LES) to include RESPECT, Comprehensive Geriatric Assessments and Care Planning with a view to
	  ◦ Improve the number / proportion of care home residents with a recent clinical review
	  ◦ Improve the number / proportion of care home residents with an End Of Life plan
	• Implement a 24/7 single point of contact to a rapid community response to crisis service

5. Falls Prevention	• Improved referral pathway between Emergency Departments and Specialist Falls Teams
6. Severe Frailty	• Introduction of robust MDTs and the use of Comprehensive Geriatric Assessments for patients identified as severely frail in Newcastle, Moorlands and xx • **Develop an outcomes framework to support the Care Homes LES
7. End Of Life (EoL)	• Increase in patients identified as EoL on GP registers with improved MDT management • Offer of 18 additional hospice beds and 200hrs domiciliary care to support urgent and emergency care flow • Implementation of a 24/7 advice line** • Implementation of a Virtual Ward* • Better integration and co-ordination of existing pathways

What interventions have been identified so far?

Area of focus	INTERVENTION (S)
Estates	• Voids and Disposals • Utilisation of Estate • Leases • Solar PV (link to admissions avoidance through the Warmer Homes initiative)
Medicines Optimisation	• No interventions identified to date

How will the interventions be monitored?

Each Intervention will complete the following flowchart which will feed into an overall Programme Gantt chart and Metrics Dashboard (Falls Prevention added as a working example)

FALLS PREVENTION
Improved referral pathway between ED departments and Specialist Falls Teams
PROJECT LEAD:
Dominic Ellington (MPFT)

KEY MILESTONES	
Task and finish group established	Aug-23
Identification of patient cohort – Data required to support this	Aug-23
Demand and capacity modelling of Specialist Falls services	Sep-23
Development of pathway and governance	Early September 2023
Metric and baseline development	End September 2023
Go live	Oct-23
Evaluation	Mar-24

SAVINGS TYPE	VALUE (£)
Cost Avoidance	TBC

CONTRIBUTION TO BED CAPACITY GAP
To be modelled through

GO LIVE OCT 23

MONITOR METRIC FROM NOV 23

KEY METRICS	BASELINE	TARGET
No of referrals from A&E to specialist falls service	TBC	TBC
Reduction in the number of subsequent falls for patient cohort	TBC	TBC

Emerging Recovery Programme Dashboard

Area of focus	KPI to be achieved by March 2024	Underpinning Metrics
1. Management of CHC	Reduce cost run rate by £100m	1. Reduction in fast track LOS 2. Reduction in fast track discharge turnaround times 3. Reduction in fast track bed based CHC costs
2. Integrated Discharge Hub (IDH)	Improve the ratio of simple to complex discharges from 70:30 to 85:15	1. Improve the number of discharges on Pathway 0 to 80% 2. Reduce the number of readmissions within 30 days and within 48 hours to 12% or less 3. Decrease the number of admissions to Pathway 3 to 1%
3. Admission avoidance	Reduce the number of +75 year olds attending A&E.	1. Consistently meet or exceed the 70% 2 hour UCR standard 2. Reach 80% utilisation of virtual wards 3. Proportion of calls abandoned 4. Average speed to answer calls (≤20 seconds) 5. 95th centile call answer time (≤120 seconds)
4. Care Homes	Reduce the number of referrals from care homes to A&E	1. Admission Rates if patterns can be identified from the data 2. All Care Homes aligned to PCNs
5. Falls Prevention	Reduce number of patients admitted following a fall	1. No of referrals from A&E to specialist falls service 2. Reduction in the number of subsequent falls for patient cohort
6. Severe Frailty	Reduce number of severely frail patients admitted to hospital	1. Reduction in admission for those identified as severely frail within the target group 2. Increase in number of targeted patients with assessments completed 3. Increase in number of targeted patients with plans in place 4. Increase in number of targeted patients with EOL/ReSPECT plans in place
7. End Of Life (EoL)	Reduce the number of patients dying in acute secondary care settings	1. % of Patients in the last 12 months of life recorded on palliative care registers. 2. Reduction in the % of people with 3 or more emergency admissions in the last three months of life. 3. Growth in the % of people dying in their usual place of residence. 4. Reduction in proportion of PEoLC admissions in OOH periods. 5. Reduction in the % of people with 3 or more emergency admissions in the last three months of life. 6. Growth in the % of people dying in their usual place of residence.

Staffordshire and Stoke-on-Trent Integrated Care System

Programme Governance

The following slides outline the governance wrapped around the programme, including the proposed governance structure and roles & responsibilities for everyone involved across the system.

Processes and Control

A robust programme management approach is required to ensure we deliver at a rapid pace and to provide assurance to our Statutory Boards, the Integrated Care Partnership (ICP) and to our Regulators with respect to our collective grip and control in terms of recovery.

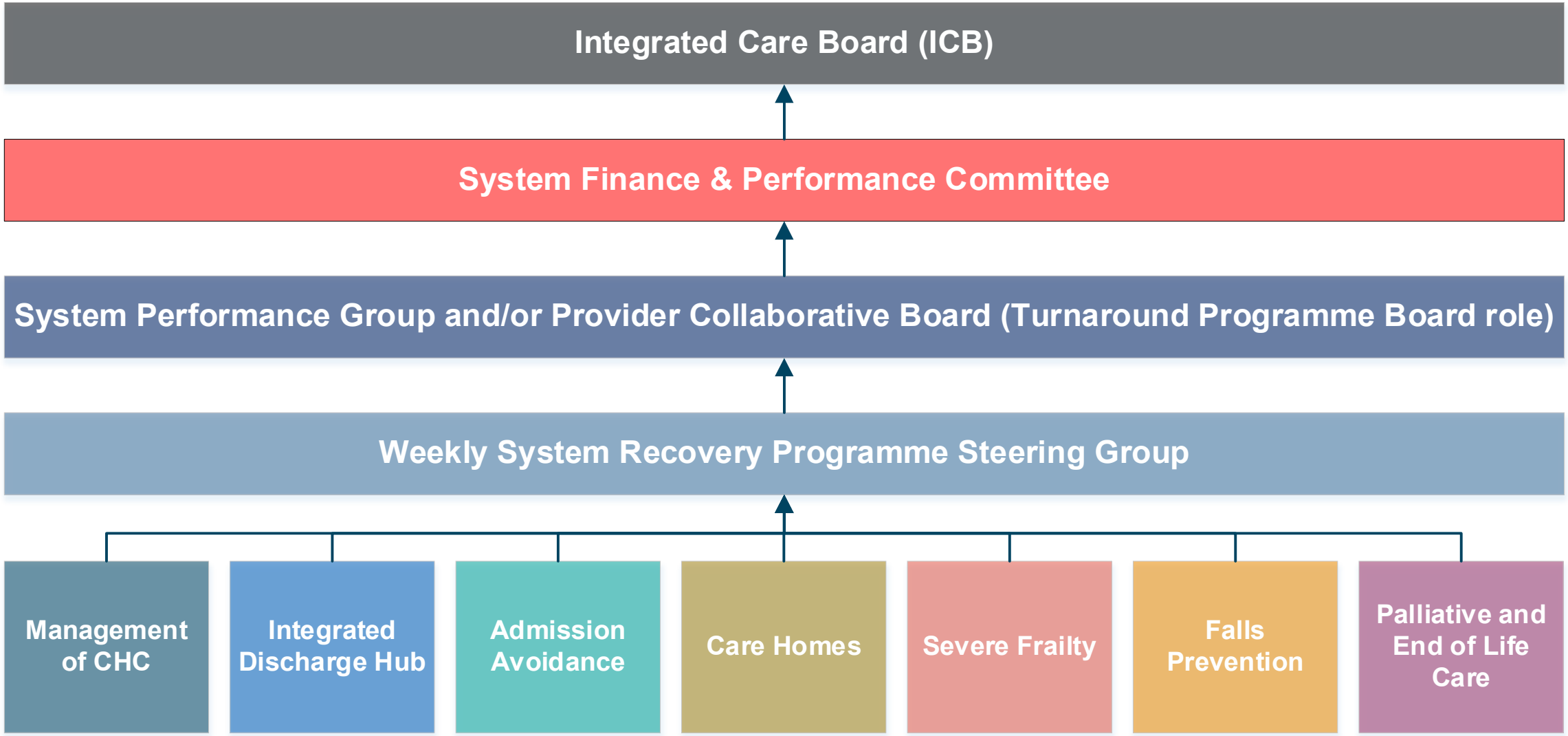
Individual programme requirements

- Detailed Project Implementation Plans (PIPs) with fully worked up timelines, SMART metrics and confirmed baselines in place before the first meeting of the Recovery Steering Group on 15th September
- Any in-year investment case will need to be self funded through either remodelling our existing workforce or through cash releasing savings secured from other budgets. All investment cases will need to demonstrate reductions to the recurrent cost base of the system
- All programmes will be supported by an appropriate system-wide Multi-Disciplinary Team with a named clinical lead, dedicated PMO/TDU support and enabling function representation including but not limited to workforce, quality, finance and intelligence.
- All programmes to have clear points of review with rigorous "stop, continue, change" decision points which assess whether the change is delivering the anticipated impact

Overall governance

- Weekly reporting against key deliverables and metrics which feeds into a monthly formal Recovery Programme Report to the System F&PC and Integrated Care Board
- Progress on individual programmes to be reported via a systematic assessment with clear RAG rating in terms of progress against plan AND delivery against metrics.
- Any investment cases will be required to be signed off by the Chief Finance Officers through the "double lock" governance agreed by the system
- SPG will be charged with seeking to resolve inter-organisational or inter-portfolio barriers and escalating to ICB System F&PC or Provider Collaborative Board any material issues which cannot be actioned through agreements gained at F&PC
- The proposed governance structure is currently being reviewed by the system wide Governance Group.

Proposed Governance Structure



Recovery Programme Steering Group

Aims:

1. **To monitor the delivery of the System Recovery Programme**
2. **To identify any blockers that require escalation**

- Lead / Facilitator: Head of TDU (System PMO)
- Proposed attendees: All identified project leads plus/minus the supporting TDU Leads
- Focus: Purely project management – delivery against agreed milestones

Frequency

- Weekly: Friday at 10am.
- Once a month, the Recovery Programme Steering Group will take on a more formal role and will formally receive written highlight reports on the impact that the projects are having on the agreed metrics.
- Chair: Turnaround Director.
- Take place the week before SPG.

Main Output

- Weekly assurance / escalation reports to the Turnaround Director.

Other Outputs

- Monthly exception report to SPG and / or Provider Collaborative Board – focus will be on the metrics.
- Monthly assurance report to F&PC
- Monthly progress report to the System Leadership Team (SLT) meeting

Date of first meeting: 15th September 2023

Turnaround (Recovery Director) Role and Responsibilities

Aim:
1. To hold the system to account for the delivery of the Financial Recovery Programme.

- Set the strategy and pace for the Financial Recovery Programme
- Chair the Recovery Programme Steering Group once a month when a formal reporting of performance against plans and their impact on the agreed metrics will be presented. Produce a monthly Exception Report to SPG on the back of this.
- Meet with the Head of TDU on a weekly basis to understand the direction of travel in the intervening weeks
- Lead discussions between Portfolios and Providers to try and identify solutions in advance of agreeing any formal escalations to SPG and SLT.
- Set a clear brief with enabling Workstreams such as Workforce, Quality, Digital and Finance where extra support has been identified
- Provide a single version of the truth of how the System Recovery Plan is being delivered, which can be shared with any internal / external forum
- Be the primary point of contact for any queries raised by the regulators

This role will be fulfilled by the ICB Chief Finance Officer 1 day per week

System PMO Role and Responsibilities

Aim:
1. To support project leads to deliver their part of the Financial Recovery Programme.

