

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

**Thursday 20 July 2023
12.30pm-2.20pm**

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

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

	Agenda Item	Lead(s)	Enc.	A/R/S/ D/I	Time	Pages
1.	Welcome and Apologies • Leadership Compact	Chair	Enc. 01	S	12.30pm	1
2.	Quoracy		Verbal			2
3.	Conflicts of Interest		Enc. 02			3-4
4.	Minutes of the Meeting held on 15 June 2023 and Matters Arising	Chair	Enc. 03	A		5-14
5.	Action Log Progress Updates on Actions	Chair	Enc. 04	D		15
6.	Questions submitted by members of the public in advance of the meeting	Chair	Verbal	D	12.35pm	
7.	Community Story - Learning Disability and Autism – Posy's story	Karen Webb	Enc. 05	I	12.40pm	16-18
Strategic and System Development						
8.	ICB Chair and Chief Executive Update	DP/PA	Enc. 06	D/I	1.00pm	19-29
9.	EPRR Annual Report	KF/KW	Enc. 07	A	1.10pm	30-70
System Oversight and Governance						
10.	Quality and Safety Report	HJ	Enc. 08	S	1.20pm	71-79
11.	Finance & Performance Report	PB	Enc. 09	D	1.30pm	80-90
12.	Board Assurance Framework	CC	Enc. 10	S	1.40pm	91-115
Committee Assurance Reports						
13.	Quality & Safety Committee	HJ	Enc. 11	S	1.50pm	116-119
14.	Finance and Performance Committee	PB	Enc. 12	S	1.55pm	120-125
15.	People, Culture & Inclusion Committee	SL	Enc. 13	S	2.00pm	126-130
16.	Audit Committee	JHo	Verbal	S	2.05pm	
Any other Business						
17.	Items notified in advance to the Chair	All		D	2.10pm	
18.	Questions from the floor relating to the discussions at the meeting	Chair				
19.	Meeting Effectiveness	Chair				
20.	Close	Chair			2.20pm	
21.	Date and Time of Next Meeting 21 September 2023 at 1.00pm in public – via MS Teams					

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**.

STAFFORDSHIRE AND STOKE-ON-TRENT INTEGRATED CARE BOARD
CONFLICTS OF INTEREST REGISTER 2023-2024
INTEGRATED CARE BOARD (ICB)
AS AT 13JULY 2023

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

Note: Key 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 <i>to mitigate identified conflicts of interest</i>
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)	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, Wileton 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.
3rd April 2023	Mr	Paul	Brown	Chief Finance Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Previously an equity partner and shareholder with RSM, the internal auditors to the ICB. I have no on-going financial interests in the company (January 2014- March 2017) 2. Previously a non-equity partner in health management consultancy Carnall Farrar. I have no on-going financial interests in the company (March 2017- November 2018)	Nothing to declare	Nothing to declare	No action required
1st April 2023	Ms	Tracy	Bullock	Acute Care Partner Member and Chief Executive	University Hospitals of North Midlands NHS Trust (UHNM)	Nothing to declare	1. Lay Member of Keele University Governing Council (November 2019 - November 2023) 2. Governor of Newcastle and Stafford Colleges Group (NSCG) (ongoing)	Nothing to declare	Nothing to declare	(h) recorded on conflicts register.
3rd April 2023	Ms	Alexandra (Alex)	Brett	Chief People Officer	Midlands Partnership NHS Foundation Trust Staffordshire & Stoke-on-Trent ICB	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
4th October 2022	Mr	Neil	Carr OBE	Community Services Partner Member and CEO of MPFT	Midlands Partnership 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	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
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
1st April 2023	Ms	Mish	Irvine	Associate Director of People	ICS/MPFT (hosted)	Nothing to declare	Nothing to declare	Nothing to declare	Nothing to declare	No action required

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 <i>to mitigate identified conflicts of interest</i>
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.
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 Remuneration Committee	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 11.09.2023)	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
4th April 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 - 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) interest recorded on the conflicts register
1st April 2023	Mr	Baz	Tameez	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)*

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

Minutes of the Meeting held on
Thursday 15 June 2023
1.00pm-3.00pm
Via MS Teams

Members:	Quoracy	20/04/23	18/05/23	15/06/23	20/07/23	21/09/23	19/10/23	16/11/23	21/12/23	18/01/24	15/02/24	21/03/24
David Pearson (DP) Chair, Staffordshire & Stoke-on-Trent ICB	Over 50% of the quorum (nine out of seventeen members) with three 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 (MD) or the Director of Nursing & Therapies (DNT) - three Independent Members. i.e. Chair plus two Non-Executive Members - three Partner Members, with ideally at least one from each of the three sectors	✓	✓	✓								
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		✓	✓	✓								
Shokat Lal (SL) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓								
Josephine Spencer (JS) Non-Executive Director, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓								
Jon Rouse (JR) City Director, City of Stoke-on-Trent Council		✓	✓	*								
John Henderson (JH) Chief Executive, Staffordshire County Council		*	*	✓								
Dr Paddy Hannigan (PH) Primary Care Partner Member, Staffordshire & Stoke-on-Trent Integrated Care Board		✓	✓	✓								
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:												
Paul Winter (PW) Deputy Director of Corporate Governance, Compliance & Data Protection, Staffordshire & Stoke-on-Trent ICB		*	✓	✓								

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

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
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				✓								
Gill Hackett (GH) Executive Assistant, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓								

		Action
1.	Welcome and Introductions	
	<p>DP welcomed attendees to the ICB Board meeting.</p> <p>DP advised that there 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.</p> <p>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.</p> <p>It was noted that the meeting was quorate.</p>	
2.	Apologies	
	Apologies were received from Paul Brown (Helen Dempsey attending), Chris Ibell, Jon Rouse, Julie Houlder, Neil Carr (Chris Sands attending) and Sally Young.	
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 18 May 2023	
	<p>The minutes of the meeting held on 18 May 2023 were AGREED as an accurate record of the meeting and were therefore APPROVED, subject to the following amendments:-</p> <p>Page 4, Para 1 stood to be changed to stood; HR to be changed to HJ</p> <p>Para 3 to be changed to read "MN asked if the ICB were doing enough to support patients to take up offers from external providers."</p> <p>Para 4 should read "With regard to the Mental Health Capacity act, liberty protection safeguards ..."</p> <p>Page 5, Para 6 – Free Standing Midwifery Units to be changed to home births.</p>	
5.	Action Log	
	Actions were noted on the actions log.	
6.	Questions submitted by members of the public in advance of the meeting	
	Ian Syme	

Nursing Home Quality Assurance & Improvement Meeting.

Providing dental services to care home residents is highlighted as becoming 'Problematic' and that those who manage to access such are seeing increasing charges for that service. Could a flavour of the problems please be given and also what is the 'magnitude' of these increasing dental charges?

HJ confirmed that this point had been raised at the Nursing Home Assurance Group and they were expecting further updates from the regional delegation group through the system Quality Group for continuous monitoring.

CB added that the Board approved the POD in March and agreed to a phase 1/phase 2 approach. Phase 1 would understand the challenges of the challenges of the operational performance issues that we had inherited. Particularly dentistry. As agreed we will use that to form phase 2.

Non-attendance of Stoke-on-Trent City Council at that meeting re 1 above.

I live in Stoke-on-Trent. I was frankly dismayed to read this. There are several thousand individuals resident in care homes within Stoke-on-Trent and the Unitary Authority does have duties regarding those residents. Whilst accepting that Staffs CC were able to provide an update re Stoke CC 'position' it is my view that it should not be for another Statutory Authority to act as a surrogate for Stoke CC or vice versa. I would like to make it clear my view above is not directed at any specific individual but is questioning the commitment of partners to ensuring the "Extremely Important Initiative" namely our Integrated Care System does develop and succeed to the benefit of our catchment population! Would any partner present care to comment to this above?

HJ responded on behalf of Jon rouse who had to give last minute apologies for the meeting. The meeting referred to was not the Nursing Home Quality Group (Quality Assurance Group), it was the System Quality Group where we did not have a representative. However, we do normally get good attendance from Stoke-on-Trent and both our local authority partners at these meetings. That aside, and given the fact that there was not attendance at this System Quality Group and Jon Rouse, I spoke to Jon yesterday and he has given his absolute commitment to ensuring that there is a representative at this meeting in future and he has underlined and reinforced the value placed upon the importance of the System Quality Group. So, I am confident that will now be resolved

Children Young People and Maternity.

Review of Free Standing Birthing Units FBUs (Lichfield and County) closed since March 2020. Who will 'own' this Review, when is expected to be finalised and will the Full review be put in the public domain? The ICB is of course very aware that the FBU at County Hospital was developed as a consequence of the Trust Special Administrators dissolution of Mid Staffordshire NHS FT and considerable concerns within the catchment area of the now defunct Trust that there would be no locally accessible maternity unit?

HJ confirmed that the issues raised will be owned by providers, but as an ICB we oversee that process. Both providers (UHNM & UHDB) have indicated to us, their strategic intent to the birthing element of those units. The freestanding unit at County and the free standing units at Samuel Johnson in Lichfield and in relation to home birthing services, we have notified NHS England of their position in terms of that strategic intent and we will be undertaking a system review change programme following NHSE's usual guidance and we will review all proposals for the service and will meet with NHSE as part of this. We will continue all services and public involvement in part of this approach and will be sharing proposals towards the end of the year. Unfortunately, at the moment given the complexity of this, there is no clear timeline for that to be completed, but we will keep everybody as informed as we can throughout that process.

7.	ICB Chair and Chief Executive Officer Report	
	<p>DP touched on the leadership compact and announced that today was John Henderson's last meeting with the ICB. He reinforced John's contribution to the Staffordshire County Council and to the development of the ICB generally. From his interactions with John, he had always followed the principles contained within the compact. DP wished JH all the very best for his retirement. JH gave his thanks for all colleagues he had worked with throughout the 8 years and he was pleased to work more collaboratively over the years. He felt that a job was never finished but he was leaving the partnership in as good a place than when he started.</p> <p>DP also gave his thanks all system partners both statutory and VCSE in keeping everything going during these challenging times.</p> <p>PA echoed his thanks to JH for his contribution to the ICB.</p> <p>He reported that the industrial action continued but the good news was that they had effectively mitigated the issues arising from that. Elective care continued to be in a good position and he thanked everyone involved in the management of flow throughout the system.</p> <p>PA confirmed that they were embarking on a medium to long term granular evaluation of our financial/workforce position to build on the understanding of the challenges and then the solutions that would be needed to be done over the next 5 years. He added that the first event of the system would come together on 14 July to agree the key mechanisms to be put in place over the next 5 years.</p> <p>PA advised that there had been a recently released update in relation to the government and NHSE response to the Hewitt report which was overseen by Patricia Hewitt.</p> <p>He stated that NHSE's response focussed on the importance of stronger emphasis on improvement and transformation,</p> <p>The Staffordshire and Stoke-on-Trent Integrated Care Board NOTED the contents of the report.</p>	
8.	A Joint Strategy for Disabled & Neurodivergent people in Staffordshire 2023-2028	
	<p>CB highlighted some important points within the report.</p> <p>He reported that this was the latest in a series of strategies being produced. The Strategy supported a wide range of people, and not just those who receive services. It aimed to raise community awareness and remove barriers so people could be recognised and treated as individuals and not for their disability or neurodivergence. He added that accountability would come through the Staffordshire county-wide joint Disability Partnership Board arrangements, so that meaningful change could happen at scale.</p> <p>He confirmed that this strategy had been through the Q&S Committee where it was supported.</p> <p>There had been extensive engagement which included importantly targeted activity with particular groups in the early part of 2023 and then onwards through particular forums , including Learning Disability and Autism Partnership Board.</p> <p>For the next steps, CB confirmed that it would be presented to the Staffordshire cabinet for final sign off, then action plans would be developed and shared by the end of this calendar year.</p>	

	<p>DP found the document quite powerful and felt it was about been enabled and strength based built around the individual.</p> <p>AB welcomed the strategy. She asked how they would connect this into the staff networks and agreed to link in with CB outside the meeting.</p> <p>HJ reinforced the positive response from Q&S committee the previous day. Underlined how welcome this was and keen to seeing it developed into an action plan across the system,</p> <p>DP stated that as this moved forward, perhaps they could present this at the ICP meeting in the future. PA agreed that the ICP would be a suitable forum to engage across the wider system.</p> <p>The Staffordshire and Stoke-on-Trent Integrated Care Board APPROVED the Living my Best Life - A Joint Strategy for Disabled and Neurodivergent people in Staffordshire 2023-2028</p>	
9.	Quality and Safety Report	
	<p>HJ highlighted the following sections in the report.</p> <p>CQC activity HJ reported that MPFT had received their report into the inpatient units and there was active work underway to address the points highlighted. UHNM were awaiting their final report in to the maternity review by CQC after they had returned a factual accuracy report.</p> <p>Patients Safety Incident Response Framework (PSIRF) HJ advised that PSIRN was replacing the Serious Incident Framework. UHNM had been commended by the Training Organisation for the template they had produced for the roll out of the programme.</p> <p>HJ reported that they had started to move towards a more portfolio based reporting for quality.</p> <p>They had established strong links with the Healthwatch partners from both Staffordshire and Stoke-on-Trent.</p> <p>DP advised that they had re-structured the Board to have more development opportunities where there they could delve into the 7 portfolios.</p> <p>MN referred to section 5.1.1 of the report and the serious incident that was reported. She asked what level of confidence was there that that serious incidents in care homes were captured and reported. HJ replied that this varied and how they go forward with the implementation of PSIRN. She confirmed that they were working closely with all partners on how they managed serious incidents in the future.</p> <p>The Staffordshire and Stoke-on-Trent Integrated Care Board RECEIVED this report and 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</p>	
10.	2022/23 Finance & Performance Report	
	<p>HD confirmed that this would be the last report in this format with the new format being developed over the next few weeks.</p> <p>He reported on the key points for Month 1 finance:-</p>	