- The Head of TDU (as the system PMO) will support the Turnaround Director with this programme of work
- Ensure that all the project leads have the tools and techniques to effectively manage their projects
- Identify a TDU buddy for each project lead to support them with project delivery and reporting
- Establish an effective weekly battle rhythm that drives project delivery
- Create a supportive space for project leads to share their issues and concerns as well as their progress updates
- Manage the Risk Register and Issues Log for the programme
- Support the Turnaround Director with all internal and external reporting requirements
- Oversee the delivery of the Co-Dependencies Matrix

Finance and Intelligence Role and Responsibilities

Aim:

1. Finance and activity metrics will be monitored at the system level rather than trying to ascribe particular benefits to particular programmes. This eradicates any risk of duplication of savings between programmes.

- The Deputy Directors of Finance group should agree how this will be transacted and monitored. The guiding principles should be as follows:
  - The savings lie where they fall – i.e. we don't wish to create unnecessary transactional activity through creation of complex inter-organisational arrangements;
  - The focus should be on the system £ and the use of the IFP and risk share principles to rebalance allocations to support delivery of the overall system position
  - Any focus on pathway costs and efficiencies requires an open book approach
  - Savings should be identified as cost out, cost growth avoided or improved productivity
- The ICB Head of Intelligence and Analytics will lead and co-ordinate work with system intelligence leads to produce a monthly dashboard. The dashboard will show performance against metrics as they are agreed. The guiding principles should be as follows:
  - Based on the most up to date information, even if this means using un-validated data held by providers.
  - Providers and project leads to support with the provision of data in a timely way.

Multi-Disciplinary Teams (MDTs) Role and Responsibilities

Aim:

1. The default position should be that all system recovery projects are provider led, supported by the ICB (unless there is a clear case to the contrary).

- Projects should be led by the organisation within which most of the activity / change needs to happen. This generally sits with the providers.
- MDTs should be made up of individuals who have the most appropriate knowledge and skills to support the project. These could and should be sourced from any of the system partners.
- At a minimum the teams will include project leads, finance, workforce, digital, population health, quality and intelligence leads.



NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	**07**

Title:	**Quality and Safety Report**

Meeting Date:	21 September 2023

Executive Lead(s):	**Exec Sign-Off Y/N**	**Author(s):**
Heather Johnstone – Chief Nursing and Therapies Officer	Y	Lee George - Associate Director of Quality Assurance and Improvement

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

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

Is the [Committee]/[Board] being asked to make a decision/approve this item? Y/N			
Is the decision to be taken within [Committee]/[Board] delegated powers & financial limits?			
N/A			
Within SOFD Y/N		**Decision's Value / SOFD Limit**	

History of the paper – where has this paper been presented		
This paper is a combination of corresponding papers presented and discussed at System Quality Group and Quality and Safety Committee.		S

Purpose of the Paper (Key Points + Executive Summary):
This paper is intended to provide assurance to the ICB (Integrated Care Board) in relation to the key quality matters. These include: • Deep Dive Discussions • Updates from System Partners (from SQG) • ICB Updates • Portfolio Quality Updates • Escalation and update from Quality Safety Committee

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

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

Risks aligned to these areas of work are submitted as a separate agenda item and discussed fully at the System Quality Group and the risk register was reviewed at Quality and Safety Committee.

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

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

Recommendations / Action Required:

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 the:
  - Safeguarding Children and Young People Policy
  - Safeguarding Training Policy

Quality and Safety Report to the Integrated Care Board – September 2023

1. Introduction

1.1 The purpose of this report is to provide assurance to the Integrated Care Board regarding the quality, safety, experience, and outcomes of services across the entire health economy. The following report summarises the discussions and emerging issues raised at though the Quality and Safety Committee, System Quality Group and associated subgroups.

2. Deep Dive Discussions

2.1 As Board members are aware, the ICB's Quality and Safety Committee now meets bimonthly. In between formal committee meetings the membership have scheduled deep dives where focused discussion on areas of interest and the impact on the quality and safety of services can take place. Continuing a strong focus on partnership working and adopting best practice from other systems, the ICB is trialling the attendance of system partners' Non-Executive Directors at these deep dive discussions. The approach will be continuously reviewed and evolve over the coming months.

2.2 The inaugural deep dive discussions took place in August 2023 with a focus on i) harm reviews, and ii) maternity services. Discussions included the importance of two-way communication between patients and providers so that patients understand how to manage their condition whilst waiting for care and who to contact if their condition deteriorates. It was agreed that this would be added to the agenda of the system Harm Review Workshop scheduled in September 2023. Further, that themes from all system partners Maternity Voices Partnerships will be collated to enhance our understanding of maternity experience locally and ensure that this insight supports our improvement plans. It was agreed that actions will be monitored at the formal committee meetings.

2.3 The areas identified for discussion in October 2023 are i) health inequalities, and ii) pharmacy, general ophthalmic and dental (POD) services which the ICB will take on delegated responsibility for commissioning from NHS England in April 2024.

3. Updates from System Partners (from SQG)

3.1 Staffordshire County Council (SCC)

3.1.1 It was reported that the regulatory ratings for Staffordshire care services generally continue to improve, either being ahead or near regional and national figures. Although, there has in the last month been an increase in the number of residential care homes rated as requires improvement, however, plans are being put in place to support these residential care homes. SCC hope to see further improvement within the care home market when additional nurse capacity is recruited too. The first of new recruits has now completed their induction and start dates are being arranged for other appointments.

3.1.2 MiDoS for CARE brings all guidance and best practice into one location. The platform was previously only open to care homes but was expanded to include community services in October 2022. Access to the platform continues to improve month on month and has now been provided to 90.5% of care homes in Staffordshire and 41.6% of community services in Staffordshire against a target of 50% of the market for this financial year.

3.2 Midlands Partnership University NHS Foundation Trust (MPFT)

3.2.1 The Trust are awaiting the outcome of the Care Quality Commission's (CQC) latest visit to MPFT's acute wards for adults of working age and psychiatric intensive care units. Partnership working remains in place between MPFT, Shropshire Telford and Wrekin ICB

and Staffordshire and Stoke-on-Trent ICB. The ICB are joining CQC assurance spot check visits at St. George's Hospital in collaboration with the Trust to provide assurance that improvement actions are embedded.

3.2.2 The Trust held a Big Celebration Month throughout June 2023 to celebrate the Trust's 5th birthday and the lead up to the NHS' 75th Birthday. To celebrate the fantastic contribution to care by support workers, the Trust hosted two support worker education conferences in June. They featured several speakers and stands from different resources across the Trust and externally, with positive feedback from attendees. Further, the Trust held a successful Triangle of Care best practice day on Wednesday 7th June 2023 to coincide with National Carers Week. This was also attended by the Carer's Trust who lead nationally on the Triangle of Care.

3.3 University Hospital of North Midlands NHS Trust (UHNM)

3.3.1 The CQC undertook an inspection of UHNM maternity and neonatal services as part of the national maternity inspection programme. The full report was published in June 2023 and UHNM's Maternity CQC ratings have declined. The ICB in collaboration with NHS England will be developing a system oversight and assurance group; this will be led by the NHS England's Regional Chief Nurse and the ICB's Chief Nursing & Therapies Officer. The principal aim of the group will be for UHNM to provide assurance to stakeholders that associated clinical and quality risks are appropriately assessed and addressed. In addition, it will also be an opportunity to identify any support requirements and for stakeholders to provide challenge where appropriate. An Ockenden insight visit, led by the LMNS and supported by the Regional Perinatal team was undertaken in September. The team provided feedback following the visit noting the strength of leadership and the positive impact this has had in maintaining the morale of staff despite the ongoing challenges within the service.

3.3.2 Staffing continues to show signs of improvement with vacancy numbers being reduced significantly in both Registered Nurses and Midwives, and UHNM were congratulated on this massive achievement. It was reported that there is also a cohort of international nurses ready to be inducted. In relation to non-registered staffing UHNM have developed a supportive programme for those without the required maths and English qualifications to allow them to commence work within the Trust whilst gaining the qualification and experience, this has had very positive outcomes and was recognised by the group and representatives from NHSE as being very innovative.

3.4 Allied Health Professions (AHPs)

3.4.1 Challenges remain around workforce, and this is being overseen by the People Committee with a governance process now agreed. Concerns have also been raised on the administrative burden seeking funding by staff with a clinical role and this has been escalated appropriately.

3.5 NHS England

3.5.1 Discussions were had regarding the Chief Nursing Officer Strategy which should be launched early winter following development over the last year and the Long-Term Workforce Plan which was launched in June 2023. This plan is forward thinking and asks for consideration as to what needs to be looked at and what good looks like. There remain significant concerns related to Mental Health staff vacancies. NHS England representatives commended the ICB on the Joint Forward Plan and stated that it was clear there was a golden thread of quality running through it.

3.6 Healthwatch

3.6.1 Healthwatch Staffordshire continue to receive concerns regarding primary care access and the impact this is having on wider services: including issues around long phone waiting times and limited access to appointments. Healthwatch signposting residents to more appropriate services for them when they call in and on occasions will contact the GP pharmacy and help the patients to make appointments where possible. As part of Healthwatch's deep dive into 'Access to Primary care' they will be reviewing NHS England's new GP contract for 2023/24.

3.7 Primary Care

3.7.1 An update was provided on 2 practices rated as requires improvement, next steps and an improvement plan are being developed with the GP Partners. The primary care team have developed an action plan to sit alongside the quality dashboard, which focuses on practices who are rated requirements improvement or inadequate by CQC. The action plan will ensure a consistent approach and support including offering practices opportunities to engage with programmes such as the intensive support framework to help improve access.

3.7.2 Following the success of last year's sessions 'Being CQC ready' further sessions have been commissioned and will commence in the autumn. The sessions are open to Practice and Primary Care Network leads and those with CQC and Line Management responsibilities. A series of 8 modules covering topics such as Communicating with your PPG, managing HR records, good governance and many more.

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

3.8.1 A significant 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 (known as the Lead Commissioner) and work in partnership with the relevant Trust and Lead Commissioner to collaboratively support quality improvements for our residents. The ICB's Quality Leads have long established working relationships with following the Lead Commissioners – 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.

3.8.2 The latest NHS Oversight Framework 2023-24 segmentation levels were published by NHS England in August 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

3.8.3 The Provider Collaborative responsible for Child and Adolescent Mental Health Tier 4 care, led by Birmingham Women and Children's NHS Foundation Trust, continues to work closely with the ICB in relation to quality and safety concerns escalated regarding Ivetsey Bank Hospital. Following some recent events, a safe and well check has been undertaken on all young people currently residing at the hospital and management and quality support continues to be delivered to the management team at Ivetsey Bank. This will continue to be closely monitored.

4. Updates from System Partners (from SQG)

4.1 Patient Safety Incident Response Framework (PSIRF)

4.1.1 All NHS organisations are expected to transition from reporting Serious Incidents to PSIRF by Autumn 2023. NHS providers within the system are progressing well with their own policies and plans. The ICB's ICB Policy and Plan is also in development. ICS wide training took place in May (oversight) and July (investigators) 2023; further training is scheduled. The system progress against PSIRF has been recognised by NHS England. Ahead of transition to PSIRF individual provider/ICB serious incident review meetings have now merged into one monthly meeting with the purpose of facilitating system learning and identification of themes.

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

4.2.1 A conference took place on the 6th July 2023 to highlight and raise awareness of the learning from the lives and deaths of people with a learning disability and autistic people (LeDeR) programme locally, outlining work undertaken to date and services/support that is available across Staffordshire and Stoke-on-Trent. This involved key speakers locally from the ICS/ICB (Primary Care, Acute Hospitals, Community Healthcare Providers, Voluntary sector, Social Care) and regionally (NHSE, LeDeR Programme Leads and people with lived experience). Initial feedback provided by delegates has been very positive, feedback continues to be gathered via an online survey.

4.2.2 There are several positive themes and trends noted in the reviews conducted in quarter one including timely medicine reviews, annual reviews being undertaken and good use of the Hospital Passport. Improvement, however, was noted as required in other areas including DNACPR and Respect document completion and a lack of advocacy support. Data Challenges with initial reviews has been noted and discussed with the reviewers to support improvement, these relate to: Next of Kin not always being recorded correctly, and Ethnicity not also being recorded, a vital element to determine any inequalities.

6. Portfolio Quality Updates

6.1 Urgent and Emergency Care – Non-Emergency Patient Transport Service (NEPTS)

6.1.1 Based upon performance and patient feedback, a quality deep dive of the non-emergency patient transport services is taking place to understand if there are any quality impacts for residents. The ICB previously undertook a quality assurance visit of our NEPT service in July 2023 which included, a tour of the contract Centre, staff rooms and training rooms as well as medications storage and ambulance holding areas. It also allowed the team the opportunity to talk to staff and accompany a vehicle on its journeys. The visit identified good practice and some areas for improvement. A further quality assurance visit is scheduled.

7. Escalation and Update from Quality and Safety Committee

7.1 Safeguarding Policy Annual Review

7.1.1 Two safeguarding policies were presented for approval at the ICB QSC which have been updated as per their annual review. The Safeguarding Childrens and Young Peoples Policy illustrates the requirements and compliance with legislative duties to safeguard children and supports the ICB in fulfilling its statutory duties in relation to the safety and welfare of children, whilst the Safeguarding Training Policy reflects the commitment of the ICB to enable every member of staff to have the competencies to recognise child and adult vulnerability and maltreatment and to take appropriate responsive action.

Both policies received approval from the Committee with a recommendation that the ICB Board ratify this decision.

Final versions will be published on the ICB 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
Date:	Wednesday 13th September 2023

Key Discussion Topics	Summary of Assurance	Action including referral to other committees & escalation to Board
Risk Register	The committee received the Risk Report, for discussion and assurance. There are 11 risks currently on the Risk Register, of which 6 are high scoring (12 and above) and 5 medium risks. Total risks have remained static since July 2023. Four risks have been identified as the Committees highest level risks. • Risk 032: Maternity & Neonatal Workforce • Rick 089: Induction of Labour • Risk 108: Ivetsey Bank (Independent Hospital) • Risk 115; Looked After Children Initial Health Assessment/ Review Health Assessment (IHA/RHA) Compliance	
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 • Adults Safeguarding • Primary Care Safeguarding • Rapid Reviews, Child Safeguarding Practice Reviews, Domestic Homicide Reviews, Safeguarding Adult Reviews	
Safeguarding Children & Young People Policy	The committee approved the policy which had been updated to include inclusion of online abuse, child exploitation and county lines, and updated ICB organisational structure.	Recommended to the Board for approval
Safeguarding Training Policy	The committee approved the policy which now includes updated roles and responsibilities.	Recommended to the Board for approval
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. The Committee were assured the ICB has measures in place to fulfil their duties to engage with our local populations across Staffordshire and Stoke-on-Trent.	
Health	The reported provided an update against BAF 3 Proactive and	

Inequalities	Needs Based Community Services and BAF 4 Reducing Health Inequalities. The Committee has agreed to undertake a "Deep Dive" into Health Inequalities in the October 2023 development session.	
Local Maternity & Neonatal System	Oversight and assurance of maternity and neonatal services continues to be delivered via the LMNS (Local Maternity and Neonatal System) Quality and Safety Oversight Forum (QSOF), which is held monthly and well attended by providers within Staffordshire and Stoke-on-Trent ICS and neighbouring ICSs. An overview was provided of the findings of the UHNM CQC report and actions being taken as a result. A System Maternity Oversight & Assurance Group has been established with the first meeting held on the 18th August. The Committee was pleased to receive positive feedback following a recent ICB visit to UHNM regarding the leadership of the maternity services and moral of the staff despite the ongoing service challenges.	
Quality Oversight Dashboard	The Quality Dashboard 2023/24 was presented as at Month 4 (July 2023). The dashboard focusses on traditional measures of quality as well as quality indicators within the NHS Outcomes Framework. The committee supported the iterative development of the quality oversight dashboard.	
Quality Impact Assessment (QIA)	The report provided an overview of the QIA work programme which includes: • Continued socialisation of the QIA policy which came into effect on the 1st March 2023. • Inaugural QIA panel held on 23rd August with three QIA's presented.	
Continuous Quality Improvement (CQI)	The report provided an overview of the work being undertaken within the CQI Sub-Group. • NHS Impact have requested ICB and NHS Providers complete an initial baseline response to their improvement approach by the end of August 2023, with a more detailed self-assessment required for submission by the end of October 2023. • System-wide training resources being co-produced for people with lived experience to enable them to better engage and help shape improvement work across the ICS. • Work on reducing incomplete complex hospital discharge has concluded. Outcomes and learning presented at UEC Board and learning from the work is now part of routine monitoring and informing future transformation within UEC. • A number of Rapid Improvement Workshops have taken place with the aim of improving performance in relation to 5-day Community Equipment orders. Testing has started and the initial re-measure is showing an improvement in performance and reducing cost.	
System Quality Group	The report provided an overview of the System Quality Group (SQG) meetings held on the 4th August and 1st September with partners from across health, social care, and the wider ICS in attendance. The Committee agreed with the recommendation for a deep dive and service specification review to be undertaken for dietetics which had been escalated to the planned care portfolio.	
Briefing Note on Freedom	Briefing note received outlining the actions required by all NHS organisations in response to the recent Lucy Letby trial.	

to Speak Up Arrangements following the Trial of Lucy Letby		

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

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	**09**

Title:	**Performance and Finance Report**

Meeting Date:	21 September 2023

Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Paul Brown Chief Financial Officer	Yes	Colin Fynn – Head of Intelligence & Analytics Matt Shields – Head of System Finance

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

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

Is the [Committee]/[Board] being asked to make a decision/approve this item?	**N**		
Is the decision to be taken within [Committee]/[Board] delegated powers & financial limits?			
Within SOFD Y/N	N/A	**Decision's Value / SOFD Limit**	N/A

History of the paper – where has this paper been presented		
	Date	**A/D/S/I**
System Performance Group	30/08/2023	D
Finance and Performance Committee	05/09/2023	S

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

The purpose of this paper is to provide a summary of performance and finance discussed at the System Performance Group (SPG) and the ICB Finance & Performance Committee (FPC). The 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 4 position and an update on efficiency delivery

Performance

The following exceptions are reported against our One Collective Aim and 4 system priorities.

- One Collective Aim: Category 2 and 3 calls have increased in July. August activity will be available mid-September to identify if this is a continuing trend or a one-off during July. The projects identified within the system recovery plan should start to have a positive impact on these metrics from the Autumn onwards. Although August has continued to be challenging, ambulance delays have

reduced significantly compared to 2022/23. This is encouraging given the context of ongoing industrial action and an increase in Covid-19 admissions (incidental) impacting on patient flow and Infection Prevention Control (IPC).

- Urgent and Emergency Care: Disparity in virtual ward utilisation between the North and South was highlighted. Virtual wards are key part of winter surge planning and reducing variation remains a priority due to the level of investment. Work is continuing on the additional support the Royal Wolverhampton Trust can also bring to the virtual ward pathway. Surge planning for 2023/24 is underway - with no de-escalation through the summer there remains a concern about the achievement of the level of mitigation required to offset the bed gap.
- General Practice/Primary Care: No additional funding has been provided for the General Practice Winter surge plan meaning the portfolio will need to resolve this within current allocations. Quarter One Units of Dental Activity is now included within the report. It was noted that dental activity is below plan and that recovering activity against plan is likely to be much longer term than in year.
- Efficiency Programme: Key challenges remain to deliver recurrent efficiency within the current environment. We currently have a £12.7m forecasted shortfall of recurrent schemes. This has improved by £15m from last month's forecast.

Finance
The following exceptions are reported against our financial position.

- At month 4, at a system level we are reporting a year-to-date deficit position of £47.8m, which is a £34.1m adverse variance against the £13.7m deficit plan (Month 3 year to date deficit £38.7m; variance to plan £24.8m).
- The year to date variance sits within the ICB (£25.3m) and University Hospital of North Midlands (UHNM) (£9.0m) with North Staffordshire Combined Healthcare (NSCH) and Midlands Partnership University Foundation Trust (MPFT) being on plan.
- The main drivers behind this movement are:
  - Slippage on efficiency programmes within the plan (£15.1m)
  - Continuing Healthcare (CHC) and prescribing costs being over and above the inflationary assumptions used within the system plan submission (£11.0m)
  - Retention of escalation beds longer than initially planned due to the ongoing Urgent and Emergency demands within the system (£5.4m)
  - Industrial action in April, June & July, which impacted UHNM £2.4m over and above plan (£2.4m)

The system has delivered £44.5m of efficiency as of July 2023, 75% of plan, which is an 11% increase on last month's delivery levels. Forecasts project the system could 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.

Is there a potential/actual Conflict of Interest?	**N**
Outline any potential Conflict of Interest and recommend how this might be mitigated	
None	

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

- **Risk 139** - Reduced Management Resource in MHLDA Portfolio. If due to vacancies and unfilled posts there is a limited amount of ICB/ICD resource available to the portfolio, then this will impact on the number of 'must do' and 'should do' tasks that the portfolio is able to deliver.
- **Risk 141** - NHSE timelines for NHS 11 integration non delivery. If the Business case is based on estimated demand due to a lack of available data - actual demand may exceed planned capacity, then the timelines for the NHS111 integration may not be met.
- **Risk 143** - Implementation of Right Care Right Person by Staffordshire Police. If Once Right Care Right Person is implemented by Staffordshire police (currently Staffordshire Police have not yet shared their 4 step plan with partners, NHSE have not yet released the NHS national guidance), then there is a possible significant increase on demand and complexity of calls to MH services.
- **Risk 149** - General Practice Winter Surge Plan Funding. If no funding identified for General Practice Surge Plan to ensure adequate resource for winter period and practices are already operating over

capacity. This will result with practices already operating over capacity (110%), there is no flex for practices to respond to any kind of surge. A lack of surge capacity during winter means that practices will prioritise acute access over complex care (frail elderly and end of life), reducing the threshold to admit or manage in the community and therefore have a disproportionate effect on the Urgent and Emergency Care System.