	<ul style="list-style-type: none"> • The audit of the 2022/23 accounts was ongoing at all of the organisations and as at the end of May no material concerns had been flagged. Audits were due to be concluded by the end of June. • In line with previous years there had been no formal month 1 reporting process for the ICS financial position. • Most of the financial risk sat within non-pay, including CHC and prescribing. A separate paper was provided on the progress in delivering the plan. <p>Key points on Performance</p> <p>PSm reported that Urgent and Emergency Care remained in tier 2, which was regional escalation and included ambulance handover delays and other targets relating to UEC. He added that it had been challenging with industrial action, but was a much improved picture as they were meeting targets with the lost ambulance hours continuing to reduce. There was also a reduction in the use of corridor care and stronger discharge profiles in recent weeks. PSm advised that system partners had work well together to manage de-escalation from periods of surge that they had seen previously. A detailed UEC improvement plan was going to the UEC Board the following week and then on to the Finance & Performance Committee that set out the challenges for all parts of the system in terms of the contribution factors and roles that everyone had around urgent and emergency care.</p> <p>PSM reported that they were looking ahead at what the winter capacity plans would look like based on learning from the previous year. Australia had seen an early and high peak in flu and would feed into their preparations for the winter.</p> <p>Planned care was in a challenging position as UHNM remained in Tier 1 national oversight. For recovery, they had seen improving activity levels during the last month for day cases and inpatient settings and have had a number of additional capacity schemes that had gone online which were having a significant impact.</p> <p>PSm advised that they were forecasting 104ww and a small number of over 104ww at the end of June. These had been impacted by the industrial action and they were working together as a system to further improve these.</p> <p>PSm stated that they were also looking at reallocating theatre lists and was pleased to report good engagement with local independent sector.</p> <p>Elective – the independent review had been completed and reported through to UHNM and would be considered by F&P committee the following month.</p> <p>PSm advised that the cancer backlog had increased with the latest data showing the 62 day waiting as 542 with over half of this focussed on endoscopy capacity. They had additional capacity in place starting in the next few weeks and had a clear trajectory for improving that which had been shared with colleagues.</p> <p>DP stated that there was a lot of joint work between ICB, providers and regulators. He asked if a summary could be brought back to the Board for them to know what the learning showed and what the system was doing about it.</p> <p>MN referred to the F&P committee report and highlighted the risk around the de-escalation of winter schemes and confirmed that a report would be presented to the F&P committee in July. She added that a lot of work was taking place across the system with local authorities on the BCF submission due by 28 June.</p> <p>The Staffordshire and Stoke-on-Trent Integrated Care Board NOTED the contents of the Finance and Performance report</p>	
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11.	System Financial Planning 2023/24	
	<p>HD confirmed that the System Financial Planning for 2023/24 had been developed collectively with all system CFOs. It summarised the scale of the efficiency challenge they faced in the system and proposed processes for monitoring and reporting against that. It also sets out specific actions which they were taking collectively across the system.</p> <p>HD added that they had already started planning for 2024/25 with the event that was being held on 14 July.</p> <p>MN reiterated this was a clear well thought out paper that set out the key actions that needed to be taken. She welcomed the work that would take place looking at medicines management across the system and also the spend on additional estates to realise opportunities there. HD confirmed that there would be an appendix to the finance report which would cover the delivery of the financial savings.</p> <p>DP thanked the CFOs across the systems for working together to develop this plan.</p> <p>The Staffordshire and Stoke-on-Trent Integrated Care Board NOTED the actions and proposals agreed by the CFOs and CEOs and proposed to the system Finance & Performance Committee to support the delivery of the plan and address the long-term financial challenge</p>	
12.	Joint Forward Plan 2023/24	
	<p>CB thanked HD and her team for the development of the Joint Forward Plan, as well as partners who contributed to this system based coordinated plan.</p> <p>CB advised that the JFP was the third of the three planning documents that the ICB were required to produce alongside the ICP Strategy and was designed to provide more detail on how the ICS would provide services to the population.</p> <p>CB reported that in terms of design and content they had a collective view on how the JFP would be structured in order to be able to demonstrate they were providing oversight and assurance. They also wanted to make sure the document was meaningful locally and the vast majority of the content was focused on local portfolios. This had been done through the Portfolio boards, ICP workshops etc. and they had also engaged with the voluntary and community sectors. He added that they had also engaged with the health and Wellbeing Boards and included a statement of support from each within the report.</p> <p>CB stated that they were seeking approval of the document and delegated approval to the CEO and Chair for final sign off in order to meet final submission date of 30 June.</p> <p>DP asked if they would be getting sign off by all three ICP chairs. CB confirmed that the approach was to get the support from both HWBBs first.</p> <p>PA thanked HD and the team for conducting such an inclusive exercise. He liked the structure of document that focussed on the portfolios and enabling functions. PA felt that the reference to place and neighbourhood development and he felt that neighbourhood was an important next strategic phase of the ICB development.</p> <p>DP added that this was a dynamic document and asked that it be brought back to the Board in 12 months' time for an update.</p> <p>The Staffordshire and Stoke-on-Trent Integrated Care Board:-</p> <ul style="list-style-type: none"> • APPROVED the final draft of the Joint Forward Plan, with the caveat that a fully designed document will be developed by 30th June publication date. 	

	<ul style="list-style-type: none"> • AGREED DELEGATED APPROVAL to the ICB Chairman, David Pearson and interim ICB Chief Executive Officer, Peter Axon for sign-off by 30th June allowing for any final feedback from the HWBBs 	
13.	People Culture and Inclusion Annual Report	
	<p>SL explained that there had been a lot of work and activity that had taken place. Within the organisations, everyone was aware of the challenges in workforce and stated that they had embraced this as a system challenge. SL added that they were trying to schedule a board deep dive session focusing on workforce planning and workforce initiatives.</p> <p>AB advised that the Annual Report had been through the People, Culture and Inclusion Committee. She reported that all partners involved had a statutory function for the programme of work on reducing inequalities, particularly through employment, in terms of their Outreach work and their work with schools. Within the report there were revised governance arrangements to deliver this agenda.</p> <p>MI highlighted that the schemes they had and continue to develop. She added that they won an award for partnership working in Primary Care, were nominated for two HSJ awards and had won an apprenticeship award for the digital work.</p> <p>DP stated that it was a good, well-presented report and asked if it would be published on website etc. so it was not lost. MI confirmed that they also had their health and care team and social media schemes.</p> <p>MN referred to the allied health professionals for over 55s and asked if they were doing other work on this area and what benefits it might deliver. AB confirmed that the AHP Council was active in this space and they were working closely with the council who were part of all of their groups. She explained that there was some national money to allow us to focus on this, but they had a wider programme of work around retention that they were leading across the system, such as retire and return. MI added that the were also working with nursing colleagues on the clinical education group on what they could do to encourage them to stay or continue.</p> <p>JA commended AB, MI and the team for the activity. He stated that he had been activity involved with engaging school leavers etc. into the NHS family. He added that they were about to start on the higher education group as part of the AHP family where they had received over 140 applicants and have whittled them down to 20 places. JA explained that Keele University was only one of 2 universities that had been able to go forward with this programme this year. Again, he commended the amount of work taken on by the team for the work that they had done. MI confirmed that they were doing this in collaboration and partnership with the Trusts with placements at MPFT, NSCHT and UHNM.</p> <p>HJ referred to the links with Keele and felt that she should acknowledge the work done by Kelly Johnson, a new member of the Nursing and Therapies Directorate, who had played a central role in making sure those links were maintained going forward.</p> <p>The Staffordshire and Stoke-on-Trent Integrated Care Board</p> <ul style="list-style-type: none"> • NOTED the contents of the report and the significant progress made across the system in tackling our workforce challenges • WERE ASSURED on the delivery of People, Culture and Inclusion programmes and the progress during 2022/23 • PROVIDED ONGOING SUPPORT and engagement of partners in the delivery of People, Culture and Inclusion Programmes 	

14.	Assurance Reports from Committees of the Board	
	<p><u>Finance and Performance Committee</u> Dealt with as part of the previous business.</p> <p>The Staffordshire and Stoke-on-Trent Integrated Care Board NOTED the Committee Assurance Reports.</p>	
15.	Any Other Business	
	BA reminded members that the following next week was Learning Disabilities Week and stated that the Board should acknowledge that and participate in the events planned where they could.	
16.	Questions from the floor relating to the discussions at the meeting	
	<p>Ian Syme Very interesting meeting and I'm getting a greater understanding of what is happening with the ICS and the ICB now.</p> <ul style="list-style-type: none"> Your report show and CEO reports this development of a single strategy to reduce alcohol and harm. That's very welcome, but I've always understood drugs and alcohol services go hand in hand. What about the drug services and strategy? Where does that sit within the ICS? <p><i>PEJ responded that Ben Adams, Police, Fire and Crime Commissioner is leading a partnership board at the moment that is looking at a ten year drug strategy/substance misuse strategy. He has already enlarged that to cover alcohol as well. What we agreed at the ICP was that what we wanted to do was work with Ben to absolutely make sure that it was equally drugs and alcohol in that 10 year strategy under which we can then produce the plans that we need to, but it's a joint endeavour under the ICP banner, but very much allowing Ben Adams to take the lead through his current partnership board.</i></p> <ul style="list-style-type: none"> In the quality and safety report, the line that the end of paragraph 5.4 following the factual accuracy check UHNM has returned the CQC draught report following the March 2023 Maternity service visits. Is that a factual accuracy check regarding the section 29 letter or is it a factual accuracy check regarding the totality of the CQC visit which is a lot more than just the section 29 letter. <p><i>TB responded that it is a simulation to the whole report and the Section 29 has already been served – that is live. The factual accuracy is in relation to the whole report.</i></p> <ul style="list-style-type: none"> At the UHNM board meeting, they discussed and presented the independent review of waiting lists at UHNM. The discussion resulted in, UHNM, stating that they would not hit 104 and 78 week waiters in June, which had been a previous assurance. You mentioned earlier in the meeting that you expect to get around zero in July. What are your of assurances not just from UHNM, UHDB, Royal Wolverhampton and other providers where there might be a long wait. How assured are you and what is your confidence that will actually happen? <p><i>PSm referred to the wider population and confirmed that we remain in close dialogue with those providers and were not seeing risks at the end of June. He appreciated the points around the deterioration from the original forecasts, but confirmed that he is part of all oversight arrangements within the trust and has sight in all the actions they are taking. The work is in a positive place to address this challenge.</i></p> <p><i>PSm responded and stated that it was a really important point. For the wider population, those who are not served by UHNM - with maintaining close dialogue with all of those</i></p>	

	<p><i>providers, we have visibility of the numbers of patients waiting. We can see what dates they have got and I am not anticipating risks of any magnitude beyond the end of June for them.</i></p> <p><i>In in terms of the UHNM position, appreciating the point made around the deterioration from original forecasts. It is very much a moving piece with an awful lot of moving parts. But I can confirm that I am very much part of all of the oversight arrangements and working jointly with the trust, meeting with the divisions regularly within the organisation and have sight of all of the actions that they are taking and have confidence and understand those individual actions</i></p> <p><i>However, I am not unfortunately going to be able to give absolute 100% confidence that we will get everything done by the end of July, just because of the number of moving parts that are associated here. But I can confirm that the work that UHNM are doing, the work we are doing is an ICB and the regional national support that that we are having, it is all in a positive place in terms of working at its very best to address this challenge.</i></p>	
17.	Meeting Effectiveness	
	The Chair confirmed that the meeting followed the compact and closed the meeting at 3.00pm	
18.	Date and of Next Meeting	
	20 July 2023 at 12.30pm Stafford Hub	

DATE	ITEM	AGENDA ITEM	ACTION	ACTION OWNER	UPDATE	DUE DATE
15/06/2023			THERE WERE NO ACTIONS RAISED FROM THE MEETING ON 15 JUNE 2023			



REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	05
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Title:	Community Story – Learning Disability and Autism – Posy’s story
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Meeting Date:	20 July 2023
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Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Chris Bird, Chief Transformation Officer, Staffordshire and Stoke-on-Trent ICB Ben Richards, Executive Director of Operations, North Staffordshire Combined Healthcare NHS Trust		Karen Webb, Deputy SRO Learning Disability and Autism, Staffordshire and Stoke-on-Trent ICB

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):
<p>To represent the Learning Disability and Autism portfolio, we are bringing Posy’s story to you today, to highlight the needs of autistic people who don’t have a learning disability.</p> <p>Posy is an incredibly bright young woman, with autism. It was assumed Posy did not understand anything, but it was because she had no way of showing that she did, until now. We would like to share a video of Posy tell you herself, what her hopes for people with autism are.</p>

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):
N/A

Implications:	
Legal and/or Risk	N/A
CQC/Regulator	N/A
Patient Safety	N/A
N/A	N/A
Sustainability	N/A
Workforce / Training	N/A

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		
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: <ul style="list-style-type: none"> Condition 1 & action taken. Condition 2 & action taken. 		
3a.	Has an Equality Impact Assessment been completed? If yes please give date(s)	N	

3b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
3c.	<p>Please provide detail as to these considerations:</p> <ul style="list-style-type: none"> • 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:			
<p>The Integrated Care Board is asked to:</p> <p>Listen to Posy's story and consider how the Board can support the needs of autistic people who don't have a learning disability. They are asked to consider what reasonable adjustments the ICB can make as an organisation, and we can all make individually, to support the independence of those with a learning disability and/or autism.</p> <p>Please note: the video that will be played at the ICB Board meeting will be 15 minutes long. It is important that the video is shown in full to allow Posy to tell her story.</p>			



REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	06
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Title:	Chair and Chief Executive Officer Report
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Meeting Date:	20 July 2023
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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):
<p>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.</p> <p>Specifically, the paper details a high-level summary of the following areas:</p> <ol style="list-style-type: none"> System & General Update Finance Planned Care Urgent Care Key figures from our population Quality and safety 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: <ul style="list-style-type: none"> Condition 1 & action taken. Condition 2 & action taken. 		

3a.	Has an Equality Impact Assessment been completed? If yes please give date(s) <ul style="list-style-type: none"> • Stage 1 • Stage 2 	N	
3b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
3c.	<p><i>Please provide detail as to these considerations:</i></p> <ul style="list-style-type: none"> • 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 <i>Please provide detail</i>	N	
5.	Has a Data Privacy Impact Assessment been completed? <i>Please provide detail</i>	N	
Recommendations / Action Required:			
<p>The Integrated Care Board is asked to:</p> <ul style="list-style-type: none"> • Note the updates in the report. 			

1.0 System and general update

1.1 NHS England's Long Term Workforce Plan

On Friday 30 June 2023, NHS England (NHSE) published the long-awaited [NHS England » NHS Long Term Workforce Plan](#) (LTWP). The publication of the plan and its focus on training, retention and reform is a significant and welcome step.