- BAF Strategic Aim '(3C) (**Risk 961**) - Support the delivery of system financial balance by 2025/26'. (BAF submissions being reviewed by ICB Board and are subject to change)
- **Risk 123** - Underlying deficits from 2023/24: If the system saving schemes do not deliver the financial strategy, the system, its providers and consequently the ICB will be unable to deliver a financially sustainable position in line with the operating and planning framework.
- **Risk 121** - Delivery of the 2023/2024 Financial Plan: If the breakeven plan is not achieved the ICB will not achieve breakeven in the current period 2023/2024, resulting in losing the opportunity to write off historic deficits and reputational damage. The underlying deficit not being addressed adding to the financial challenge for 2024/2025.

Implications:	
Legal and/or Risk	Monitoring performance is a statutory duty of the ICB.
CQC/Regulator	Where non-delivery of activity indicates an adverse impact on patient safety this is investigated by the ICB Quality Team.
Patient Safety	Where non-delivery of activity indicates an adverse impact on patient safety this is investigated by the ICB Quality Team.
Financial – if yes, they have been assured by the CFO	The report provides a headline summary of the financial position. Failure of the ICS to achieve its financial duty to remain within its resource limit
Sustainability	None specifically identified pertaining to this report
Workforce / Training	None specifically identified pertaining to this report

Key Requirements:		**Y/N**	**Date**
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	**N/A**	
1b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected)		
1c	Were there any conditions? If yes, please state details and the actions in taken in response: • Condition 1 & action taken. • Condition 2 & action taken.		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) • Stage 1 • Stage 2	**N/A**	
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion? Equality Impact Assessments and Quality Impact Assessments are completed as a matter of course for any service changes, programmes of work or new / updated policies, for example both assessments were undertaken previously, and will be undertaken once more this year, in development of the Winter Plan. In addition, specific Equality Impact Assessments covering the key risks relevant to the performance report will be undertaken Quarterly. Work has commenced upon this and updates will be provided accordingly.		
2c.	***Please provide detail as to these considerations:*** • Which if any of the nine Protected Groups were targeted for engagement and feedback to the ICB, and why those? • Summarise any disaggregated feedback from local Protected Group reps about any negative impacts arising / recommendations (e.g. service improvements) • What mitigation / re-shaping of services resulted for people from local Protected Groups (along the lines of 'You Said: We Listened, We Did'?)		

	• Explain any 'objective justification' considerations, if applicable		
3.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients ***Please provide detail***	**N/A**	
4.	Has a Data Privacy Impact Assessment been completed? ***Please provide detail***	**N/A**	
Recommendations / Action Required:			
The Integrated Care Board is asked to: • Note the 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 – 21 September 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 4 position and an update on efficiency delivery

The report was discussed at the Finance and Performance Committee (F&PC) with discussion particularly around the below areas.

- Although August has continued to be challenging, ambulance delays have reduced significantly compared to 2022/23. This is encouraging given the context of ongoing industrial action and an increase in Covid-19 admissions (incidental) impacting on patient flow and Infection Prevention Control (IPC).
- Disparity in virtual ward utilisation between the North and South was highlighted. Virtual wards are key part of winter surge planning and reducing variation remains a priority due to the level of investment. Work is continuing on the additional support the Royal Wolverhampton Trust can bring to the virtual ward pathway.
- Quarter 1 Units of Dental Activity is now included within the report. It was noted that dental activity is below plan and that recovering activity against plan is likely to be much longer term than in year.
- At month 4, at a system level we are reporting a year-to-date deficit position of £47.8m, which is a £34.1m adverse variance against the £13.7m deficit plan (Month 3 –year to date deficit £38.7m; variance to plan £24.8m). We understand that this is currently the biggest YTD deficit across the Midlands Region, although we believe this may partly be driven by phasing of efficiency.

Click on any underlined text for further detail.

Executive Summary

Headlines

- One Collective Aim - Category 2 calls show an 8% increase on the previous month. Category 3 calls are not only up on the previous month but are also up by 18.5% on the same month last year. Falls continue to be the largest proportion of Category 3 calls (21% of the total in July).
- Urgent and Emergency Care (UEC) - Emergency Department (ED) Attendances have fallen for the second consecutive month and are 2.7% down on the corresponding period last year. Figures for the 3rd week of the month show no impact on attendance numbers over the Industrial Action period. Virtual Ward usage is at 70% utilisation in the North, with the East at 23% and the South West 0%.
- Tackle Backlogs (Planned Care) - Eliminating 104+ and 78+ week waiters remains a significant challenge, however improvements have been made in 65+ and 52+ week waiters with UHNM currently reducing long waits in these cohorts of patients ahead of plan.
- General Practice/Primary Care – Full time equivalent (FTE) numbers recruited in to Additional Roles Reimbursement Scheme (ARRS) roles continue to increase month-on-month but remain below plan. Dental – Units of Dental Activity (UDAs) are increasing but are well below the Q1 plan by 347,997 units.
- Complex Individuals – This cohort of patients form a key focus of the system recovery plan. With further detail being developed through that process alongside the broader metrics.
- Efficiency Programme – The system has delivered £44.5m of efficiency as of July 2023, 75% of plan, which is an 11% 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.

Escalations

- One Collective Aim – Category 2 and 3 calls have increased in July. August activity will be available mid-September to identify if this is a continuing trend or a one-off during July. The projects identified within the system recovery plan should start to have a positive impact on these metrics from the Autumn onwards.
- Urgent and Emergency Care – Utilisation of virtual ward capacity is not consistent across the geography, with further work required to improve the position in the East and South West in particular. Surge planning for 2023/24 is underway - with no de-escalation through the summer there remains concerns on achievement of the level of mitigation required to offset the bed gap.
- General Practice/Primary Care – No additional funding has been provided for the General Practice Winter surge plan. Portfolio will need to resolve within current allocations.
- Efficiency Programme – Key challenges remain to deliver recurrent efficiency within the current environment. We currently have a £12.7m forecasted shortfall of recurrent schemes. This has improved by £15m from last month's forecast.

Click on any underlined text for further detail.

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% day case /theatre utilisation
- Introduce Community Diagnostic HUBs
- Optimal use of lower GI 2 week pathway

Improving Population Health

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

Urgent and Emergency Care

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

Mental Health, Learning Disability and Autism

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

Primary Care

- Deliver Additional Roles Reimbursement Scheme (ARRS) recruitment
- Implement digital solutions to provide enhanced remote care to people.
- Deliver recovery of dental activity
- Implement Pharmacy, Optometry and Dental (POD) Delegation

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

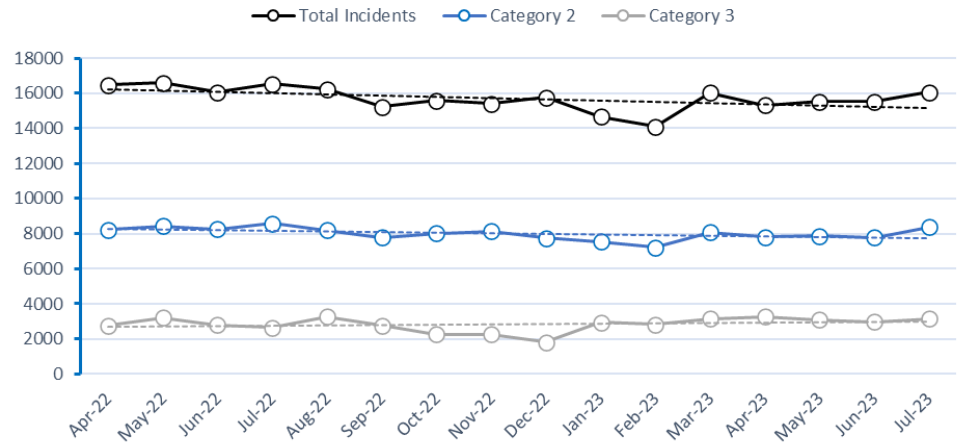
TRAFFIC LIGHT KEY:

- On track
- Deliverable behind plan, but mitigations in place to try and improve the position
- Behind plan and no mitigations identified as yet to improve position in year
- Complete
- Measure of success not yet defined by portfolio

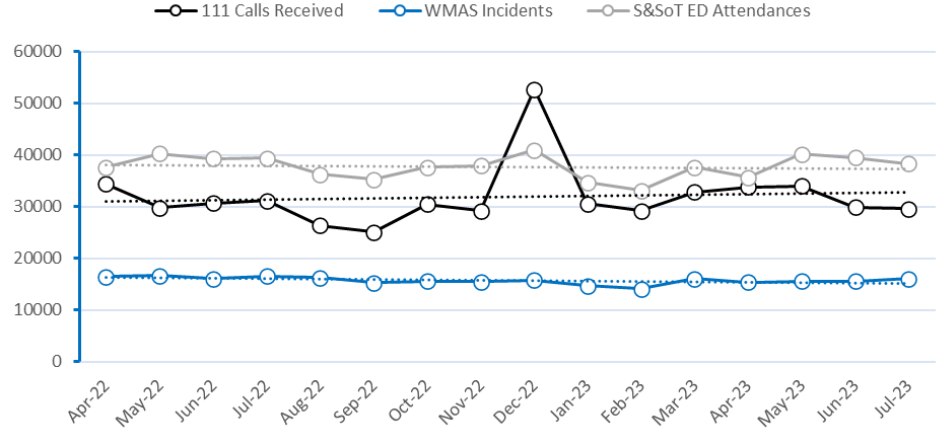
Exception reporting against our One Collective Aim

One Collective Aim	Key markers for success this month, actions and 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. Not all July 2023 data was available at the time of publication*	• Category 2 calls show an 8% increase on the previous month whilst Category 3 calls are not only up on the previous month but are also up by 18.5% on the same month last year, a contrasting position to the aim of reducing Category 3 calls. • The majority of the increase within Category 2 calls are attributed to calls designated as Medical or Medical Minor. Whilst breathing problems increased less than seen in previous years for the corresponding period, falls continues to be the largest proportion of Category 3 calls reported with 21% of the total number in July.
	• Emergency Department (ED) Attendances have fallen for the second consecutive month, and whilst there were fewer attendances in July than the corresponding month last year, it still recorded higher than the monthly average for 2022/23. • The total number of 111 calls during July 2023 fell by 4.8% when compared to the same period of 2022/23, the second month in a row of reduced volumes in comparison to last year.
	• University Hospitals of North Midlands (UHNM) through their work with WMAS have been moved into Tier 2 of the national support mechanism. • Monitoring against contractually agreed trajectories continues with Category 2 Mean Response times falling below 30 minutes through the end of July 2023.