The challenges facing the NHS and its workforce are well-known and form the basis of the case for change outlined in the plan. If current challenges were to persist without intervention, the modelling that underpins the LTWP suggests the service would be facing a workforce shortage of 260,000 – 360,000 staff by 2036/7. These challenges include significant staff vacancies, the need to provide responsive care to an ageing population, and the need for a shift to a model of care centred on prevention.

NHSE is clear that organisational culture and experience at work also play a key role in recruitment and retention. The scale of growth in the workforce required is significant, with the longer-term assessment outlining that:

- Domestic education and training needs to expand by 50-65% over the next 15 years.
- The leaver rate needs to be reduced by 55,000 to 128,000 full-time equivalents (FTE) over the same time period.

By implementing the LTWP, NHSE expects:

- Staff shortfalls to fall significantly by 2028.
- A workforce growth rate of between 2.6% and 2.9% a year resulting in a permanent NHS workforce of up to 2.3 million in 2036/7 compared to 1.4 million in 2021/22.
- Between 9% and 10.5% of staff to be recruited internationally in 15 years' time, compared to almost 25% at present.
- The leaver rate to average 15% with retention rates improved on pre-pandemic levels.

Colleagues will see that Staffordshire and Stoke-on-Trent ICS has been mentioned (page 53) as an example case study of good practice for the work on system wide Health and Social Care Apprenticeships. ICBs working in partnership with Provider Trusts across systems will have a key and central role in taking this work forward.

1.2 HSJ Digital Awards

The Integrated Care System (ICS) virtual work experience programme was nominated for two HSJ Digital Awards recently, and the programme awarded a Highly Commended in the 'Improving Back-Office Efficiencies through Digital' category.

1.3 Self-Referral Digital Weight Management pilot

The Integrated Care Board (ICB) is supporting a national pilot (1 of 4 Integrated Care Systems selected) that enables people to self-refer to the NHS Digital Weight Management Programme. The programme offers free, online access to weight management services for people living in Staffordshire and Stoke-on-Trent, with a BMI indicating they are obese.

To support the pilot, we worked with partners to develop a comprehensive communications and engagement plan. As a result, we were successful in receiving a one-off payment from NHS England towards a Spotify campaign, which is due to be launched this month.

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

The 12-week programme is designed to help people develop healthier eating habits, be more active and lose weight. With a range of plans to choose from, each offers tailored advice and support to encourage healthy habits, along with recipes and nutrition advice, wellbeing support and tips to boost activity levels. The programme is working closely with several weight-management organisations to deliver expert advice and knowledge.

With all content available on a smartphone, tablet or computer, having access to online plans and support allows people to complete the programme in their own time. For more information, or to find out about non-digital weight management services available in Staffordshire and Stoke-on-Trent, visit our [website](#).

1.4 Population Health Management Programme (PHM)

On 28 June 2023, we held a workshop, along with our strategic partners Optum, to engage with Clinical Leads, Primary Care Network Business Partners and Practice Managers to launch the PHM programme and to take the first steps in relation to sharing data to enable the programme to create linked datasets. The session was exceptionally well attended and provided the opportunity for questions to be asked, and more importantly answered. Following the workshop, a detailed questions and answers sheet has been prepared and will be shared with the group along with the video recording of the meeting and slides for those that could not attend.

2.0 Finance

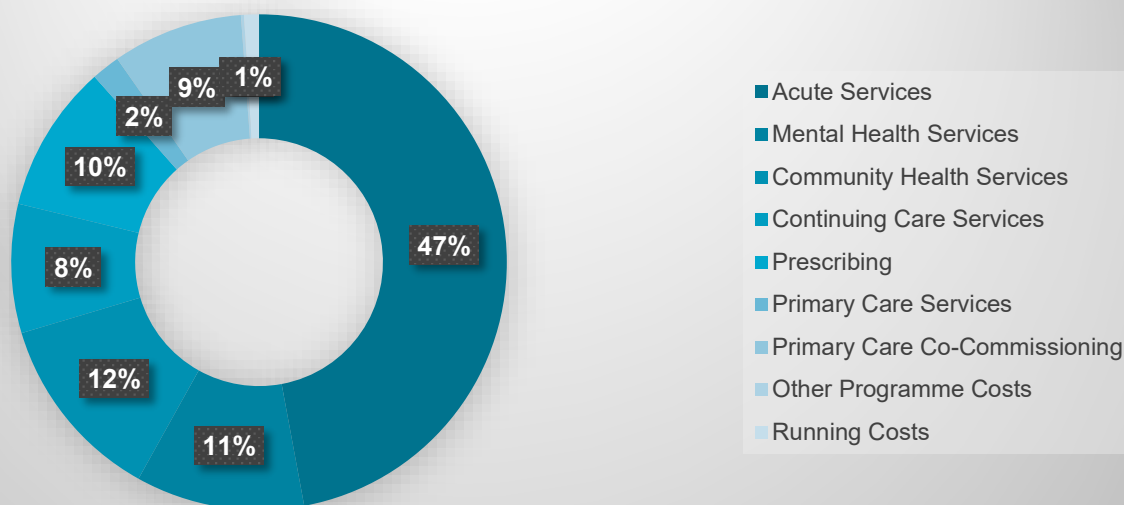
Month 2 reporting for 2023/24 showed the system £11.4m behind the year-to-date plan. The drivers behind this adverse position were slippage on efficiency programmes, the ongoing retention of escalation beds due to Urgent and Emergency Care (UEC) demands, Continuing Healthcare (CHC), prescribing inflationary pressures and the junior doctors strike in April.

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). However, all system partners are focussing efforts to deliver our challenging efficiency programme for the year. We are also beginning the process of forward planning to deliver the medium-term financial strategy.

We have also now finalised our annual report for the prior year and below are some key headlines that describe how we utilised NHS resources in 2022/23.

How we spent our money in 2022/23	£M
Acute Services	1,095
Mental Health Services	256
Community Health Services	286
Continuing Care Services	196
Prescribing	225
Primary Care Services	43
Primary Care Co-Commissioning	198
Other Programme Costs	5
Running Costs	23

How we spent our money 22/23 £M



3.0 Planned Care

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

- Long- waits continue to be a challenge for the system; at the end of June the number of patients breaching the 104-week position was five. Whilst this is an improvement on the May position (35), it is one higher than forecast. The forecast for the end of July is 6 with that expected to reduce to 1 by the end of August.
- The number of patients breaching the 78-week-wait at the end of July is expected to be 218, which is largely unchanged from the previous weeks forecast for the same point in time. A significant portion of this relates to capacity constraints (144) largely resulting from industrial action. Whilst noting that the system will miss the target of eliminating 78-week waiters, the board is asked to recognise the significant progress made in reducing the 78-week-wait cohort from over 2500 at the end of March to 334 on the 9th July 2023.
- The number of patients waiting 65-weeks continues to reduce with the ambition to have treated all patients waiting 65 weeks by March 24. Latest data shows that the 65-week-wait cohort dropped from over 37,000 in April to below 26,700 in June. This is slightly behind trajectory but there is still opportunity to catch-up. This trajectory is however more vulnerable to the impacts of industrial action.
- Since the last board report, University Hospitals of North Midlands NHS Trust (UHNM) has received their external review of waiting list processes and actions are being taken to implement the recommendations, including increasing validation and booking capacity. The findings of the report have been shared at the UHNM public board meeting and at the Integrated Care Board (ICB) Finance and Performance committee and are therefore not detailed in this report.
- NHS England has supported UHNM by providing resource from the national Get it Right First Time (GIRFT) team to assist in the improvements in Trauma and Orthopaedics. The system welcomes this additional expertise.

- University Hospitals of North Midlands NHS Trust (UHNM) are identifying further long-waiting patients suitable for treatment at Nuffield and plan to continue transferring patients through until October.

3.2 Cancer Performance

- University Hospitals of North Midlands NHS Trust (UHNM) has reported a reduction in both the backlogs for 104- and 62-day treatment. 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.
- In terms of future provision, the Community Diagnostic Hub proposal for Stoke-on-Trent has secured extra funding for additional endoscopy capacity.
- At the time of writing, the updated figures for the 28-day faster cancer diagnosis standard had not been received. There is a possibility that performance may be slightly below the milestone 67.5% in June, but the delivery plan is set to exceed the national target of 75% by March 24 and there is a reasonable level of confidence around recovery. All data as reported 28 June 2023.

4.0 Urgent Care

4.1 Operations

- NHS 111 performed well at the beginning of the month however the latter end of June was less positive with a decrease in calls answered in 60 seconds and a slightly higher abandonment rate than previous months. However, the demand has increased back to April figures and both the Emergency Department (ED), and Ambulance validation has been in place at all times.
- The pressure experienced within Urgent and Emergency Care (UEC) from the second week of May eased slightly through June with 87.02% of handovers at University Hospitals of North Midlands NHS Trust (UHNM) being made within 60 minutes. This is an improvement on the 86.25% reported during May but still below the highpoint of April (93.42%).
- June's levels of Emergency Admissions via A&E at University Hospitals of North Midlands NHS Trust (UHNM) (8559) equalled May's and was the highest number recorded since January 2020.
- 4hr Emergency Department (ED) performance at University Hospitals of North Midlands NHS Trust (UHNM) reported a drop from 69.3% to 68.6%.
- During June there has been a reduction in 12-hour breaches, falling by 5% from May.
- COVID-19 numbers continue to fall through June following the original pattern seen in 2020.
- Provider of Last Resort (PoLR) remained low during June reaching a high point of 42 before ending the month at just 15.
- There has been an increase in the number of average complex discharges from 35 in May to 41 in June. June also saw the highest number of total reportable discharges since July 2021.
- The system has experienced further industrial action and providers have performed well during these times. The system approach and collaborative working has proven to be a success.
- July early indicators – Urgent and Emergency Care (UEC) volume pressure, coupled with the impact on acute occupancy levels, have adversely impacted on Ambulance handover delay levels with July (to date) being the poorest month since winter 2022/23. Ring-fencing of elective capacity is also impacting on the system's ability to cope with UEC

demand peaks. In previous years this flexibility provided a natural mechanism to support patient flow. Historical data shows that volume pressure is likely to reduce in late July and August.

4.2 Delivery

- De-escalation of 2022/23 capacity has an agreed trajectory. Historical capacity available within the elective bed base has been protected to support the Elective Recovery Plan; subsequently that has meant keeping additional non-elective bed capacity open above the bed model predictions. Chief Financial Officers (CFOs) are sighted on the financial impacts.
- Surge planning for 2023/24 has commenced. University Hospitals of North Midlands NHS Trust (UHNH) are in the process of updating the bed model to include last year's activity and forecasting. A surge multidisciplinary team has been stood up and is meeting fortnightly to develop the plan.
- Whilst the business case for the capital and revenue monies to create an additional 50 beds at University Hospitals of North Midlands NHS Trust (UHNH) has been approved by NHS England, there is concern about the timescales to deliver as this is unlikely to be made available by the expected winter peak (December-January). Acute bed capacity remains a concern for 2023/24 surge.
- The regional 111 procurement is in the moderation phase. The recommended procurement report is due to go to an exceptional West Midlands Collaborative Board in August; Staffordshire and Stoke-on-Trent ICB are part of this. Concerns remain around the regional 111 model going out for tender with regards to increase finance, workforce and touch points for patients. Our team is part of the evaluation and moderation and information regarding the materiality of concerns will be shared once legally in a position to do so.
- Concerns around West Midlands Ambulance Service's (WMAS) financial plan impacts have decreased with overtime being stood back up. Refresh of WMAS' plan shows increase in staffing and expectation to be compliant with the Urgent and Emergency Care (UEC) Recovery Plan and Cat 2 response target (30 mins by March 2024).
- A dive into Virtual Ward reporting has highlighted an under reporting through Foundry (whereby only the North beds were added). Current delivery is 131 against an expected 141 as per the Urgent and Emergency Care (UEC) Recovery plan.
- Integrated Discharge Hub – Fortnightly steering group meetings now take place. An operational plan will be prepared as a matter of urgency. The physical hub location is still to be determined and the cohort of staff to be identified.
- The Urgent and Emergency Care (UEC) Strategy was signed off by UEC Board in June. The strategic delivery plan will be developed over the next quarter. The System Planning event on 14 July will support system direction.
- A follow-up system-wide Technical Event for Urgent Treatment Centre (UTC) designation was held on 25 May to refine proposals regarding Urgent Treatment Centre (UTC) designation and Urgent and Emergency Care (UEC) provision across the Integrated Care System area. A review of the event is underway and agreed recommendations and outputs are being collated, with a final briefing paper circulated via governance forums in due course.
- Relationship building with interdependent portfolios continues and requires further work to build an infrastructure of mutual support, accountability and delivery. The System Planning event on 14 July will support the building of the infrastructure needed.

5.0 Key figures for our population:

	Feb-23	Mar-23	Apr-23	May-23
* 111 calls received	29,179	32,784	33,789	33,313
Percentage of 111 calls abandoned	4.5%	14.1%	5.4%	7.0%
A&E and Walk in Centre attendances (UHNM)	17,923	20,545	19,268	21,465
A&E and Walk in Centre attendances (other providers)	15,285	17,101	16,424	18,705
Non elective admissions (UHNM)	6,536	7,523	6,978	7,923
Non elective admissions (other providers)	5,036	5,689	5,204	5,766
Elective and Day Case spells (UHNM)	6,491	7,311	5,711	7,752
Elective and Day Case spells (other providers)	7,598	8,308	7,120	8,035
Outpatient procedures (UHNM)	4,390	4,556	4,063	4,654
Outpatient procedures (other providers)	7,014	7,955	7,122	7,702
GP Appointments (all)	488,735	560,859	425,635	492,079
** Physical Health Community Contacts (attended)	122,545	137,225	121,860	134,145
** Mental Health Community Contacts (attended)	42,130	47,940	40,505	

*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

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 Patient Safety Incident Response Framework (PSIRF)

All providers continue to develop their plans and policies ready for a soft launch of PSIRF in autumn. Training has started with one cohort having completed their training and a second currently in process. Engagement with care homes has started, with NHS England taking the lead in aligning the larger independent providers to individual Integrated Care Board's (ICB) nationally, so they have oversight and are able to support providers with the new ways of reporting. The National Unplanned Pregnancy Advisory Service (NUPAS) has asked Staffordshire and Stoke-on-Trent ICB to host their policy and plan. The ICB PSIRF Policy is currently being drafted.

6.2 System Quality Strategy

Following a series of workshops with partners, the Integrated Care Board (ICB) Quality Strategy has been re-drafted and is currently out for comment with members of the systems Task and Finish Group. All feedback is expected to be returned by 21 July 2023. A comprehensive engagement process will then be undertaken with our communities before a final version of the strategy will be presented to the System Quality Committee for approval.