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



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



Exception reporting against our 4 system priorities (1)

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**	• 4-hour performance in July (at UHNM) improved to 69.6% but below the plan of 77.4%. Data for August details the continued fluctuation performance but no day in August so far has exceeded the target (for August). • Virtual Ward (VW). In July 26% utilisation was recorded, well below the 80% threshold. VW usage is greater in the North with over 70% utilisation across both Chronic Obstructive Pulmonary Disease (COPD) and General Medicine virtual wards. Virtual Ward usage in the East is at 23% and the South West 0%. • General & Acute (G&A) bed occupancy reduced in July to 90%, above plan of 84.9% and below the national ceiling of 92%. • Ambulance handover delays remained challenging in July, with increases in >15, >30 and >60 minutes delays. The number of >60-minute delays (783) is the highest this financial year to date. • Referrals into Acute Care @ Home increased slightly in July remaining above 1600 at 1622 (52 per day on average). • Surge planning for 2023/24 is underway, with no de-escalation through the summer there remains concerns on achievement of the level of mitigation required to offset the bed gap which modelling has shown to be predominantly Medical in nature. • Performance improvements evident at UHNM (through their work with West Midlands Ambulance Service (WMAS)) has meant the Trust have been moved into Tier 2 of the national support mechanism. Monitoring against contractually agreed trajectories continues with Category 2 Mean Response times falling below 30 minutes through the end of July. • To support system level recovery priorities a series of working groups reporting through the Access Group are focusing on improvements to support admission avoidance.
2. Tackle Backlog (Planned Care) **Backlog reduction**	• 65+ week waits at UHNM are currently below the plan (of 1,680) at 1,383 in June. • Eliminating 78+ week waiters remains a significant challenge, due in part to the industrial action, 104 are forecast for the end of September. UHNM forecast two 104+ week breach in August (due to a complex pathway) and zero (104+) breaches in September – a notable improvement. • Diagnostic activity was below plan in June (across the 7 core tests by 6.6%). The number of patients seen in <6 weeks increased by 2.3% (across the 7 core tests) from May but the percentage seen in <6 weeks (at 68%) was below the plan (of 73.2%). • 62 day cancer breaches at UHNM reduced in June to 119, below the plan of 170. At the time of reporting, the latest UHNM position (w/e 13th August) shows an increase in the 62 day backlog • The 104 day backlog (latest UHNM position (w/e 13th August)) has decreased to 148 and is below trajectory. • 28 day faster diagnosis standard (FDS) was above plan in June at both UHNM and across the ICB population (for all Providers).

Exception reporting against our 4 system priorities (2)

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 appointment count in General Practice increased in June and remains above the plan. • June 2023 Did Not Attend (DNA) rate at 4.5% - unchanged from May and the joint lowest value since September 2022. • Additional Roles Reimbursement Scheme (ARRS); the FTE continues to increase month-on-month, June 32 FTE greater than May. At 438 FTE, June is below the quarter 1 plan of 451.73 by 13.73 (FTE). A proportion of ARRS roles are currently not reported in the National Workforce Reporting Service (NWRS). Significant work is being undertaken to improve the accuracy of ARRS reporting and claims. • ICBs are required to develop a system-level delivery plan for recovering access to primary care. The actions in the plan must align with the vision described in the Fuller Stocktake. The plan will be co-produced by primary care with relevant portfolios, leads and partners. Draft and final iterations of the plan will be presented at Finance & Performance Committee (FPC) in October and November for review and sign-off.
4. Complex Individuals **Improving access to high quality and cost effective care for people with complex needs, which requires multi-agency management**	• Work has been expedited to develop the PIPs and associated metrics for End of Life, Falls Prevention and Severe Frailty as part of the System Recovery Programme. The remainder of the Frailty Programme and LTC Programme is currently on hold as part of a re-prioritisation of capacity exercise for at least 6 weeks. • Continuing Healthcare (CHC) is a big ticket item in the system recovery plan which focuses on a range of patient cohorts with complex needs including those with Severe Frailty and End of Life. A CHC provider collaborative is currently in the process of being scoped to help tackle the quality and financial challenges affecting the current service model and to improve the interconnections with UEC pathways • Access to NHS Talking Therapies saw an increase in June however the Q1 target of 7,367 has not been met. Actions are being taken to increase referrals. • Access to Children and Young People (CYP) community mental health services was below the Q1 plan (by 4.6%). • The Dementia diagnosis rate continues to exceed the national target, however it is below the plan in June. • Learning Disability Annual Health checks data for July shows performance at 17% - a [financial] year to date high however (so far) below the Q2 plan.

Financial Summary

- At month 4, at a system level we are reporting a year-to-date deficit position of £47.8m, which is a £34.1m adverse variance against the £13.7m deficit plan (Month 3 –year to date deficit £38.7m; variance to plan £24.8m). We understand that this is currently the biggest YTD deficit across the Midlands Region, although we believe this may partly be driven by phasing of efficiency.

- The year to date variance sits within the ICB (£25.3m) and University Hospital of North Midlands (UHNM) (£9.0m) with North Staffordshire Combined Healthcare (NSCH) and Midlands Partnership University Foundation Trust (MPFT) being on plan. The main drivers behind this movement are:
    - Slippage on efficiency programmes within the plan (£15.1m)
    - Continuing Healthcare (CHC) and prescribing costs being over and above the inflationary assumptions used within the system plan submission (£11.0m)
    - Retention of escalation beds longer than initially planned due to the ongoing Urgent and Emergency Care demands within the system (£5.4m)
    - Industrial action in April, June & July, which impacted UHNM £2.4m over and above plan (£2.4m)

- In month we have had further costs within UHNM as a result of Industrial Action, with the net impact of this in July estimated to be £0.9m. Whilst we have seen signs of improvement in relation to the run rate of CHC costs in month, this has been offset by a further worsening of the run rate of costs within prescribing. This increased level of cost within prescribing is a national issue, with up to 95% of the cost increases appearing to be cost growth as opposed to activity growth. We understand that the prescribing inflation pressure is being experienced across all ICBs within the Midlands.

- Despite these pressures, the system remains committed to delivering a year end breakeven position. We are determined to get to break-even if at all possible and we have stepped up the pace and reach of the efficiency programme, particularly for CHC where the pressures are enormous, but the opportunity for improvement is equally significant. We are therefore still forecasting break-even, however the risk to this is growing month-on-month as the in-year variance grows. A separate paper is included on the agenda relating to the development of the Recovery Plan.

- The net risk position has not changed from our financial plan and remains at £75.6m. We continue to work to mitigate these risks, however extrapolation of the month 4 position is higher than the current level of risk being reported and therefore demonstrates the size of the challenge ahead.

- Our capital reporting is on track with what we expected when we submitted our capital plan for 2023/24. A detailed report on capital is presented to this Committee this month.

Month 4 Position

- The general themes driving our financial position are CHC price and 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 is also a phasing alignment of ERF/SDF against allocation receipts compounding the in month position.

- As well as the recurrent problems above, there was also a deterioration to the year to date position due to further industrial action in July, along with a further increase in growth within prescribing which is an issue being faced nationally. During all strikes that have so far taken place we made a decision as a system to try and maintain usual activity levels and take on the additional costs required to make this happen.

	Month 4			Month 3		
System		£m			£m	
	Plan	YTD	Variance	Plan	YTD	Variance
Income	1,482.3	1,485.7	3.4	1,107.3	1,108.3	0.9
Pay	(393.7)	(389.8)	3.9	(295.3)	(292.9)	2.4
Non Pay	(206.7)	(225.3)	(18.6)	(154.8)	(168.3)	(13.5)
Non Operating Items (exc gains on disposal)	(9.6)	(7.1)	2.5	(7.2)	(5.3)	1.8
ICB/CCG Expenditure	(886.1)	(911.3)	(25.3)	(664.0)	(680.4)	(16.4)
Total	(13.7)	(47.8)	(34.1)	(13.9)	(38.7)	(24.8)
			-2.3%			-2.2%

	Month 4			Month 3		
ICB		£m			£m	
	Plan	YTD	Variance	Plan	YTD	Variance
Allocation	868.4	868.4	(18.6)	646.8	646.8	0.0
Expenditure	(886.1)	(911.3)	0.0	(664.0)	(680.4)	(16.4)
TOTAL ICB Surplus/(Deficit)	(17.6)	(42.9)	(25.3)	(17.2)	(33.6)	(16.4)
			-2.9%			-2.5%

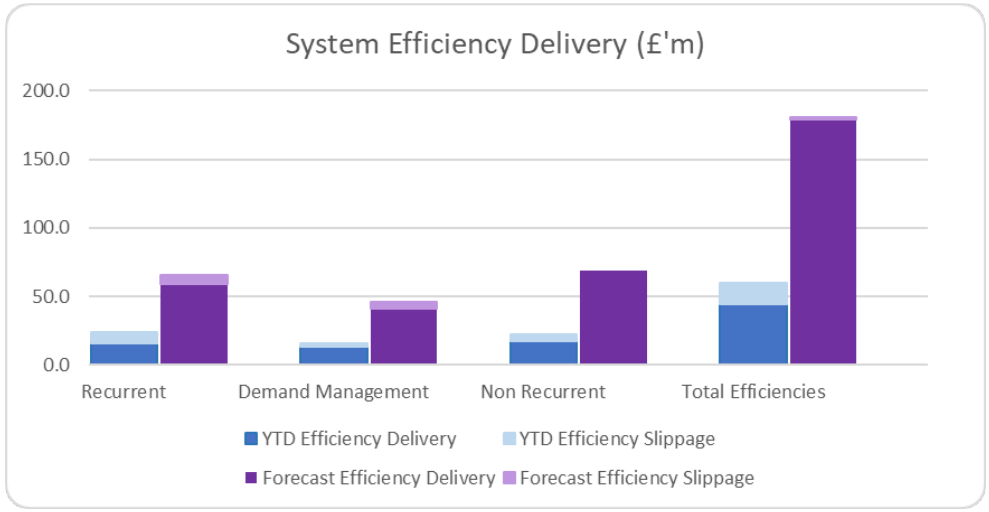
	Month 4			Month 3		
UHNM		£m			£m	
	Plan	YTD	Variance	Plan	YTD	Variance
Income	351.5	355.6	4.1	263.6	265.1	1.5
Pay	(213.8)	(215.6)	(1.8)	(160.3)	(161.8)	(1.5)
Non-Pay	(125.7)	(138.3)	(12.6)	(93.9)	(103.1)	(9.2)
Non Operating Items (exc gains on disposal)	(9.3)	(8.0)	1.3	(7.0)	(6.1)	0.9
TOTAL Provider Surplus/(Deficit)	2.7	(6.3)	(9.0)	2.4	(5.9)	(8.3)
			-2.5%			-3.1%

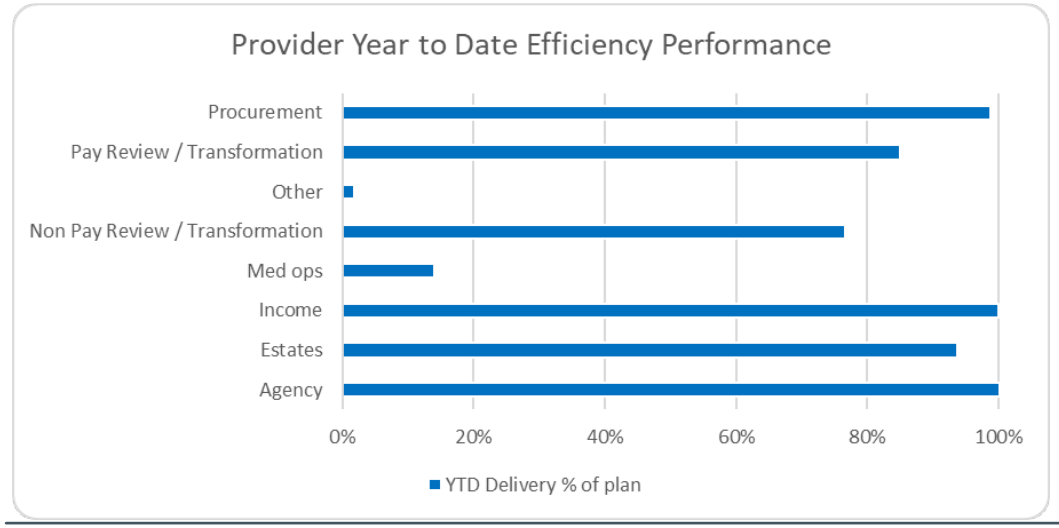
	Month 4			Month 3		
MPFT		£m			£m	
	Plan	YTD	Variance	Plan	YTD	Variance
Income	207.1	207.6	0.4	155.4	155.6	0.2
Pay	(149.0)	(143.8)	5.2	(111.8)	(108.1)	3.7
Non-Pay	(58.0)	(64.3)	(6.3)	(43.6)	(48.2)	(4.6)
Non Operating Items (exc gains on disposal)	0.9	1.7	0.8	0.7	1.4	0.7
TOTAL Provider Surplus/(Deficit)	1.1	1.2	0.1	0.8	0.7	(0.1)
			0.1%			-0.1%

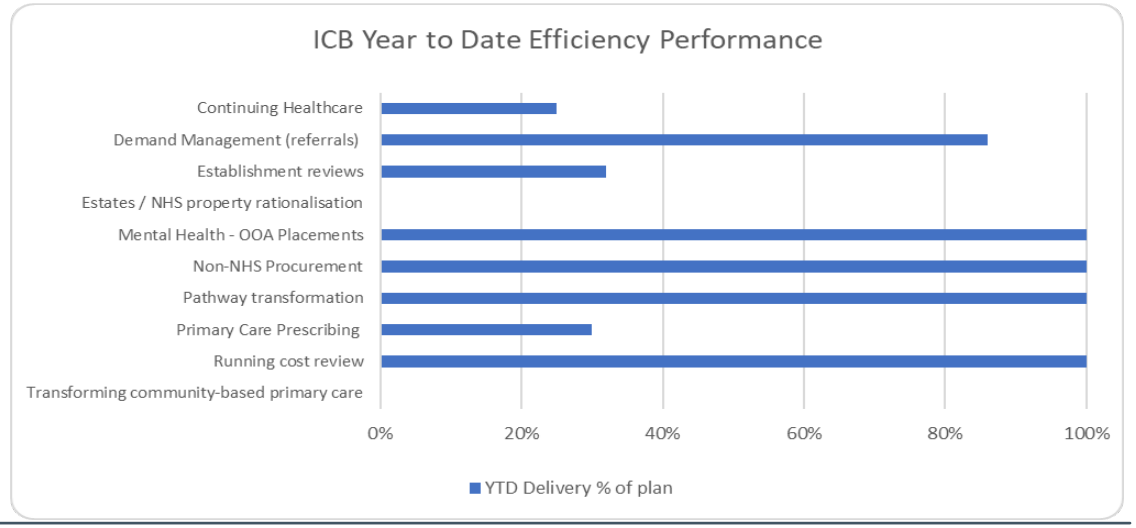
	Month 4			Month 3		
NSCHT		£m			£m	
	Plan	YTD	Variance	Plan	YTD	Variance
Income	55.3	54.1	(1.2)	41.5	40.8	(0.8)
Pay	(30.9)	(30.4)	0.5	(23.2)	(23.0)	0.1
Non-Pay	(23.0)	(22.7)	0.3	(17.3)	(17.0)	0.4
Non Operating Items (exc gains on disposal)	(1.2)	(0.8)	0.4	(0.9)	(0.6)	0.3
TOTAL Provider Surplus/(Deficit)	0.1	0.2	0.0	0.1	0.2	0.0
			0.0%			0.1%

Efficiency Delivery

- The system has delivered £44.5m of efficiency as of July 2023, 75% of plan, which is an 11% 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 £12.7m shortfall of recurrent schemes at year end, which is a £15m improvement on last months forecast.
- All organisations have been ramping up assurance of FYE delivery into 2023/24 and the previously identified actions continue.







Current status on actions within the efficiency programme delivery plan

Supporting Mechanisms

1. Double Lock and Cost Control – principles agreed by Senior Leadership Team (SLT) and adopted. Governance arrangements to be confirmed.
2. Line by Line review – programme concluding with £4.78m in year savings identified + additional £4.56m of future opportunity subject to portfolios developing and implementing action plans to release opportunity.
3. System Efficiency & Productivity Reporting – arrangements in place with reporting through Performance and Programmes Report which is used by SPG, F&PC and the SLT to agree actions.
4. Management Consultancy and Agency Staff control – arrangements in place following the NHSE process
5. Income Top Slice – principles agreed by SLT and adopted. Governance arrangements to be confirmed.
6. Working across health and social care – partners work constructively, but system costs for CHC / social care continue to rise so need for system work to agree actions including bringing provision from Midlands and Lancashire Commissioning Support Unit.

Specific Actions

1. Delivery of CIP / efficiency – all organisations working up delivery plans. Behind plan at month 3 and still material levels of unidentified savings.
2. Management Costs / Enabling Functions – individual work programmes being established for digital and estates and CSU supporting opportunity assessment for other functions.
3. Medicines – steering committee established with a clear remit to ensure delivery of current efficiencies and seek opportunities where potential savings can be maximised or accelerated by cross system working.
4. Annual Leave Accrual – principle agreed by SLT and adopted. Organisations starting to transact but with concerns about operational impact and potential need for consultation.
5. The two areas of focus - Avoiding Admissions / Improving Discharge – many projects already in train but system looking to commission consultancy partner to expedite implementation.
6. Maximise ERF – monitoring arrangements established. Concerns regarding contract challenges from providers on the split between fixed and variable elements of the contract. Industrial action will lower the threshold nationally.

- Action complete
- Action underway
- Action behind schedule

NHS
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:	1 August 2023

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
PART A		
System Risk Register	There are 24 risks on the System Register of which 20 are high scoring (12 and above) and there are 4 medium risks. The total number of risks has increased from 22 since July. The Committee approved the following new risks both in relation to the 111 service: Risk 134: Totally PLC Sustainability Risk 135: Urgent and Emergency Clinical Assessment Service (CAS) The Committee approved reductions in risk scores for: Risk 104: Scheme De-escalation Plans (20 to 16) Risk 131: Delivery of Ambulance Service Performance Standards (16 to 12) Risk 067: Mental Health Investment Standards (MHIS) 2020/2023 (8 to 6) The Committee has good sight of the top risks for finance, performance, and transformation.	
Monitoring System Delivery of the Operating Plan: • Performance Report • Programmes Report	FPC noted the Month 2 performance position against the key metrics in the Operating Plan and discussed the exception reporting in respect of UEC, backlogs and the efficiency programme. It noted the projects that are underway to deliver the System Operating Plan and the work taking place on mapping the interdependencies between Portfolios and prioritising those areas which will have the biggest impact on delivering the 4 System priorities also noting the challenges identified which could	UEC: Continued focus needed on increasing use of alternative pathways. FPC requested deep dive into progress of Virtual Wards. Consultant strike expected to make significant impact on backlog performance. £27.1m forecasted shortfall of recurrent efficiency schemes.

	impact on the delivery of these.	
Elective Care/Elective Recovery Plan	FPC receives monthly reports on elective long waits to provide additional focus and assurance regarding System performance and recovery. The Committee discussed the current position for 104ww, 78ww and 65ww and the actions being taken to mitigate the position. FPC welcomed the improvements in data quality.	UHNM continues to work well with Nuffield who are supporting the treatment of long waiters. The industrial action has resulted in an increase in the number of 78ww; the August forecast is 133 (the forecast without the industrial action impact was 77). There is underachievement on the trajectories to clear 65ww but it is possible that this position can be recovered.
System Finance Report: • Month 3 Report • Development of Recovery Plan	Month 3 position is a year-to-date deficit of £38.7m, which is a £24.8m adverse variance against the £13.9m deficit plan. Forecast remains break-even however, the risk to this is growing month-on-month as the in-year variance grows. The net risk position has not changed from our financial plan and remains at £75.6m. We continue to work to mitigate these risks, however extrapolation of the Month 3 position is higher than the current level of risk being reported and therefore demonstrates the size of the challenge ahead. Following the Executive workshop on 14 July, it was agreed to focus on Continuing Health Care (CHC) as this is the largest area where improvements to patient care and financial savings can be made. There have been 2 meetings of the System Performance Group to agree the actions in order to deliver this. The detail will be agreed at the System Performance Group and Senior Leadership Team (CEOs) meetings later in August. Portfolios have been asked to identify how they can contribute to the 7 identified priorities. This work will be carried out collaboratively across the System.	Board to note the significant risk to achieving the SSoT financial plan and urgent co-ordinated work taking place across the system to develop a recovery plan. The final recovery plan will be presented to FPC meeting on 5th September for approval and implementation will then take place immediately.
Community Diagnostic Centre Business Case	In April 2023, FPC approved the submission of two Business Cases to develop a Community Diagnostic Centre in Stoke-on-Trent. NHSE required material changes in respect of capital, revenue and the operational start date before approval and the amended cases were presented to the Committee for discussion and re-approval.	Board to note importance of the CDC to improving elective performance, and revenue funding gap in 23/24 and 24/25 of £1.16m and £4.2m respectively. An application has been made to the national team for 23/24. There is uncertainty nationally regarding central funding of the recurrent revenue gap from

		25/26 (£3.2m) which may impact upon the system underlying financial plan. FPC approved the material changes made to the CDC Business Cases on the basis that this model does not lead to a deterioration in the System underlying financial
Transformation Programmes Update	The paper provided the monthly overview of the clinical areas included within the system transformation and service change programme. Key items presented to the Committee were: • An update on maternity and the position regarding the Freestanding Midwifery Birthing Units. • An update on the Cannock Transformation Programme; the Committee noted that Primary Care is continuing to work with RWT on feasibility for the relocation of the GP practices and that the MRI scanner has been successfully relocated to the Civic Centre car park with services live from 18 July.	Decision making business case regarding inpatient mental health services in East Staffordshire expected to come to October's meeting of the ICB.
Workforce Update	The paper outlined the most recent NHS workforce data summary for the System as well as the detailed picture for each NHS Provider. The paper reported performance against the Workforce Operational Plan and provided information on sickness absences, leavers, bank usage, vacancies and agency usage.	
Feedback from QSRM on 14 July	The Committee received the slides from the Quarterly System Review Meeting on 14 July and noted that the key areas of discussion included planning, finance, UEC, elective and cancer recovery and maternity.	
PART B		
Risk Register	The Committee reviewed the 6 risks on the ICB Risk Register and approved: The closure of Risk 063: Restatement of Q1 CCGs accounts and the increase in risk score for Risk 118: Prescribing Cost Pressures (16 to 20) Risk 121: Delivery of the 223/2024 Financial Plan (16 to 20) and the reduction in risk score for Risk 116: Running Cost Targets (12 to 9).	
ICB Finance Report (Month 3)	This paper reported the current and projected financial position of the ICB	FPC approved the ICB's Month 3 forecast position of breakeven