6.3 Student Paramedic Placement

In collaboration with Staffordshire University and our Integrated Care System (ICS) partners, the Quality team has supported a novel approach to training third-year paramedic students. The approach aims to raise awareness of alternative services, understand the role of the paramedic in the wider system and remove the traditional barriers that exist between different services. Students have followed the urgent care pathway across the ICS and spent time within NHS111, the CRIS (Community Rapid Intervention Service) team, the Urgent Care team, and the Quality Teams within the ICB. The pilot is currently being evaluated with the aim of expanding to take more students in the future and from various disciplines such as nursing and therapies. Keele University has also expressed an interest, which is being further explored. It is anticipated that the blueprint can easily be adapted to support an understanding of other pathways such as mental health, paediatrics, and planned care.

6.4 Celebrating 75 years in the NHS

As part of NHS75, staff from the Integrated Care Board (ICB) were invited to participate in two events in London at the start of the month. The first saw 10 staff attending Westminster Abbey to attend a service celebrating 75 years of the NHS. The second was an invitation to 10 Downing Street for two nominees from the ICS. Kellie Johnson was selected from the ICB to meet with members of the Cabinet. Kellie had the opportunity to hear a few words from Steve Barclay, the Health Secretary, have a guided tour from Therese Coffey, the former Health Secretary, but also discuss nursing matters with the Chief Nursing Officer for England, Ruth May, which was truly memorable.

7.0 COVID-19

The spring COVID-19 vaccination campaign ended on 30 June 2023. Staffordshire and Stoke-on-Trent achieved a vaccination rate of 68.1% of all eligible individuals, which was above the national average.

Individual cohort achievements:

- Care Home residents 79.4%
- 80 years and over (non-immunosuppressed) 74.0%
- 75-79 years (non-immunosuppressed) 74.2%
- 12+ immunosuppressed 61.0%
- 5-11 immunosuppressed 19.2%

There will be a COVID-19 vaccination programme in autumn 2023, however the Joint Committee on Vaccination and Immunisation (JCVI) and NHS England have yet to confirm eligibility cohorts and start date. It is likely to align with the seasonal flu vaccination programme.

All primary courses of COVID-19 vaccinations for people aged five and over have also now stopped until the autumn campaign starts.

Primary vaccinations for clinically at-risk children ages 6 months to 4 years are continuing and this population will be eligible for their vaccinations over the summer.

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

**REPORT TO:****Staffordshire and Stoke-on-Trent Integrated Care Board**

Enclosure:	07
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Title:	Emergency Preparedness, Resilience and Response (EPRR) Annual Report
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Meeting Date:	20 July 2023
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Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Phil Smith, Chief Delivery Officer	Yes	Katie Weston, EPRR Strategic Lead

Clinical Reviewer:	Clinical Sign-off Required Y/N
NA	No

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

Is the Board being asked to make a decision/approve this item? Y

Is the decision to be taken within Board delegated powers & financial limits?
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- Author to check with Finance to determine if the decision is within Scheme of Financial Delegation (SOFD) approved limits

Within SOFD Y/N	NA	Decision's Value / SOFD Limit	NA
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History of the paper – where has this paper been presented		
	Date	A/D/S/I
ICB Executive Team	15 June 2023	A/D
ICB Audit Committee	19 June 2023	A/D

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

This paper is presented in two parts:

Part 1 (pages 5 to 14) – Emergency Preparedness, Resilience and Response (EPRR) Annual Report to ICB Public Board

The purpose of this report is to provide the ICB Public Board with a comprehensive overview of the ICB arrangements in place for Emergency Preparedness, Resilience and Response (EPRR); confirm the annual assurance position for 2022 of non-compliance against best practice standards, and outline the action plan in place to improve this compliance rating for 2023; and seek approval for those elements of the ICB arrangements requiring Board level approval.

Part 2 (page 15) – 2023 ICB EPRR Policy update

This part seeks the approval of ICB Public Board for the 2023 EPRR Policy. Notable changes include a refresh of governance and roles and responsibilities following the 2022 Management of Change (MOC) and uplift in EPRR profile within the ICB, a strengthening of the organisation's commitment to EPRR

training and exercising, and inclusion of any observations from NHS England following the 2022 annual assurance process.

The overall paper is presented for discussion and recommended for approval, with the EPRR Policy recommended for approval into ICB Policy arrangements.

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):

NA

Implications:

Legal and/or Risk	ICBs are legally required to have suitable arrangements in place to place for major incidents and events that might diversely impact on statutory or essential ICB functions or on the sustained delivery of commissioned health services. Legal interdependencies: <ul style="list-style-type: none"> NHS Act 2006 (As amended) - s252A (9) NHS England EPRR Framework 2022, and associated EPRR annual assurance core standards NHS Standard Contract – Service Condition 30 (Emergencies and Incidents)
CQC/Regulator	*
Patient Safety	*
Financial – if yes, they have been assured by the CFO	*
Sustainability	*
Workforce / Training	The report provides an overview of EPRR Training and Exercising.

* Reviewed and noted as not applicable (N/A).

Key Requirements:

		Y/N	Date
1a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group?	No	NA
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: <ul style="list-style-type: none"> Condition 1 & action taken. Condition 2 & action taken. 		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) <ul style="list-style-type: none"> Stage 1 Stage 2 	In process	NA

2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
	The report presented provides an overview of the EPRR agenda and progress for 2023 and an equality impact and risk assessment is not relevant to the content presented on this occasion. An assessment is in process for the EPRR Policy.		
2c.	<p>Please provide detail as to these considerations:</p> <ul style="list-style-type: none">• 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	No	NA
	Please provide detail		
4.	Has a Data Privacy Impact Assessment been completed?	In progress	NA
	Please provide detail		
Recommendations / Action Required:			
The Integrated Care Board is asked to:			
Part 1:			
<ul style="list-style-type: none">• Recommendation 1: 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.• Recommendation 2 – 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.• Recommendation 3 – to note and support the improvement plan against the EPRR annual assurance process and 2023/24 priorities.• Note the remaining content of the EPRR annual report provided for information.			
Part 2:			
<ul style="list-style-type: none">• Recommendation 4: to approve the accompanying EPRR Policy following its annual review			
The overall paper is presented for discussion and recommended for approval, with the updated EPRR Policy recommended for approval into ICB Policy arrangements.			

**Part 1 - Emergency Preparedness, Resilience and Response (EPRR) Annual Report to the ICB
Public Board – 2022-23**

1. Background

- 1.1 The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care.
- 1.2 The Civil Contingencies Act (CCA) 2004, NHS Act 2006, Health and Care Act 2022, and the NHS England EPRR Framework 2022 requires NHS organisations and providers of NHS-funded care to have plans and arrangements in place to respond to such incidents while maintaining services to patients. This work is referred to in the NHS as EPRR.

2. Purpose

- 2.1 The purpose of this report is to provide the Board with an overview and summary of the ICB arrangements in place to fulfil the ICB obligations for EPRR, and seek approval for those elements of the ICB EPRR portfolio requiring Board level approval, in particular:
 - Present and seek approval from the Board for the ICB EPRR Policy;
 - Outline the resources available to support EPRR and seek confirmation that the Board is satisfied that the ICB has sufficient and appropriate resource in place to meet its roles and responsibilities with respect to EPRR and Business Continuity planning;
 - Provide confirmation of the ICB rating against the NHS Core Standards for EPRR annual self-assessment for August 2022 and predicted rating for August 2023, including an update on actions in place to improve the current compliance position of the ICB;
 - Provide a summary of any key business continuity incidents, critical incidents, and major incidents experienced by the organisation;
 - Provide an overview of the lessons identified process to capture learning undertaken from incidents and exercises;
 - Provide an overview on training and exercises undertaken by the organisation.

3. EPRR Structure and Resource

- 3.1 During 2022 following establishment of the ICB the EPRR team was confirmed under the Delivery portfolio. Within the Management of Change (MOC) in 2022, the design of the Delivery Portfolio aligned the EPRR team within the UEC Operations Team to provide resilience across both portfolios, and recognise and manage the interdependencies between system capacity, patient pathways and pressures in daily operations and provide collaboration and escalation during planned or unexpected events and incidents. The EPRR function is an example of matrix working, with delivery of the EPRR agenda undertaken across multiple directorates, and across the Integrated Care System to enable collaborative working.

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

3.2 The specific roles of the EPRR structure and resource following the MOC process in late 2022 are set out below:

Position	Role	Post Holder
Executive Director Lead / Accountable Emergency Officer (AEO)	Accountable Emergency Officer (AEO) and Executive Director who has the statutory responsibility for EPRR delivery.	Chief Delivery Officer
Associate Director for UEC and EPRR	Associate Director Lead for UEC Operations and EPRR deputising for the EPRR Director Lead as required	
EPRR Strategic Lead	EPRR Lead who will oversee the day-to-day delivery of EPRR functions against the work programme. The EPRR Strategic Lead will also lead on the annual Core Standards self-assessment for the ICB and for assurance of the Core Standards returns by NHS service providers.	
SCC/EPRR Support Manager	EPRR Support Manager who will be responsible for supporting the EPRR Strategic Lead in delivery of the EPRR work programme.	
Emergency Planning CCU (Civil Contingencies Unit) Link Officer	Emergency Planning Link Officer from the CCU. This role is to provide advice and support on multi-agency emergency planning matters, whilst supporting internal arrangements as required, including training, exercising, plan support and debriefing.	
On Call Staff	The organisation maintains a 24/7 response capability at a strategic (gold) and tactical (silver) level. These roles are held by competent experienced post holders at VSM/Band 9, and Bands 8d/8c respective. These individuals will be capable of delivering incident response to any incident affecting the health economy through training and exercising appropriate to their role.	
Directorate Leads for Business Continuity	Each Directorate will have identified leads from each team to support business continuity planning where their service area is identified as maintaining critical/essential services within the ICB. This role holder will continue to review essential functions and contingency arrangements for their team.	
Directorate Business Continuity Recovery Teams	Each Team (for Business continuity purposes) has identified a business continuity recovery team that will lead the recovery process and support the Directorate Leads for business continuity.	

3.3 The NHS Core Standards for EPRR outlines the requirement for the organisation to appoint an AEO responsible for EPRR. This individual should be a Board level Director within their organisation, and have the appropriate authority, resources, and budget to direct the EPRR portfolio.

3.4 This role has been assigned within the Chief Delivery Officer function, with the roles and responsibilities of the AEO as set out in the EPRR Policy. The AEO will discharge the duties of the Chief Executive Officer to provide EPRR reports to the Board, no less than annually, which this report seeks to achieve.

3.5 Recommendation 1: to confirm the Board are satisfied that the Staffordshire and Stoke-on-Trent ICB has put in place sufficient and appropriate resources to meets its roles and responsibilities with respect to EPRR and Business Continuity planning.

4. EPRR Annual Assurance Position

- 4.1 NHS organisations are required to complete an annual self-assessment against a set of nationally mandated core standards, verified through a confirm and challenge process with NHS England, and report the results of this to the ICB Public Board.
- 4.2 The purpose of the NHS core standards for EPRR is to; enable health agencies across the country to share a common approach to EPRR, allow coordination of EPRR activities according to the organisation's size and scope, provide a consistent and cohesive framework for EPRR activities, and inform the organisation's annual EPRR work programme. It is not designed as a means of focusing the EPRR agenda and resource solely on the assurance process, and instead provides a point in time assessment and best practice outline to structure EPRR work programmes on throughout the annual emergency planning cycle. NHS England Midlands have confirmed there are no consequences of being non-compliant, aside from the reporting of results in a public forum.
- 4.3 The ICB is responsible for leading the confirm and challenge process for our NHS commissioned providers alongside NHS England
- 4.4 **2022 Core Standards compliance** – SSOT ICB was rated as non-compliant following the 2022 self-assessment and confirm and challenge process. A breakdown of compliance against each core standard domain is outlined below:

Core Standard Domains	Total standards applicable	Fully compliant	Partially compliant	Non-compliant
Governance	6	5	1	0
Duty to Risk Assess	2	2	0	0
Duty to Maintain Plans	8	4	4	0
Command and Control	2	1	1	0
Response	5	2	3	0
Warning and Informing	4	4	0	0
Cooperation	6	2	4	0
Business Continuity	10	2	8	0
Training and Exercising	4	1	3	0
Total	47	23	24	0
Overall assessment:	Non-compliance			

- 4.5 In 2021 the CCGs were assessed against 29 core standards for EPRR with a reduced set of requirements in comparison to ICBs, given the status of CCGs in the Civil Contingencies Act as category two responders with a reduced set of legal duties, namely, to cooperate with and support incident response arrangements.
- 4.6 As ICBs became new organisations and therefore category one responders under the Act, a greater set of duties were placed upon ICBs, including the requirement to put in place emergency plans and arrangements, and as such resulted in an uplifted requirement to assess against 47 core standards until 2025, at which point the set of standards will be refreshed by NHS England.
- 4.7 While compliance from 2021 to 2022 has dropped by two compliance levels (substantially compliant to non-compliant), the forecast of full compliance provided to the CCG Governing Body in Common

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in 2022 was done so on a basis of anticipating no changes to the annual assurance self-assessment process and unknown clarity in the amendments to the requirements of ICBs as newly formed organisations pending release of the 2022-2025 core standards set.