	for the financial year 2023/24. It reported a YTD deficit position of £33.6m against a planned deficit of £17.2m, creating an adverse variance to plan of £16.5m at Month 3. The report recommended a breakeven forecast for the year, but there is already significant risk to this aspiration so urgent action is needed on the key drivers to the position which are CHC, prescribing and under-delivery of the efficiency plans.	and noted the level of unmitigated risk being reported. Deep dive into prescribing will come to FPC meeting in September.
Line by Line Review	The paper set out the final position on the ICB's Line By Line Expenditure review as part of the financial management actions to deliver the ICB's 2023/24 financial plan. The Committee noted: • A total budget value of £206m has been assessed within the process • A total of £9.16m of savings opportunity was identified comprising of quantified and identified in-year savings of £4.78m and a further £4.56m of future opportunities • The process has exceeded the system plan target savings of £3m for 2023/24.	
2023/24 Efficiency Position & Next Steps	Following the approval of a challenging efficiency plan for 2023/24 allowing for a balanced budget, the efficiency programme is currently forecasted significantly behind plan and is a key driver to the organisation's risk position. Options to formalise arrangements for further grip and control to prompt remedial action were set out the paper.	FPC approved the establishment of an ICB Efficiency Oversight Group. The output from this group will report through to the ICB Executive Team for oversight and escalation and FPC will receive a monthly report and hold the Executive Team to account for delivery.
Continuing Healthcare Action Plan	The paper provided the Committee with a summary of progress to date, and included updated metrics and milestones. Following the introduction of the new pricing structure and action in respect of 1-2-1 packages, there has been a reduction within the domiciliary care average hourly rate and care homes average weekly cost resulting in an improvement in the Month 3 forecast, albeit there is still much work to do.	The Committee noted the continuing risk in relation to CHC and the impact on the ICB's financial position. The delivery of the transformation plan remains a high priority for the Committee.
ICB Procurement Operations Group Highlight Report	This paper reported the key activities being co-ordinated by the Procurement Operations Group and specifically the NHS111 Regional procurement. The paper set out a proposed approach to harmonising	

	contracts/services. As there are a number of services that were historically commissioned for different geographies by the CCGs, the paper proposed a set of principles against which ICB Portfolio Teams can test proposed contract awards that harmonise services across the system.	
Primary Dental Care Update	The paper provided a high-level summary of detailed analysis commissioned by West Midlands ICB CEOs and carried out by the CSU. This detailed issues in respect of access rates, service provision, geographical spread and health impact and the findings will be used to start the development of a local response, with support from the Regional Team. The Committee noted the following key points: • 168 dental practices operate across SSoT –13% fully private • In 2021/22 the ICB commissioned £49.9m the highest relative spend in WM Region • Activity levels are currently c75% of contracted services • A further £10m was spent on Intermediate Minor Oral Surgery • Pre-pandemic access to high street dental services was 55% of population, dropped to 40% during the pandemic and has since recovered to 47%. This is expected to have fully recovered by January 2024 • Most deprived 20% of the population do not attend dentists as regularly as other groups • Comparatively, the ICB has lower than average need but higher than average demand • Patients have below average NHS111 call rates but higher than average A&E attends for dental reasons	SSoT ICB Dental Strategy will be developed to respond to challenges identified in the detailed analysis, working with the Local Dental Committee.
Primary Care Forum Report	In order to have governance oversight, FPC received a summary report of the meeting that took place on 10 July. This reported on the discussions on Primary Care finances and efficiency delivery, General Practice and Pharmacy, Optometry & Dental (POD).	.

Mental Health Investment Standard (MHIS) Audit 2021/22	The position on the 2021/22 MHIS audit was reported to the July FPC meeting pending completion of the audit. The final MHIS Audit Opinion was presented to this meeting for information and as previously reported, confirmed that 4 CCGs had achieved the MHIS and North Staffordshire CCG and Stoke-on-Trent CCG had failed to achieve the MHIS target. FPC noted that (subject to audit) the 2022/23 MHIS target for the ICB will be exceeded by £3.5m.	

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.

NHS
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Integrated Care Board

Board Committee Summary and Escalation Report

Report of:	Finance and Performance Committee
Chair:	Megan Nurse
Executive Lead:	Paul Brown
Date:	5 September 2023

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
PART A		
Risk Register	There are 26 risks on the System Risk Register of which, 21 are high scoring (12 and above) and there are 5 medium risks. The total number of risks has increased from 24 since August. The Committee approved the following new risks: Risk 138: UHNM Electronic Patient Record (EPR) Risk 149: General Practice Winter Surge Plan Funding The Committee approved the reduction in risk score from 12 to 8 for Risk 127: Community Diagnostic Hubs following the approval of the Business Case by NHSE. The Committee requested a future report on the Electronic Patient Records Management project led by UHNM with system wide impact. The Committee has good sight of the top risks for finance, performance, and transformation.	It was noted that the Portfolios are now starting to add risks to the Risk Register. Meetings will take place with the action owners from provider partners regarding the ICB's Risk Management Strategy. The Committee noted the additional challenges in mitigating risks across a financially challenged system.
Integrated System Performance and Programmes Highlight Report	FPC noted the Month 3 performance position against the key metrics in the Operating Plan and welcomed the continued development of the Performance and Programmes report. The Committee received the report which contained: • Key headlines and escalations • An overview of programme delivery and exceptions including a proposed methodology on a System RAG rating	The Committee remain concerned regarding the underutilisation of Virtual Wards, particularly in the East (23%) and South West (0%). Further assurance will be included as part of the Winter Plan report next month. The Committee welcomed continued improvements in Category 2 mean response times and UHNM moving into Tier 2 of the national support mechanism.

	• 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 reports including escalations • Efficiency Delivery Plan • National NHS objectives 2023/24 Performance	
Elective Care/Elective Recovery Plan	FPC receives monthly reports on elective long waits to provide additional focus and assurance regarding System performance and recovery. The Committee discussed the current position for 104ww, 78ww and 65ww and the actions being taken to mitigate the position. All 104week waiters are expected by be treated by the end of September.	Actions relating to data quality continue to be addressed and the System now appears to be reporting a more consistent position on long-waiting patients. The target to clear all 78ww by the end of September has become more difficult due to industrial action, with a current forecast of around 100 patients remaining at UHNM. Good progress continues to be made towards the 65ww target
System Finance Month 4 Report	At Month 4, we are reporting a year-to-date deficit position of £47.8m, which is a £34.1m adverse variance against the £13.9m deficit plan. We are still forecasting break-even however, the risk to this is growing month-on-month as the in-year variance grows. The main drivers for this position are: • Slippage on efficiency programmes within the plan (£15.1m / 25%) • CHC and prescribing costs being over and above the inflationary assumptions used within the System plan submission (£11.0m) • Retention of escalation beds longer than initially planned due to the ongoing UEC demands within the System (£5.4m) • Industrial action which has impacted UHNM £2.4m over and above plan. Capital is forecasted to exceed the CRL, however the Regional team are fully aware that national support is required to achieve plan.	The Committee would like to highlight the deficit position at month 4 and level of risk within the plan. Extrapolation of the month 4 position is higher than the current level of risk being reported (£75.6m), demonstrating the size of the challenge and need for the system to deliver on the Recovery Plan. The System Finance Teams are currently assessing the forecast outturn now that a number of risks have crystallised, and the likely outturn before and after Recovery Plan implementation is being assessed and will be included in the Recovery Plan that is due to be approved by F&P at our next meeting. Partner organisations who sit outside the SSoT ICB Financial Plan also briefed the Committee on the challenges they were facing.
System Recovery Plan	The paper set out the programme of	The Committee welcomed the

	work which has been developed from the 14 July System Planning Event. The key points noted by the Committee were: • The management of clinical risk is a golden thread in the programme, and an underpinning workstream to focus on supporting our clinical workforce is recommended • A Continuing Health Care (CHC) Provider Collaborative is being established • A programme management approach will be supported by the System PMO • The Turnaround Director role will be fulfilled by the ICB's Chief Finance Officer for 1 day per week • The System Performance Group (SPG) will act as the Turnaround Programme Board.	collaborative approach to designing the Recovery Plan, and the pace at which it has been developed. The Committee supported the 7 'Big Ticket' areas of focus and the three key objectives of the Programme. Board to note that the programme of work is not a replacement for the objectives and delivery plans in the ICS Operating Plan, rather a short term prioritisation of capacity and capability. Board to note the proposal to develop a CHC Provider Collaborative to be led by MPUFT. The Committee will sign off the final Recovery Plan on 2 October which will be followed by an escalation meeting with NHS England on 11 October.
Letter from NHSE • System Response	The Committee received the letter from the NHSE Regional Director of Finance regarding 2023/24 Financial Performance, Control and Governance, and approved the detailed System response.	
Provider Productivity Report	The paper reported the approach being taken in respect of the identification of productivity opportunities at UHNM as well as the approach to improvements when compared to other Acute Trusts. FPC noted that the UHNM Board has identified productivity as a 'strategic initiative' for 23/24.	
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 the development of the Business Case regarding Freestanding Midwifery Birth Units and Quality and Equality Impact Assessment approval for Impatient Mental Health Services.	The Decision Making Business Case regarding East Staffordshire Inpatient Mental Health Services is on track to come to Board in October.
Children and Young People Update	CYP was one of the main areas reviewed at the System Executive event on 14 July. The Committee received a report providing an update on the actions arising from discussions at the event and the work programmes focussed on addressing the issues being experienced across System partners.	

NHS Green Plan and System Priorities	The Committee received an update on the development of the Green and Sustainability agenda within the ICS.	The Board is asked to note: • That Net Zero will be formally included as part of the overall impact assessment processes for business cases, procurements and cases for change • The proposal to develop a System Adaptation Plan • FPC's support for the inclusion of carbon literacy training in the mandatory training programme.
Estates and Capital Update	The Committee received an update on the current main capital schemes and further System level priorities for which we are seeking further capital resource. The Committee noted: • The significant number of strategic outline cases currently being developed • The links between transformation and capital requirements • The commencement of the Infrastructure Strategy which will meet the needs of the Estates Strategy required by NHSE by 31 December 2023.	
ICS Oversight Framework Update	The Committee received for information the outcome letters following the July provider oversight meetings for MPUFT and NSCHT. The letter following the UHNM August meeting had not yet been received. The Committee also received the letter from NHSE following the ICB System Review Meeting held on 8 August.	
PART B		
Risk Register	The Committee reviewed the 7 risks on the ICB Risk Register of which 3 are high scoring (12 and above) and 4 are medium risks. The Committee approved the reduction in risk score from 9 to 6 for Risk 116: Running Cost Targets following confirmation that 2023/24 running cost are forecasted to be within the running cost allocation.	
ICB Finance Report (Month 4)	This paper reported the current and projected financial position of the ICB for the financial year 2023/24. It reported a YTD deficit position of £42.9m against a planned deficit of £17.2m, creating an adverse variance	FPC approved the ICB's Month 4 forecast position of breakeven and noted the level of unmitigated risk being reported.

	to plan of £25.3m at Month 4. The report recommended a breakeven forecast for the year, recognising there is already significant risk to this. Key drivers to the position are Continuing Healthcare, prescribing and under-delivery of the efficiency plans.	
ICB Efficiency Performance	At the August meeting, FPC approved the establishment of an ICB Efficiency Oversight Group with a monthly report to be presented to the Committee. This paper reported on the achievement to date and the remedial actions being taken to improve the delivery against the efficiency targets.	The Committee noted an increased forecast yield of £4.8m to Month 4, from a £30.0m adverse programme variance at Month 3. However, a significant variance of £25.2m remains to be closed prior to year-end.
Continuing Healthcare (CHC) Finance and Performance Update	The paper provided the Committee with a summary of progress to date. The Committee noted that personalisation, patient experience and safety are central to the CHC Transformation Plan. Progress is being made in the quality of management information; reducing over prescription of care; engagement with care providers and stronger relationships across the system. The committee discussed the improved forecast outturn position (on month 3) of £256.3m (a £53.2m overspend), the significant risk this presents and further scope for improvement.	Board to note the ambition for the CHC Transformation Plan is to deliver a more personalised, sustainable, quality and safety driven service. Month 4 shows an improved position but with significant ongoing risk to the ICB's financial position.
ICB Procurement Operations Group Highlight Report	This paper reported the key activities being co-ordinated by the Procurement Operations Group. The Committee approved: • A Single Tender Waiver for CSU Communication and Engagement Support covering strategic change/pre-consultation support for a range of programmes • 3 Single Tender Waivers to enable payment of invoices for 3 providers delivering ADHD services. It was noted that a separate paper will be presented to FPC in October setting out current provision, risks and mitigations for this service area The Committee discussed the Partnership Agreement for the direct award of the contract for NHS Community Services in East	The Committee recommend the Board approve the direct award (in line with PCR Regulation