- 4.8 Following a period of a substantially reduced core standards assessment process during the NHS response to Covid-19, NHS England re-energised the requirements of the annual assurance process in 2022 to drive forward the EPRR agenda in a more robust manner.
- 4.9 As such, and in addition to a new set of standards for 2022; in recognising ICBs as new organisations at the time of assessment (August 2022); and following a revision of NHS England's management of the process regionally and subsequent alignment with national processes, the NHS England Midlands EPRR Leads stated to ICBs they expected a significant drop in compliance levels across the Board in 2022.
- 4.10 NHS England have revised the evidence requirements of the standards to include an annual review of all incident response arrangements, increasing the overall EPRR work programme and portfolio requirements, and resulting in some standards dropping in compliance on a basis of documentation review schedules. This was announced in July 2022, leaving limited time to approve documentation through the appropriate governance routes.
- 4.11 The ICB was assessed against 47 standards in 2022, with a requirement to achieve full compliance on >77% of standards to achieve partial compliance. The ICB undertook a detailed appraisal of our position against the standards, submitting a partially compliant self-assessment to NHSE Midlands Region, with the result of non-compliant following a rigorous confirm and challenge.
- 4.12 Of the eleven ICBs in the Midlands region, nine were non-compliant, including SSOT ICB, with two ICBs achieving partial compliance. Our 2022 assessment and current position is therefore in line with that of other new ICBs.
- 4.13 While the 2022 result is disappointing, the in-depth appraisal against the standards in keeping with the approach of the other ten ICBs within the region has provided a good baseline to develop from, supported by the ICB's commitment to driving forward the EPRR agenda through the uplift in the profile of EPRR.
- 4.14 NHS England have confirmed they have no concerns about the inability of the ICB or wider system to respond to incidents effectively and safely.
- 4.15 *Recommendation 2 – the Board are asked to note the 2022 EPRR annual assurance compliance rating of non-compliance, recognising the position of the ICB with counterparts as described at 4.12, including the significant uplift in process for 2022 by NHSE and the subsequent impacts on the SSOT compliance position.***

5. EPRR Assurance Improvement Plan and 2023/24 Priorities

- 5.1 In embedding the new requirements of the ICB as a category one responder under the CCA 2004 since July 2022, and in recognition of the observations following the annual assurance confirm and challenge, the EPRR team focus has been on building and enhancing underpinning policies, procedures and frameworks for EPRR in which to build exemplary arrangements against the NHS Core Standards for EPRR and enhance organisational resilience and compliance over the next two years with a focus on achieving full compliance at the earliest opportunity.
- 5.2 Areas for improvement have been identified through the EPRR assurance, predominately in the domains of business continuity, training and exercising, and cooperation as per the table at 4.4. This therefore remains the ongoing focus for EPRR delivery within the ICB, taking the opportunity to

align this with the refreshed training offer of our commissioned provider, Staffordshire Civil Contingencies Unit, as per 10.3.

- 5.3 Recognising the importance of trained, competent and confidence On-Call Managers, the focus is on exploring and developing opportunities to enhance their understanding and thus provide assurance to the ICB and Board of the ability of the organisation to respond to and recover from incidents. Individualised training portfolios are in development for all On-Call Managers and individuals who hold a role in incident response, to provide them with clearly defined pathways for development.
- 5.4 Business continuity management remains a key priority in the EPRR agenda to ensure organisational resilience at all levels and interdependencies within the organisation. The new NHS England Business Continuity Toolkit has been released in May 2023 and so the EPRR team will be working to review and refresh business continuity arrangements across the organisation in June 2023 in accordance with the relevant business continuity standards in the EPRR annual assurance as a best practice approach. Executive, Committee and Board level support to this programme of work is crucial and welcomed to support the importance of this workstream across the organisation.
- 5.5 Some system wide areas of improvement were noted during the completion of the EPRR annual assurance process, in particular the 'duty to maintain plans' domain. The ICB EPRR Strategic Lead has recommended these as system EPRR workstreams and will be submitting a system EPRR work programme to the Health Emergency Planning Officers Group (HEPOG) meeting in June, with a recommendation for agreement and prioritisation at the Local Health Resilience Partnership (LHRP) group in June. Areas of focus will be mass casualty arrangements, deployment of mass countermeasures, evacuation and shelter planning, and protracted or rolling power outages.
- 5.6 It is anticipated the 2023 EPRR annual assurance standards set will be released in May / June 2023. At this point the EPRR Strategic Lead will undertake an initial assessment against the standards to identify any additional immediate priorities prior to submission of the ICB self-assessment in August 2023.
- 5.7 ***Recommendation 3 – the Board are asked to note and support the improvement plan against the EPRR annual assurance process and 2023/24 priorities.***

6. Incident Updates - Business Continuity, Critical or Major Incidents

- 6.1 Incidents where declaration of a business continuity, critical, or major incident was made by the ICB or provider are listed below for information. This list is not exhaustive and only includes provider declarations where the ICB supported with incident response in addition to the usual escalation process into ICBs.
- 6.2 Incident debriefs are carried out as part of the continuous improvement cycle to ensure lessons from ICB, system, Local Resilience Forum (LRF), or out of area can be considered and embedded into EPRR arrangements as appropriate. The EPRR team hold a register of lessons and debrief reports to support the process outlined within the EPRR Policy.
- 6.3 *One Advance cyber incident impacting Staffordshire NHS providers – August to November 2022*

The One Advance cyber incident impacted IT systems across Totally Group (111) and MPFT, with some impacts also felt within UHNM. Both MPFT and UHNM declared a critical incident in relation to this, completing the relevant escalation reports to the ICB and NHS England. The ICB was not directly impacted by this incident, although noted some delays or indirect impacts may be realised due to impacts at Totally Group, MPFT and UHNM. While the ICB did not declare an incident in this instance, the ICC remained in a position to respond and support Trusts as required, and attended Regional Incident Management Team meetings as requested to provide updates.

6.4 UEC pressures – January 2023 – System Critical Incident Declaration

As a result of increased level of demand across all SSOT health providers causing extreme pressure in urgent and emergency care, the ICB, both Acute Trusts, and Community and Mental Health providers, individually declared critical incidents, supported by the two upper tier local authorities.

On behalf of the system, the ICB therefore declared this as a system critical incident in recognition of the need to balance the risk for organisations within the System with wider risks (specifically WMAS) and the impact of delays on both the patient and the wider health economy across the Midlands. Declaration enabled additional measures to be undertaken to support the urgent and emergency care system and position, and support patient safety.

6.5 Loss of IT systems at UHNM – 12 April 2023 – UHNM business continuity incident declaration

Loss of connectivity reported across UHNM's Royal Stoke University Hospital site at 17:42, later confirmed as a network outage impacting the entire site. UHNM declared a business continuity incident, which the ICB supported through the convening of a system coordination call with key Staffordshire providers. A major trauma divert was put in place by UHNM with WMAS and the Trauma Network desk due to issues within imaging. The incident was stood down by 19:21 as networks came back online, and UHNM are continuing to undertake investigations and debriefs into the incident. No formal incident declaration was made by the ICB.

6.6 Covid-19 response – ongoing (previously a level 4 NHS incident and major incident within Staffordshire Resilience Forum)

The Staffordshire CCGs set up the initial health and care multi-agency Covid-19 system calls in early February 2020. These calls developed to form the system tactical calls that became the core forum for the Covid-19 health and care tactical system response. A series of standard operating procedures were established to main continuity of service, with a core team of staff identified to work within the Incident Coordination Centre as per NHS England requirements.

On 19 May 2023, NHS England stood down the level 3 incident response to Covid-19 following the three-year incident response efforts, in line with the declaration by the World Health Organisation of Covid-19 no longer representing a global health emergency on 5 May 2023.

A small working group is in place to ensure preparation for the Public Inquiry into the Covid-19 response.

7. Undeclared Incidents / Events of Note

7.1 A summary of incidents or planned events which did not meet the criteria for declaration as a business continuity, critical or major incident have been included for information. In addition to those outlined previously, the ICB has successfully responded to the following consecutive and concurrent incidents during 2022-23, demonstrating an ability in the organisation to respond and support the ICS while delivering the EPRR work programme:

7.2 Commonwealth Games response – summer 2022 – planned event

The ICB put in place plans and arrangements to ensure the ICB were able to support the NHS England Regional Operations Centre and the Integrated Care System, to mobilise, and where necessary coordinate the local NHS in the event of an emergency or major incident at the Birmingham 2022 Commonwealth Games.

The preparedness and response took place between May and September 2022 to ensure events taking place at Staffordshire venues or impacting upon local communities had appropriate plans and mitigations in place in the event of an incident. The ICB delivered and participated in several training and exercise opportunities to ensure staff were sufficiently trained in their roles.

7.3 *July 2022 Heatwave – undeclared incident*

Following the Met Office red warning for extreme heat in July 2022, the ICB supported system preparedness activities to support the safety and wellbeing of communities, patients, and staff during extreme temperatures, including warning and informing, attendance at multi-agency strategic assessment meetings.

7.4 *Ukraine refugee resettlement programme – summer/autumn 2023 – undeclared incident*

The ICB supported workstreams relating to the resettlement of Ukrainian refugees in summer/autumn of 2023 due to the Russian conflict in Ukraine. These workstreams have been consumed into business-as-usual activity to best support individuals and families.

7.5 *Death of Her Majesty Queen Elizabeth II – 8 September 2022 – undeclared incident*

Following the sad death of Her Majesty Queen Elizabeth II on 8 September 2022, the planned Operation London Bridge response was activated, with no major impact on NHS services. The ICB supported Strategic Coordinating Group (SCG) discussions on behalf of the Staffordshire NHS providers.

7.6 *Fire at an industrial premise in Fazeley, Tamworth – 5 October 2022 – undeclared incident*

This incident had limited involvement for the NHS due to the minimal offsite risks posed by the incident. The ICB attended tactical coordinating groups (TCG) to understand offsite impacts due to the fire and chemicals involved. No nearby residents were affected.

7.7 *NHS Industrial Action - November 2022 to May 2023 – undeclared incident*

The ICB coordinated the system response to NHS Industrial Action during the period in which the Agenda for Change Unions representing Royal College of Nursing members, Paramedics, and Physiotherapists, and Unions representing Junior Doctors were in dispute with the Government regarding pay. This protracted period saw ten occasions of industrial action impacting Staffordshire and Stoke on Trent staff, NHS Trusts, and patients. The system successfully navigated this period with zero patient safety impacts, and has conducted a series of debriefs to learn lessons and refine plans ahead of the next round of industrial action.

At present, Agenda for Change Unions have accepted the terms of the government pay offer, the Royal College of Nursing are re-balloting members for an extension of the mandate for action to December 2023, and the BMA and HCSA Unions have announced further industrial action following failed government pay offer discussions.

7.8 *Outbreaks including Avian influenza, TB, and Strep A – Staffordshire wide – undeclared incidents*

The ICB and system have responded to several outbreaks across SSOT during the winter of 2022, including an influenza outbreak at Claybourne Residential Home on 20 October 2022. The learning from incidents has led to the production and approval of outbreak management documentation and a memorandum of understanding for outbreak management between relevant health partners to ensure effective arrangements are in place.

7.9 *Winter weather / heavy snow – March 2023 – undeclared incident*

Multi-agency tactical and strategic coordinating groups were established following heavy snow overnight in the Staffordshire Moorlands area. The ICB represented the NHS to support discussions around delivery of care in the community and continuity of services across the system.

7.10 *Residential evacuation including hospitalisation of individuals in Normacot, Stoke on Trent – April 2023 – undeclared incident*

Following an underground utilities services fire and release of carbon monoxide into residential properties overnight in Normacot, Stoke-on-Trent, four properties were evacuated with several individuals requiring assessment at the scene by West Midlands Ambulance Service or conveying to hospital for further assessment. All patients were discharged following review by WMAS or UHNM respectively, with no short-term health impacts from smoke inhalation and no further requirement for treatment. The ICB supported with the identification of adjacent NHS properties, including Longton Hospital and nearby GP practices, and offered support to CCU for any evacuated residents who may have additional health needs or lack of access to medication.

7.11 *Asylum seeker resettlement programme and protests – ongoing undeclared incident*

In response to the ongoing resettlement of asylum seekers within the County as part of Home Office resettlement schemes, the ICB have been involved in the provision of immediate and necessary health needs of individuals and have supported GP practices with registration of individuals and with appropriate health and care where required. The response is being transitioned into business-as-usual activity with an ICB lead and SRO sponsor identified for this workstream.

7.12 *Walley's Quarry health impacts – ongoing undeclared incident*

Since early 2021, residents in the vicinity of a North Staffordshire landfill site, Walley's Quarry have been flagging concerns with the local authorities, the Environment Agency, and other organisations about the potential impact of unpleasant odours on health and wellbeing. The ICB continues to represent the system at the Walley's Quarry SCG chaired by the Staffordshire Fire and Rescue Service. The ICB will attend any Health tactical subgroup chaired by UKHSA, where it is necessary for this to be convened. This response has been ongoing for over 2 years.

While the ICB are not the lead agency for health, contributions have been as follows:

- Providing information and support to primary care and GPs in the area.
- Commissioning a specific direct access mental health service for people who consider their mental health has been adversely impacted by the odours
- Provided population level data used as part of UKHSA and Local Authority Public health team analysis.
- Contribute to multi-agency messages to the public.

As outlined in the EPRR annual report to the CCG Governing Body in Common in 2022, unfortunately there are no clinical tests, biological markers or clinical presentations that can help determine if any physical health complaints might be caused by or exacerbated by proximity to the landfill. The ICB has however taken the view that where people complain of mild to moderate mental health problems which they associate with proximity to the quarry such as depression, anxiety, or sleep disorders, they are considered eligible for the specially commissioned service.

8. EPRR Training, Development, Testing and Exercising

- 8.1 Under the NHS EPRR Annual Assurance standards and minimum occupational standards for EPRR, the ICB is required to have resilient and dedicated mechanisms and structures in place to enable 24/7 receipt and action of incident notifications. This is achieved through the ICB On-Call Manager mechanism to ensure appropriate points of escalation are in place, and as such it is crucial to ensure these individuals are suitably trained and competent in their roles to manage escalations, make decisions and identify key actions.
- 8.2 To achieve this the ICB are committed to enabling individuals to complete required training in accordance with the NHS England EPRR competencies (minimum occupational standards) and are supported by a robust training outline, as set out in the ICB EPRR Training Policy.
- 8.3 Training for On-Call Manager is procured and delivered by the CCU as part of the Partnership Service Level Agreement and assigned CCU Link Officer as set out in section 3 of this report. The CCU have undertaken a considerable review and refresh of training over 22/23 through LRF grant funding from Central Government. As such the ICB can access up to date training specific to the incident role of individuals, and in line with latest guidance.
- 8.4 The ICB EPRR Training Policy (in development) will outline the required training relevant to roles, with some training approached on a mandatory basis to provide assurance to the organisation of the competence of On-Call Managers.
- 8.5 Key highlights of training in 2022/23 include:
- 100% of On-Call Managers have attended EPRR and UEC introduction training prior to going onto On-Call rotas
 - 100% of Gold On-Call Managers have completed NHS England's mandatory training for strategic level incident response – Principles in Health Command. This course has also been completed by the EPRR Team to support the provision of tactical and strategic advice to On-Call Managers during incidents
 - Silver On-Call Managers attended a TCG Familiarisation session with CCU in August 2022
 - A monthly EPRR / On-Call Development session is in place and provides the following for all On-Call Managers:
 - Opportunity to discuss incident experiences, share learning and discuss how the response may have been approached
 - Request further plans or documentation to support decision making
 - Skills based information sessions – e.g., the use of escalation reports, Resilience Direct, action cards, JESIP
 - Warning and informing of emerging risks for awareness
 - Upcoming training and exercise opportunities
 - Peer support to promote staff wellbeing and opportunity to decompress following incidents
 - Notification of new documentation and summary of contents, including multi-agency, regional and national plans
 - Updates on changes to arrangements across EPRR and UEC
 - Bespoke training on request
 - Importance of person log taking
 - Staff are invited to take part in an informal monthly challenge via MS Teams which requires them to practice key skills for incident response (e.g., use of Resilience Direct)
- 8.6 Attendance at exercises has increased through 2022/23, however the EPRR team will continue to encourage attendance going forward

9. Exercises Completed during 2022-2023

9.1 In accordance with the minimum requirements of the NHS EPRR annual assurance process, and in line with current guidance, the ICB are required to have a testing and exercising programme in place to safely test incident response arrangements, in a manner that is relevant to local risks, meets the needs of the organisation type and stakeholders, and ensure warning and informing arrangements are effective.