	Staffordshire from 1 October for a period of 18 months. The purpose is to provide a more consistent standard of care across the county and eliminate unwarranted variation as a result of the legacy of having several CCGs.	12.7) of the contract for Community Services for an 18 month term commencing on 1 October 2023 at £10.3m per annum (£15.45 total contract value).
Primary Care Prescribing Deep Dive and Business Case for Repeat Prescription Management Service	The paper provided a comparison of SSOT ICB against other ICBs on prescribing expenditure in Primary Care showing that prescribing expenditure in SSOT is 14% higher than the England ICB average. Current year on year growth in expenditure is below average at 8.3%. There was a 12% increase in prescribing expenditure in the first two months of 2023/24 and 1.2% growth in prescribing volume. The paper detailed the key drivers for the position and the measures being taken to limit the growth in prescribing expenditure. The Committee considered a business case for a centralised repeat prescription management service which has delivered positive results in other systems. Discussions are taking place with East Staffordshire and Lichfield PCNs. The service will be self-funding.	The Committee supported the business case for a centralised repeat prescription management service. The service will be piloted in Burton and Lichfield subject to positive Quality, Equality and Data Protection Impact Assessments and delivered in partnership with the PCNs.
Delivery Plan for Recovering Access to Primary Care - Overview	ICBs are required to develop a System-level delivery plan for recovering access to Primary Care, which includes a summation of what their Primary Care Networks (PCNs) and practices have committed to, including confirmation of the funding and offers each want to take up, and the outcomes expected. The paper also outlined the role of the Midlands Region Primary Care Board (MRPCB) which will provide regional oversight to the ICB's Primary Care Access Recovery Plan. There will be broad consultation on the draft Delivery Plan.	The final Delivery Plan will be presented to ICB Board in November for approval.
Primary Care Forum Report	In order to have governance oversight, FPC received a summary report of the meeting that took place on 8 August. This reported on the discussions on Primary Care finances and efficiency delivery, General Practice and Pharmacy, Optometry & Dental (POD).	.

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.

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Board Committee Summary and Escalation Report

Report of:	Audit Committee
Chair:	Julie Houlder
Executive Lead:	Tracey Shewan/Paul Brown
Date:	4th September 2023

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Quoracy/Declarations of Interest	The Committee was quorate and no new declarations of interest were recorded. ICB attendees declared an interest in respect of the Losses and Payments Report in respect of car lease payments	It is recommended that all Chairs reports formally record this element of business in their Chairs reports.
Terms of Reference	The Committees terms of reference were received following a review. Two changes were agreed. One in relation to the number of Audit Meetings and the addition of Local Security Management to the Committee's agenda.	See Recommendation regarding the Number of Audit Committees. The final dates of committees are subject to further work on Committee business cycles. It should be noted that terms of reference will be revisited again following the Governance Review and annual Meeting Effectiveness Review.
Risk Management	Risk Management arrangements continue to evolve and strengthen, and this was reflected in the latest Corporate Risk Register which has been seen and scrutinised by each committee. The Three Bells reporting mechanism is working well. There was a good discussion around the number of high -level risks, some of which are enduring due to their nature e.g. cyber risks. It was agreed that these risks need to continue to be reported to ensure continuing mitigation is in place.	The next BAF report going to Board will be circulated to committee members for comment outside of the meeting due to timings of committee meetings. Further work is also being done on Committee Business Cycles to ensure timely review and scrutiny of the BAF before being reported to Board in November.
Finance	The **Capital Accounting Policy** was approved. **Single Tender waivers** were scrutinised with discussion around the cost of Out of Area placements. It was highlighted that patient choice could lead to an	

	increase in the number of single tenders and procurement options are being investigated. **Losses and Payments** were received and reviewed.	
Counter Fraud	RSM presented their latest update report and progress in delivering each element of their plan including a detailed update on active cases. A further 4 new referrals have been received, the nature of which reflect the outcome of the proactive work which is taking place. There are three cases which are being progressed and will go to the Crown Prosecution Service.	
External Audit	The Committee received the Auditor's annual **Value for Money Assessment.** This statement gives an external perspective to three elements-Financial Sustainability-Governance and Improving Economy and Efficiency. Inevitably although an ICB review, the assessment reflects activity and arrangements within the system. Governance has been rated green with no key recommendations. Economy, efficiency, and effectiveness has been rated amber with known areas for improvement around contract management to improve oversight. Financial sustainability has been rated red given the known level of risk in the planned break-even position for 2023/24 and the level of risk being held within the ICB. External Audit also presented the outcome of their review of the **Mental Health Investment Standard** for the six CCGs in 2021/22. As known, two CCGs did not achieve the standard due to some reporting complexities, but Board can be assured that this has since been rectified. The Committee also received a Lessons Learned Report following a review of the Audit process for 2022/23.	For 2023/24 there will be an exceptional Audit Committee report in June 2024 to consider draft Statements, followed by an exceptional Board meeting to approve the Annual Report and Accounts.
Internal Audit	**Financial Sustainability-Advisory** There were two reports received around financial sustainability. The first related to a progress update on the recommendations following the ICB Audit Report. Excellent progress	

	has been made in completing all the recommendations. The other report summarised the outcome of the reviews in Partner Organisations. This has been shared with System Directors of Finance and the recommendations for improvement agreed. These related to the need to improve the robustness of CIP Project Management, Budget Holder ownership and training. **Data Protection Toolkit-Substantial Assurance-** The Board are asked to note that the ICB is one of very few organisations to receive substantial assurance across 10 national standards with 5 low priority recommendations. **Maternity-Advisory-** There was one low priority recommendation to improve the framework in place for oversight. **Efficiencies-Position Statement.** It has been agreed that this report reflected a position statement given the timing of the audit during the period when considerable work is in hand to build realistic delivery plans. Efficiencies are being closely monitored by Finance and Performance Committee, but the Board is aware of the significant risk to achievement. A further report is anticipated to a future Committee **Benchmarking-**The Annual Benchmarking of RSM clients was received.	
Governance	**Gifts and Hospitality**. The latest register was received for review. **Freedom of Information-** The Board can take assurance around the process for receiving and responding to FOI requests, although it should be noted that there has been an increase in the number of requests. The Committee asked for further information regarding thematic requests triangulated to complaints and MP letters. It should be noted that the most significant themes relate to dentistry and access to GPs. **Information Management-**A verbal report was received, and no issues of concern were raised. **Governance Review-** A presentation was received that has since been used for Team Brief. This outlined the nature of the review, the four themes being reviewed, the	Further work is going to be undertaken to use this triangulated data in other Forums with a view to understanding concerns and improving communication and services. There will be a Board Development Session to undertake this review

	process and timescales.	
Committee Effectiveness	The Committee took some time to reflect on the quality of the conversation and the discussion which will lead to future improvements.	

Risk Review and Assurance Summary
The Board can take assurance regarding the reports provided and the discussion which took place at the committee. The Board are asked to agree a revision to the number of Audit Committee meetings to four plus one exceptional meeting to consider the Annual Report and Accounts and accompanying documents. The final dates for committees are being considered as part of further work on Committee business cycles.

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Board Committee Summary and Escalation Report

Report of:	People, Culture and Inclusion Committee
Chair:	Shokat Lal, Non Executive Director
Executive Lead:	Alex Brett, Chief People Officer
Date:	Wednesday 13th September 2023

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Staff Story	The Committee heard from Aysuda who completed a Level 2 heath care support worker apprenticeship via the ICS Career pathway scheme. Asyuda reflected on her placements in NHS and Primary Care, and being part of the programme as an overseas learner. Aysuda shared her passion for working in health and care and highlighted the benefits of the apprenticeship pathway; being able to earn whilst she learnt, gaining invaluable experience in a range of placement areas. In September Aysuda will progress into a Level 3 pharmacy technician apprenticeship scheme, undertaking a range of placements across the ICS. The committee noted the support of the programme in building confidence and access to health and care careers. Aysuda's story also highlighted supporting passionate individuals to stay and progress in health and care and the benefits this brings to them and our population.	
Strategic People, Culture and Inclusion Update	Committee members noted the updates on the 2023/24 Financial Performance, Controls and Governance, recognising the significant implications for workforce and activities to undertake against the enhanced financial controls. Industrial Action is ongoing with Junior Doctors and Consultants next, system planning and support continues. Committee members welcomed the further discussion on the System Recovery Plan and Surge Planning as part of the agenda.	
NHSE Update	Committee members received an update from the Workforce Transformation Team at NHS England, regarding the ICB Education Funding statements –. Members noted the current position regarding planned and actual investment, highlighting	

	concerns regarding the underspend and need for the system and NHSE to collaborate to close the gap	
People Culture and Inclusion Assurance: *Report. Committee, effectiveness, Business Cycle*	Members were assured on delivery of PCI programmes. Members noted the raft Committee effectiveness documentation and implementation requirements.	
Portfolio / Profession/ Provider spotlight	*UEC – Surge Plan* The committee received an update regarding the System UEC Surge plan and meeting with NHSE. Members recognised the challenges facing the system, the robust governance and planning in place to date and noted the schemes and approach and to Winter 2023/24. Workforce risks associated with the plan were highlighted, with mitigation identified via a number of ICS and Provider level supply, retention and contingent workforce activities. *ICS Recovery Plan* Members were updated on the progress of the System Recovery Plan, highlighting the 7 Big Ticket Programmes. The Committee noted the plan and the workforce implications associated with delivering. Members were assured that the ICS People Function Team were working in partnership with ICB/ICS colleagues in understanding the workforce implications and developing solutions.	UEC Surge workforce risk – categorised as a UEC Portfolio risk currently System Recovery Plan – currently reporting to FPC, workforce implications & risks to be governed by PCI
Spotlight on PCI Programmes	*LTWP Mapping* The Committee received an overview of the work undertaken to map the local position against the National Long Term Workforce plan. Members were assured by the progress made across system programmes to date and the alignment to the plans priorities. Next steps included further data and intelligence gathering to inform the future plans for the three domains, working groups to drive delivery and governance via the People Collaborative. Members recognised the scale of the plan and challenges with delivery and capacity. Leadership & Talent Members received an update on the EDI, Leadership and Talent activities ongoing across the system including HPS, Differently Abled Scheme and the next ICS EDI Event.	LTWP mapping to be highlighted to Board. Assurance and governance around delivery via PCI (People Collaborative)

Risk Review and Assurance Summary

The following risks were highlighted by the Committee:

- UEC Surge plan, workforce supply and delivery of the schemes
- System Recovery Plan, workforce solutions and delivery of schemes
- Scale of the Long-Term Workforce Plan, ability to deliver the ambitious and challenging targets, and capacity within the system to deliver the level of reform required.
- Workforce issues, risks and interdependencies to be discussed in depth at ICB Board