9.2 A full list of exercises delivered or attended by the ICB is listed below:

Exercise	Type	ICB Participants
Exercise Mercury (out of hours) – September 2022 and March 2023	Communication / Activation Health Multi-agency Focus on remote working systems rather than ICC hardware	EPRR Team, Gold and Silver On-Call, and ICC
Exercise Mercury (in hours) – September 2022 and March 2023	Communication / Activation (Staffordshire Multi-Agency) Focus on remote working systems rather than ICC hardware Test of Ryalto communications system (ICB internal element)	EPRR/UEC Team and ICC
Exercise Toucan 2 – November 2022 (in and out of hours)	NHSE Communications exercise to test the ability to cascade incident notifications in line with standard alerting mechanisms from national to region, region to ICBs, and ICB to providers.	Silver On-Call Manager
Flood Ex – 14-15 November 2022	1 in 100 year flood along the River Trent valley, multi-LRF, multi-agency, tactical response at tactical coordinating group level and activation of Local Health Strategic Command chaired by the ICB.	Silver (tactical) and Gold (strategic) On-Call Managers, Loggist, EPRR team, Communications team
Arctic Willow – December 2022	System-wide tabletop exercise to provide health and social care systems / organisations with an opportunity to explore the response to potential multiple, concurrent operational issues (industrial action, energy resilience, adverse winter weather) and winter pressures, and review interdependencies with partners when responding to such pressures.	EPRR Team, Primary Care Lead, People Hub Lead
Exercise Lemur – 5 December 2023	LRF delivered government tabletop exercise focusing on a national power outage scenario	EPRR Team, Silver On-Call Manager
Mass casualty Emergo exercise at UHNM – 1 December 2023	ICB support and observation of a mass casualty tabletop / Emergo exercise at UHNM	EPRR Strategic Lead
Exercise Pinecone – January 2023	LRF tabletop exercise focusing on a winter 22/23 reasonable worst case power outage scenario of rolling power outages	Head of Primary Care Estates and Digital Transformation

Influenza Pathways Exercise – 1 February 2023	ICB and County Council joint tabletop exercise to explore the influenza pathways in place in the system, including access to a provision of antiviral treatment in and out of hours.	Medicines Optimisation, EPRR Team, Infection Prevention and Control, CCU Link Officer
Asylum seeker resettlement exercise – 24 May 2023	ICB and County Council joint tabletop exercise to explore asylum seeker resettlement pathways to ensure an understanding of national policies, undertake a horizon scan of future response, and agree a forward model and how this will be achieved.	Asylum seeker resettlement leads, CCU Link Officer, Primary Care
Exercise Fortitude – (previously 16 June 2023, however this has been postponed to 24 October 2023 due to Industrial Action response)	Tactical and strategic tabletop exercise following an operational emergency services live play exercise on 19 May 2023. The exercise scenario will test the multi-agency response to a fictitious low sophistication terror attack at Port Vale Football Club, with engagement at tactical and strategic coordinating groups, and coordination of NHS response via Local Health Strategic Command.	Silver (tactical) and Gold (strategic) On-Call Managers, Loggist, EPRR team, Communications team

- 9.3 Places on exercises will be offered to all staff on-call with priority given to those who have not participated in an exercise for some time. It is a requirement that all on-call colleagues will have the skills and knowledge necessary to operate as Silver or Gold on call if an incident should occur and participation in exercises is a crucial part of this. The requirement for participation to support this is set out within the ICB EPRR Training Policy.

10. Conclusion and Recommendations

- 10.1 EPRR is a statutory and essential function of Integrated Care Boards, and ensures the organisation can prepare for, respond to, and recover from any incident, regardless of the size, scale and duration. The ICB additionally provides a vital role as commissioner, in supporting the preparedness of our NHS providers within the Staffordshire ICS. Fundamental to delivery of the EPRR portfolio is commitment to resourcing, prioritisation, and importance of the EPRR agenda, and visible support from Executives, Committees, and Board.
- 10.2 The Board are therefore asked to note the arrangements in place as described within this report and consider and approve the recommendations as outlined:
- Recommendation 1: the Board are satisfied that the ICB has put in place sufficient and appropriate resources to meet its roles and responsibilities with respect to EPRR and Business Continuity planning.
 - Recommendation 2: the Board are asked to note the 2022 EPRR annual assurance compliance rating of non-compliance, recognising the position of the ICB with counterparts as described at 4.12.
 - Recommendation 3: the Board are asked to note and support the improvement plan against the EPRR annual assurance process and 2023/24 priorities.



Part 2 – Emergency Preparedness, Resilience and Response (EPRR) Policy

1. EPRR Policy

- The ICB EPRR Policy is attached as a supplement of this report for approval and sign-off.
- The EPRR Policy provides the foundation on which SSOT ICB will fulfil its duties under the CCA 2004 and relevant legislation, and details the minimum requirements for planning and responding to a major incident and or a business continuity incident.
- The Policy outlines the commitment to the delivery of effective EPRR arrangements for business continuity, critical, or major incidents which may occur, to enable the effective and efficient prevention, reduction, control, mitigation of, and response to emergencies.
- The Policy as presented is an update to the 2022 version signed off by the ICB Board in July 2022, recognising the ICB's new responsibilities as a category one responder under the CCA 2004 and NHS England EPRR Framework 2022.
- Notable changes include a refresh of governance and roles and responsibilities following the 2022 Management of Change (MOC) and uplift in EPRR profile within the ICB, a strengthening of the organisation's commitment to EPRR training and exercising, and inclusion of any observations from NHS England following the 2022 annual assurance process.

1.6 Recommendation 4 - the Board are asked to approve the accompanying EPRR Policy.

Staffordshire and Stoke-on-Trent ICB

Emergency Preparedness, Resilience, and Response (EPRR) Policy

Policy Folder & Policy Number:	
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Name of originator/author:	Katie Weston, EPRR Strategic Lead
Name of responsible committee/individual:	Phil Smith, Accountable Emergency Officer
Date approved by Committee/individual:	
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Document History

CONSULTATION SCHEDULE

Name and Title of Individual	Groups consulted	Date Consulted
Katie Weston (EPRR Manager) and Jane Moore (SRO for EPRR)	Staffordshire CCGs Executive Management Team	25 May 2022
Katie Weston (EPRR Manager) and Jane Moore (SRO for EPRR)	Staffordshire and Stoke-on-Trent ICB Public Board	01 July 2023
Katie Weston (EPRR Strategic Lead)	Staffordshire and Stoke-on-Trent ICB Executive Management Team	8 June 2023
Katie Weston (EPRR Strategic Lead)	Staffordshire and Stoke-on-Trent ICB Audit Committee	19 June 2023
Katie Weston (EPRR Strategic Lead)	Staffordshire and Stoke-on-Trent ICB Public Board	20 July 2023

RATIFICATION SCHEDULE

Name of Committee approving Policy	Date
ICB Board	01 July 2022
ICB Audit Committee	19 June 2023
ICB Board	20 July 2023

VERSION CONTROL

Version	Version / Description of amendments	Date	Author/amended by
1	New policy	01 July 2022	Katie Weston
2	Updated policy in accordance with EPRR annual assurance comments from NHSE	21 July 2023	Katie Weston

IMPACT ASSESSMENTS – AVAILABLE ON REQUEST

	Stage	Complete	Comments
Equality Impact Assessment	In process		
Quality Impact Assessment	N/A		
Data Protection Impact Assessment	In process		

Staffordshire and Stoke-on-Trent Integrated Care Board
Emergency Preparedness, Resilience and Response (EPRR) Policy

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1. Introduction

- 1.1 The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could range from severe weather to an infectious disease outbreak or a major transport accident.
- 1.2 The Civil Contingencies Act (CCA) 2004, NHS Act 2006, Health and Care Act 2022, and the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework 2022 requires NHS organisations and providers of NHS-funded care to have plans and arrangements in place to respond to such incidents while maintaining services to patients. This work is referred to in the NHS as EPRR.
- 1.3 Staffordshire and Stoke-on-Trent (SSOT) Integrated Care Board ICB is defined as a Category 1 Responder and therefore have a statutory obligation to deliver the following civil protection duties as defined under the CCA 2004:
 - Assess the risk of emergencies occurring to inform contingency planning
 - Put in place emergency plans
 - Put in place business continuity management arrangements
 - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
 - Share information with other local responders to enhance co-ordination
 - Cooperate with other local responders to enhance coordination and efficiency
- 1.4 In addition to meeting legislative duties, the ICB is required to comply with guidance and framework documents, including but not limited to:
 - NHS England EPRR Framework
 - NHS Core Standards for EPRR annual assurance self-assessment
 - ISO 22301 – Societal Security – Business Continuity Management Systems - Requirements
 - NHS England Business Continuity Framework
- 1.5 Assurance against the effectiveness of arrangements will be achieved through the testing and exercising of plans for critical services in accordance with the above guidance.
- 1.6 This document outlines how the ICB complies with its statutory responsibilities and EPRR obligations, detailing the minimum requirements for planning and responding to a major incident and or a business continuity incident.

2. Legal Framework

- 2.1 The Civil Contingencies Act 2004 (CCA) establishes a statutory framework of roles and responsibilities for local responders. The CCA is supported by Regulations (The CCA 2004 (Contingency Planning) Regulations) and statutory guidance EPRR. Responsibilities of service providers are set out in the NHS Act 2006 as amended by section 46 (9, 10) of the Health and Social Care Act 2012, and Health and Care Act 2022. This is supported by the NHS EPRR Guidance NHS Framework, and the NHS Core Standards for EPRR annual assurance self-assessment.
- 2.2 NHS-funded organisations that are not NHS Trusts or foundation trusts (e.g., Primary Care, out of hours providers, independent sector, and third sector providers) are not listed in the CCA 2004, however NHS England and the Department of Health and Social Care expect them to plan for and respond to emergencies and incidents in a manner which is relevant, necessary, and proportional to the scale of service provision. While not listed under the CCA, these organisations may have EPRR obligations under the NHS Act 2006 and / or NHS Contracts and the ICB expectations and arrangements for supporting these obligations is outlined in the policy statement.

3. Policy Statement

- 3.1 The SSOT ICB are committed to the delivery of effective EPRR arrangements for business continuity, critical, or major incidents which may occur, to enable the effective and efficient prevention, reduction, control, mitigation of, and response to emergencies. Each type of incident as listed has the potential to impact upon service delivery within the NHS, may undermine public confidence and require contingency plans to be implemented.
- 3.2 The SSOT ICB will therefore ensure the necessary resources are in place to plan for and respond effectively to such incidents, including representing the ICS and wider health economy within a tactical coordination role in incidents requiring multi-agency response; establish an effective incident control centre as required; and lead post-incident recovery for the local health economy.
- 3.3 The ICB will operate a 24/7 On-Call Manager function, who will respond to incident notification and surge management / capacity issues, as detailed in section 8.
- 3.4 The SSOT ICB will establish a mechanism to provide NHS strategic and tactical leadership and support structures to effectively manage and coordinate the NHS response to, and recovery from, incidents and emergencies 24/7, including representation of the NHS at Strategic and Tactical Coordinating Groups, and supporting NHS England in discharging their EPRR functions locally, supporting ICS tactical coordination during level 2-4 incidents (as defined in the Incident Response Plan).
- 3.5 The SSOT ICB will maintain business continuity plans to support its ability to maintain its statutory roles and essential functions in the event of a critical or major incident and support

rapid recovery of these services. Due consideration will also be given to the potential impact of any proposed services changes on the ability of the NHS to effectively plan for and respond to an incident, and commissioned services will therefore be considered throughout.

- 3.6 The ICB accept their statutory duty as a category 1 responder as part of the creation of ICBs, and commit to undertaking the category 1 duties as set-out under the CCA. The relevant duties will be embedded throughout arrangements, as detailed further in the ICB EPRR Strategy and Incident Response Plan, and in conjunction with Local Resilience Forum, NHS, and regional / national bodies.
- 3.7 The ICB will commit to the training, testing, and exercising of on-call and ICC staff, policies and arrangements to ensure a process of continuous improvement.
- 3.8 In addition to the above, the ICB will work in partnership with commissioned services to:
- Take appropriate steps for securing that it is properly prepared for dealing with a relevant emergency
 - Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements
 - Support NHS England in discharging its emergency preparedness, resilience and response functions and duties locally
 - Seek assurance that provider organisations are properly prepared to deal with an emergency, and are compliant with relevant guidance and standards
- 3.9 Commissioners and Providers must give due consideration to the potential impacts of any proposed service changes on the ability of the NHS to effectively plan for and / or respond to an incident or emergency and ensure effective EPRR is maintained.

4. Purpose

- 4.1 NHS England (NHSE) requires that all ICBs prepare and test arrangements in response to emergency and business continuity incidents. This policy outlines the requirements to which SSOT ICB must adhere to and the way in which these will be delivered. The policy applies to all aspects of the ICB's operations and services. The process of EPRR is the responsibility of the whole organisation and is driven by the Audit Committee through the Accountable Emergency Officer. The EPRR governance structure is detailed at section 8.

5. Aim and Objectives

- 5.1 The aim of the EPRR policy is to ensure the ICB can support the ICS and wider local health economy in its response to an emergency / incident, whilst maintaining essential services for the populations of SSOT.
- 5.2 The objectives of the EPRR Policy are to ensure the ICB:
- 5.2.1 Has adequate plans to prepare for, respond to and recover from incidents as a Category 1 responder;
 - 5.2.2 Gains assurance that local NHS commissioned health services and the local health system has adequate plans to prepare for, respond to and recover from incidents;
 - 5.2.3 Operates within the legal framework for:
 - a. Civil Contingencies Act (2004)
 - b. Health & Social Care Act (2022)
 - 5.2.4 Meets its obligations under the NHS England EPRR Framework and NHS Core Standards for EPRR annual assurance self-assessment.

6. Scope

- 6.1 The scope of the arrangements for the response to emergency incidents covers all levels of incidents, as described in NHS EPRR Framework 2022, as per figure 1 below.
- 6.2 The ICB will be responsible for the coordination of Level 1 and 2 incidents within its area of operations, and will provide support to NHS England (NHSE) in the response to Level 3 and 4 incidents.

Level 1	An incident that can be responded to and managed by an NHS-funded organisation within its respective business as usual capabilities and business continuity plans
Level 2	An incident that requires the response of a number of NHS-funded organisations within an ICS and NHS coordination by the ICB in liaison with the relevant NHS England region
Level 3	An incident that requires a number of NHS-funded organisations within an NHS England region to respond. NHS England to coordinate the NHS response in collaboration with the ICB. Support may be provided by the NHS England Incident Management Team (National).
Level 4	An incident that requires NHS England national command and control to lead the NHS response. NHS England Incident Management Team (National) to coordinate the NHS response at the strategic level. NHS England (Region) to coordinate the NHS response, in collaboration with the ICB, at the tactical level.

Figure 1: NHS incident response levels

7. Underpinning EPRR Principles

- 7.1 In order to prepare, response, and recover effectively to any incident impacting the organisation, the six underpinning principles of EPRR will be utilised throughout as outlined below:
- 7.1.1 **Preparedness and anticipation** – the ICB will anticipate and manage the consequences of incidents and emergencies by identifying risks and impacts where possible, achieved through clarity of role and responsibilities, development of suitable plans and arrangements, and the testing and exercising of plans.
 - 7.1.2 **Continuity** – response arrangements will complement existing functions to ensure familiar ways of working, whilst being rapid and scalable to ensure delivery of actions in an incident or emergency
 - 7.1.3 **Subsidiarity** – decisions will be taken at the lowest appropriate level, with coordination at the highest necessary level, working with NHS organisations within the ICS to form the building blocks of response
 - 7.1.4 **Communication** – effective communication is critical to response, warning and informing, and therefore reliable and timely information flows to responders, stakeholders, and the public will be a priority
 - 7.1.5 **Cooperation and integration** – effective coordination and information sharing will be promoted and exercised between and within the ICB, ICS, local, regional, and national tiers of response to build positive relationships built on mutual trust and understanding, including supporting mutual aid requests and coordination where necessary
 - 7.1.6 **Direction** – the use of a strategic aim and supporting objectives for response will be used to deliver clarity of purpose, and will be agreed and understood by all involved in management of the incident.

8. Governance

ICB EPRR Governance

- 8.1 The Accountable Emergency Officer (AEO) holds executive authority and responsibility for ensuring that the organisation complies with EPRR legal and policy requirements in the ICB. This position must be fulfilled by an Executive Board-Level Director and therefore is fulfilled by the Chief Delivery Officer on delegation from the Chief Executive Officer. Responsibilities of the AEO may be discharged through one or more deputies, however responsibility for ensuring compliance will remain with the AEO.
- 8.2 The AEO will report on an annual basis to the Public Board of the ICB the organisations readiness and preparedness activities, and will include the following:

- 8.2.1 Training and exercises undertaken by the organisation
- 8.2.2 Summary of business continuity incidents, critical incidents, and major incidents experienced by the organisation
- 8.2.3 Lessons identified and learning undertaken from incidents and exercises
- 8.2.4 The organisation's compliance position in relation to the latest NHS England EPRR assurance process
- 8.3 An EPRR and Business Continuity Group will be established with representation from nominated leads from key services within the ICB, and will meet on a quarterly basis. This group will consult on the priorities and interdependencies of the work programme, with the AEO remaining responsible for annual approval of the work programme.
- 8.4 Delivery of the EPRR work programme will be fulfilled by the EPRR Team Delivery Group, led by the EPRR Strategic Lead, to coordinate ICB EPRR projects and CCU Link Officer delivery.

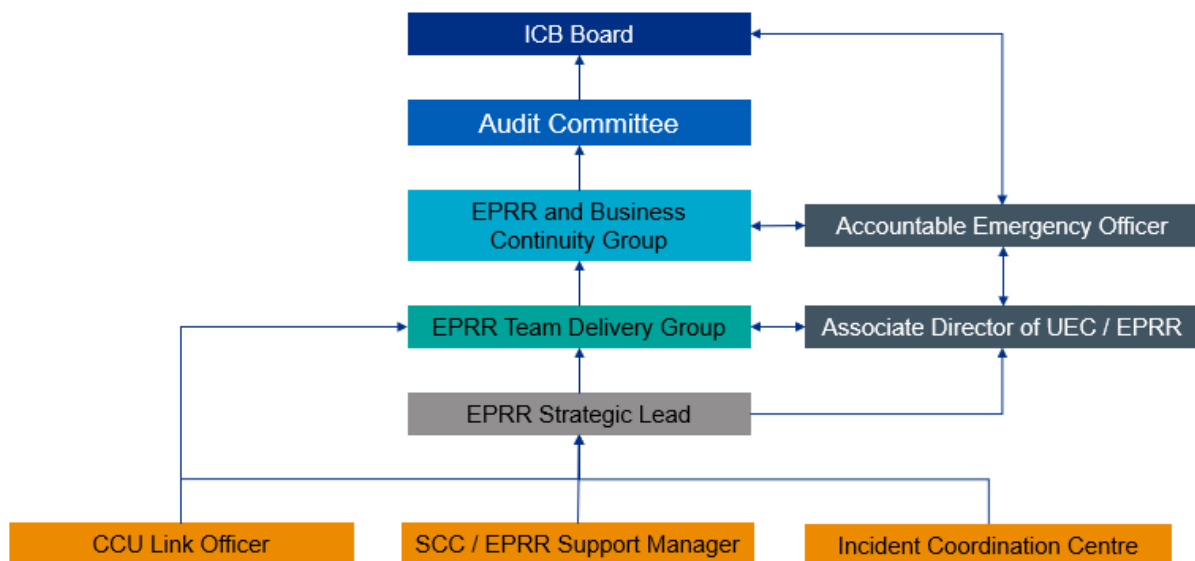


Figure 2: ICB EPRR Governance Structure

- 8.5 The AEO will represent the ICB at the Staffordshire Resilience Forum (SRF), while noting NHS England, and the Staffordshire NHS Trusts and NHS Foundation Trusts are also SRF members. The ICB will represent the Staffordshire NHS system partners at the relevant subgroups of the SRF, as per the Staffordshire LRF NHS representation agreement.

Local Health Resilience Partnership

- 8.6 LHRPs provide strategic forums for joint EPRR planning across a geographic area and support the health sector's contribution to multi-agency planning through the LRF. These forums are co-chaired by the ICB AEO and a local Director of Public Health (DPH) to provide public health expertise and local leadership on EPRR matters to ensure resilience is

commissioned effectively, reflects local risk, and that members develop and maintain effective health planning arrangements for incidents.

- 8.7 LHRP will coordinate the health input to NHS England, UKHSA, and local government in ensuring member organisations develop and maintain effective health planning arrangements for incidents.
- 8.8 LHRPs are not statutory organisations and accountability for EPRR remains with individual organisations. Each constituent organisation remains responsible and accountable for their effective response to incidents in line with their statutory duties and obligations.
- 8.9 The AEO, or a nominated representative with delegated authority to authorise plans and commit resources on behalf of the organisation, will attend LHRP on behalf of the ICB.
- 8.10 The AEO will utilise the LHRP to maintain the involvement and support of LHRP partners at a strategic and tactical level.
- 8.11 The secretariat function sits with the ICB and the EPRR Strategic Lead will ensure the LHRP sits quarterly, but at minimum on a six-monthly basis.
- 8.12 As per the LHRP terms of reference, the Health Emergency Planning Officer's Group (HEPOG) will be chaired by the ICB EPRR Strategic Lead, and sit as a subgroup of LHRP. The focus of the group is to undertake strategic and tactical EPRR work to support the requirement to ensure NHS-funded organisations have effective, coordinated structures in place to adequately plan, prepare, and exercise response arrangements. The Health Risk Management Group (HRMG) will sit jointly with HEPOG to provide a system approach to risk identification, mitigation and consequence management.
- 8.13 Further health resilience sub-groups may be convened at the direction of LHRP under HEPOG. Such groups will be determined on a need basis by the Co-Chairs of LHRP and in liaison with the LRF to ensure a coordinate approach to project delivery, and avoid duplication of workstreams.
- 8.13 The ICB will provide a route of escalation for resilience planning issues to the LHRP relating to commissioned provider EPRR preparedness.
- 8.14 NHS England and ICBs will coordinate health services at the LRF level, and ICBs will ensure coordination across local ICSs, facilitated through LHRP and local EPRR planning groups, to discharge the legal duties of cooperation between responders and health organisations

9. Roles and Responsibilities

Accountable Emergency Officer

- 9.1 The Health and Care Act (2022) places a duty on relevant service providers to appoint an individual to be responsible for discharging their duties under section 46, 252a, identified as the Accountable Emergency Officer (AEO).
- 9.2 The AEO will be an Executive Board-Level Director responsible for EPRR, with executive authority and responsibility for ensuring the organisation complies with legal and policy

requirements, and has the appropriate authority, resources, and budget to direct the EPRR portfolio. This role will be undertaken by the Chief Delivery Officer, on delegated authority from the Chief Executive Officer as outlined at section 8.1. The responsibility for EPRR sits with the Board and therefore Non-Executive Directors will assure themselves that the EPRR requirements are being met through engagement with appropriate committee plans, EPRR reports to the Board, and supporting the dovetailing of EPRR arrangements with ICB portfolios and priorities.

- 9.3 The AEO will discharge the duty of the Chief Executive Officer to provide an EPRR report to the Board, no less than annually, stating: the ICB's readiness and preparedness activities; resourcing for EPRR delivery; training and exercising undertaken by the organisation; a summary of business continuity incidents, critical incidents and major incidents experience by the organisation; lessons identified and learning undertaken from incidents and exercises; and the organisation's compliance position in relation to the latest annual assurance process for EPRR.
- 9.4 The AEO provides assurance that strategies, systems, training, policies, and procedures are in place to ensure an appropriate response for their organisation in the event of an incident, to maintain the public's protection, and maximise the NHS response.
- 9.5 The AEO will be aware of the legal duties to ensure preparedness to respond to an incident within their health community to maintain the public's protection and maximise the NHS response.
- 9.6 The AEO or a nominated deputy has a duty to co-chair the Local Health Resilience Partnership (LHRP) Group, providing local leadership on EPRR matters to all NHS-funded organisations and maintaining engagement across the local health and social care system to ensure resilience is commissioned effectively, reflecting local risk.
- 9.7 The AEO or nominated Director level deputy will attend the strategic level Staffordshire Resilience Forum (SRF) meeting, to engage and cooperate with responder agencies across the LRF.
- 9.8 Specifically, the AEO is responsible for:
 - Ensuring the organisation, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA 2004, the 2005 regulations, the NHS Act 2006, the Health and Care Act 2022, and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework 2022, and the NHS Core Standards for EPRR annual assurance self-assessment
 - Ensuring that the organisation is properly prepared and adequately resourced for dealing with an incident
 - Ensuring that the organisation, commissioned providers, and sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301
 - Ensuring the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served

- Ensuring that the organisation complies with any requirements of NHS England, in monitoring compliance
- Providing NHS England with such information as it may require for the purpose of discharging its functions
- Ensuring the organisation is appropriately represented by director level engagement to effectively contribute to any governance meetings, sub-groups or working groups of the LHRP and/or LRF, as appropriate

Associate Director for Urgent and Emergency Care Operations and EPRR

- 9.9 The Associate Director for UEC Operations and EPRR (ADO) is responsible for monitoring the delivery of the EPRR work programme, reporting progress against this to the ICB EPRR and Business Continuity Working Group, and escalating priorities or issues to the Accountable Emergency Officer where appropriate.
- 9.10 The ADO will deputise for the Chief Delivery Officer in EPRR delivery where appropriate.
- 9.11 The ADO will support the EPRR Strategic Lead in chairing the ICB EPRR and Business Continuity Working Group as necessary and approve papers to be submitted from this group to the ICB Audit Committee in agreement with the Accountable Emergency Officer.

EPRR Team – EPRR Strategic Lead and EPRR Support Manager

- 9.12 Supported by the EPRR Support Manager, the ICB EPRR Strategic Lead is responsible for delivery of the EPRR functions and duties as per the CCA (2004), EPRR Policy, and EPRR Framework (2022), including ensuring plans and arrangements are reviewed regularly.
- 9.13 The EPRR Team report to the ADO and EPRR, who is responsible for ensuring the progress of the EPRR work programme and provide a point of escalation for the EPRR Strategic Lead.
- 9.14 Formal accountability for the EPRR Team delivery remains with the Accountable Emergency Officer (Chief Delivery Officer), as per the EPRR Governance Structure outlined in section 8.
- 9.15 The EPRR Strategic Lead will ensure that the ICB plans jointly with the Integrated Care System, NHS England Midlands, Acute Trusts, Community and Mental Health Providers, Primary Care, Local Authorities, and other Category 1 and 2 responders as required.
- 9.16 The EPRR Strategic Lead will chair the SSOT ICB EPRR and Business Continuity Group, supported by the ADO.
- 9.17 The EPRR Strategic Lead will represent the ICB at LRF tactical level meetings, NHS EPRR Network meetings and multi-agency EPRR events, as per the Staffordshire LRF NHS representation agreement, ensuring discussions are dovetailed with those of HEPOG and HRMG, and information is gathered for escalation to the relevant LRF group, and updated following LRF meetings are shared with system partners.

- 9.18 The EPRR Strategic Lead will chair the Health Emergency Planning Officers Group (HEPOG) and Health Risk Management Group (HRMG) as per the relevant group terms of reference, and support system coordination planning and preparedness through the system EPRR work programme priorities as set by LHRP.
- 9.19 The EPRR Team will work to support the Greener NHS agenda through the consideration of climate change within plans as appropriate. The Sustainability portfolio sits within that of the Chief Transformation Officer and so the EPRR Team will work with portfolio leads to give due consideration to this within EPRR plans and policies as appropriate.

CCU Link Officer

- 9.20 The ICB commission EPRR resource from Staffordshire Civil Contingencies Unit (CCU) to support the delivery of the ICB EPRR work programme two days per week. This resource will be utilised to provide advice and support on multi-agency emergency planning matters, whilst supporting internal arrangements as required, including the delivery of training and exercising to staff identified within the ICB EPRR Training Policy, and On-Call Managers as listed under section 10 of this Policy, supporting the delivery business continuity programme, and other duties as requested, such as plan support and debriefing.
- 9.21 This role reports directly to the EPRR Strategic Lead. The individual(s) working as contractors via this Partnership Agreement with CCU are not permitted to make decisions or commit resource on behalf of the organisation. In the absence of the EPRR Strategic Lead, the CCU Link Officer will report to and escalate any urgent matters to the Associate Director for Urgent and Emergency Care Operations and EPRR.
- 9.22 Any additional work requested of the CCU Link Officer by other members of the ICB should be agreed with the EPRR Strategic Lead to ensure capacity and continued delivery of the EPRR work programme.

Directorate Leads for Business Continuity

- 9.23 Each Directorate will have identified leads from each team to support business continuity planning where their service area is identified as maintaining critical/essential services within the ICB. This role holder will continue to review essential functions and contingency arrangements for their team and will discharge their business continuity arrangements with support from the Directorate Business Continuity Recovery Team during incidents.

10. Command and Control

- 10.1 A clear command and control structure is in place to ensure individuals involved in the response to an incident are clear of their role and responsibilities, including a clear reporting arrangement for escalation for decision making, and cascade of key information.

- 10.2 Each NHS organisation is responsible for ensuring appropriate leadership during emergencies and other times of pressure. To fulfil our EPRR requirements, the ICB will operate a 24/7, 365 day, on-call function.

On-Call Managers

- 10.3 The ICB are committed to providing a resilient and dedicated on-call mechanism to enable 24/7 receipt and action of incident notifications, achieved through the on-call manager arrangements.
- 10.4 On-Call Managers are responsible for coordinating the local NHS response to an incident; responding to any NHS England Midlands Operations Centre (MidsROC) resource requests, and the provision of incident situation reports to MidsROC. The ICB operates a two-tier system, with a Silver On-Call Manager (SOC) and a Gold On-Call (GOC) Manager, performed by staff at Band 8c/8d, and Band 9 and VSM respectively. The On-Call Managers are supported by a Clinical Lead On-Call on a 24/7 basis for any clinical escalations required.
- 10.5 A Director with delegated authority to allocate resources should always be available to make strategic decisions for the organisation, providing a point for escalation and decision making, or undertake the role of Strategic Commander for the ICB/ICS or SCG where necessary. This will be facilitated by the GOC Manager.
- 10.6 The on-call rota is managed by the Urgent and Emergency Care Operations Team and published by the Team to all On-Call Managers and partners across the ICS and Civil Contingencies Unit (CCU).
- 10.7 The SOC Manager is the nominated first point of contact for the organisation and will triage calls and manage these accordingly.
- 10.8 The Gold On-Call Manager provides a point of escalation for the SOC Manager for decision making, especially in critical or major incidents, or an incident which has the potential to significantly disrupt business as usual operations and delivery of key services; impact the health of SSOT communities; prevent delivery of statutory responsibilities; or have the potential to negatively impact the reputation of the organisation. Both roles may need to attend the incident coordination centre if established either physically or virtually.
- 10.9 Both roles dovetail with command, control, and coordination (C3) structures established across the Integrated Care System, wider local health economy, and local resilience forum. This is outlined in further detail within the Incident Response Plan.

Incident Coordination Centre

- 10.10 The ICC supports the Incident Management Team (IMT) and On-Call Managers to provide an enhanced level of operational support. It is widely recognised that the efficiency and effectiveness of an ICC is greatly improved through the utilisation of a formal structure, which facilitates suitable and sufficient arrangements to effectively manage the response to an incident.

- 10.11 Arrangements for the ICC are flexible and scalable to cope with a range of incident scales and hours of operation required, and will require strict adherence to information storage policies to ensure a record of the incident, including any key decisions, actions, and rationale can be retained, as outlined in the ICB Incident Response Plan.
- 10.12 The outline for the Incident Coordination Centre and IMT is contained within the Incident Response Plan.

11. Risk Management Strategy

- 11.1 To comply with the NHS England EPRR Framework, and NHS EPRR Core Standards annual assurance self-assessment, the ICB is required to assess the risk, no less frequently than annually, of any emergencies or business continuity incidents occurring, which affect or may affect the ability of the ICB to deliver its functions.
- 11.2 In implementing this, the EPRR Strategic Lead will ensure EPRR processes are represented and recorded within the ICB Risk Management Strategy, allowing for the identification, assessment, mitigation, and escalation of risk to the ICB Board.
- 11.3 The risk management process will be carried out in accordance with the ICB Risk Management Strategy (May 2023), and escalation of EPRR risks will take place as follows:



Figure 3: Extract from the ICB Risk Management Strategy

- 11.4 The ICB on behalf of the ICS will participate in the Local Resilience Forum Risk Assessment Working Group (RAWG) and will chair the Health Risk Management Group (HMRG) as a subgroup of LHRP. The ICB will review current and emerging risks highlighted by RAWG

within the Community Risk Register, and risks identified by HRMG, and ensure appropriate plans are put into place.

- 11.5 The EPRR Strategic Lead will be responsible for ensuring that risks are regularly considered and reviewed, and any risk that has the potential of resulting in an emergency or business continuity interruption is included on the risk register and appropriate mitigating actions identified. Where a particular risk requires a specific response plan is created, the EPRR Strategic Lead will include this in the EPRR work programme.
- 11.6 The EPRR Strategic Lead will work with the LRF and LHRP to support the development of any multi-agency plan requiring health input.
- 11.7 The LHRP will consider and contribute to the Community Risk Register developed by the LRF, with assessments used to inform the planning and strategy set by the LHRP.

12. Business Continuity Management

- 12.1 Business continuity management (BCM) is an essential tool in establishing an organisation's resilience to maintain their business prioritised activities. BCM gives organisations a framework for identifying and managing risks that could disrupt normal services.
- 12.2 The ICB Business Continuity Plan (BCP), and associated Directorate or Service level plans, will be developed and maintained in accordance with the ICB Business Continuity Policy, ISO 22301, NHS EPRR Core Standards, and NHS England's Business Continuity Management Framework.
- 12.3 BCP's will contain anticipated potential risks, including their likelihood and impact in a business impact analysis; an assessment of critical services and business critical activities, and their respective acceptable level of continued service during an incident; identification of dependencies and key stakeholders; communication; and defined roles and responsibilities.
- 12.4 This will be outlined in more detail within the Business Continuity Strategy, including a process for assessing the effectiveness of the BCM system (BCMS) through debriefs or after-action reviews.

13. Incident Response Plan

- 13.1 The ICB Incident Response Plan (IRP) will be developed and maintained in accordance with the civil protection duties outlined for category one responders under the CCA (2004), the NHS England EPRR Framework (2022), and the EPRR Annual Assurance requirements.
- 13.2 The plan will ensure the ICB has the capacity and capability to respond to a variety of incidents of any level, in a way which ensures the health, safety and wellbeing of patients, service users, communities, and staff, minimises disruption to the health services, and facilitates an effective and efficient return to normal service levels.

- 13.3 The IRP will be integrated and complementary of business continuity arrangements to ensure an early recognition of resource implications can be considered, and assurance can be provided internally and externally of the organisation's ability to respond while maintaining essential services while responding to an incident that has the potential to affect health or patient care.
- 13.4 The IRP will:
- Define an incident and the types of incidents the ICS may be expected to respond to;
 - Establish roles and responsibilities for response, ensuring incident response role holders are aware of the stakeholders for consultation and informing during decision making;
 - Contain a command, control, and coordination (C3) framework for response to enable on-call staff and Directors to make informed decisions against a clear decision-making process;
 - Outline the dovetailing of C3 arrangements with the wider local health economy, MidsROC, and the LRF, including situation reporting as requested;
 - Identify internal, external, and stakeholder communication arrangements prior to, during and after an incident, in line with the ICB strategy for media and communications;
 - Outline the process for recovery from an incident

14. Mutual Aid

- 14.1 The response to the Coronavirus response has demonstrated the effectiveness of joint working in incident response, to enable challenges arising across organisational boundaries to be approach with collaborative resources, varied skillsets, and identify solutions to support the promotion of safety, health and wellbeing of communities and responders.
- 14.2 In incidents requiring multi-agency response, mutual aid requests will be put forward to the Local Health Strategic Command (LHSC) Group, to enable escalation of requests into the Staffordshire Tactical and Strategic Coordinating Groups. Mutual aid requests will also be highlighted within Situation Reports to NHSE for consideration at a regional level.
- 14.3 The ICB will support the requesting, coordination, and maintenance of mutual aid requests for staff, equipment, services, and supplies.
- 14.4 NHS England Midlands will be responsible for the coordination and implementation of mutual aid requests if a disruptive incident occurs across several counties/regional footprint. The ICB, through the Local Health Strategic Command, will respond to any requests received to provide mutual aid during a major or significant incident or emergency.
- 14.5 Clinical networks will retain a key role in coordinating their specialist capacity.
- 14.6 In the event that mutual aid, business continuity, and commissioning options are considered as not appropriate, inaccessible, or exhausted, it may be appropriate to consider requesting support from the military under the Military Aid to Civilian Authorities (MACA) requesting process. All requests should be submitted to NHS England (national) at the earliest opportunity, and must be approved by the Chief Executive Officer, AEO, or an Executive Director on delegated authority as Gold On-Call Managers. Further detail and the request form is available in the ICB Incident Response Plan.

15. Information Sharing

- 15.1 Within the civil protection duties as outlined in the CCA 2004, the ICB and local responders have a duty to share information to support preparedness, response, and recovery to incidents of any type.
- 15.2 The One Staffordshire Information Sharing Protocol and SRF Information Sharing Agreement are in place across the Staffordshire Local Resilience Forum, and outlined the principles and standards of conduct and practice in the sharing of information, including the promotion of good practice.
- 15.3 Throughout any sharing of information, the Information Governance team must be consulted, and decisions made in line with the Freedom of Information Act (2000), the General Data Protection Regulations (2016), the Caldicott Principles, safeguarding requirements, and Civil Contingencies Act (2004).

16. Maintenance of Plans

- 16.1 The EPRR Team will be responsible for ensuring the ICB incident response and business continuity plans, and associated guidance and training documents are reviewed at regular intervals, in line with any changes to local and national guidance, organisational change, lessons identified, and training needs of the organisation.
- 16.2 Policy development, consultation, and ratification will be in line with the ICB Development and Management of Controlled Documents Policy. Any plans or arrangements which are not categorised as a controlled document will utilise the policy as a best practice process.

17. Implementation, Monitoring and Review

- 17.1 Effective communication methods will be established to ensure this Policy and its contents are embedded in organisational knowledge. The document will be shared with the Executive Team and the teams within the EPRR Governance Structure, in addition to on-call and operational teams. It will remain available on the shared intranet space for all staff access.
- 17.2 Assurance in respect of EPRR arrangements will be provided to the ICB Audit Committee and ICB Public Board, and annually to NHS England through the EPRR Core Standard Assurance Process.
- 17.3 Effectiveness of arrangements will be reviewed following incident debriefs, incidents of note outside of Staffordshire and Stoke-on-Trent (e.g. the Manchester Arena Inquiry, Covid Inquiry), release of new or updated policy and guidance, and any National Resilience Standards as appropriate, to drive forward an agenda of best practice across all EPRR domains.
- 17.4 The Policy will be reviewed on annually by the EPRR Strategic Lead to ensure effectiveness and compliance against current guidance and legislation, unless any significant amendment to policy or working practice as outlined at 17.3 denotes otherwise.
- 17.5 An Equality Impact Assessment is available on request.

- 17.6 Should any queries arise regarding the content of this policy, the individual should contact the ICB EPRR Strategic Lead to discuss, and any amendments will be considered accordingly.

18. Training and Exercising

Staff Training

- 18.1 Staff undertaking roles and responsibilities as listed within this policy will be trained in line with the frequency outlined in the Training Needs Analysis, and according to the NHS England EPRR competencies (national minimum occupational standards for EPRR).
- 18.2 Individuals must commit to undertake appropriate training annually (unless denoted otherwise by an accredited course) for their role in line with the ICB EPRR Training Policy and annual training and exercise schedule, to ensure skills are maintained.
- 18.3 The EPRR Strategic Lead will produce a training needs analysis annually, supported by detailed training records and personal training and exercising portfolios for on-call and ICC staff, in line with the minimum occupational standards for EPRR and the Skills for Justice NOS framework.
- 18.4 Individuals holding incident response roles will be responsible for maintaining their EPRR training portfolios to support development in role, highlighting areas for further development to the EPRR Strategic Lead.
- 18.5 The EPRR Support Manager will maintain the central record of training undertaken and upcoming expiry to maintain competence across teams.
- 18.6 Associate Directors are responsible for ensuring that staff within their Directorates and Teams are aware of relevant EPRR and business continuity training and are encouraged to attend recommended courses.

Testing and Exercising

- 18.7 To ensure the effectiveness and embed knowledge of emergency plans, these must be tested regularly to ensure they are fit for purpose, staff are confident in delivering their roles to support response, and roles listed in the plan fit for purpose and encapsulate necessary functions and actions.
- 18.8 Throughout the exercising process, members of staff can practice their skills, and increase their knowledge and confidence in a safe environment.
- 18.9 Plans can be assured through confirm and challenge of content, allowing for the identification of any gaps or areas for improvement, which will be logged for continuous development and for audit purposes for later reference if required.

18.10 The EPRR Strategic Lead is responsible for ensuring policies and arrangements are tested and exercised in line with the annual training and exercise schedule and as set out in the NHS England EPRR Framework (2022).

18.11 This includes a minimum expectation as set out below:

Exercise Type	Minimum Frequency	Outline
ICC equipment test	3 months	Test of the functionality of ICC equipment.
Communications (ICB arranged)	6 months	Test the ability of the organisation to contact key staff and other NHS and partner organisations, 24/7. These exercises are conducted both in-hours and out-of-hours on a rotational basis and should be unannounced.
Table-top	12 months	Discuss the response, or specific element of a response, to an incident with relevant staff and partners, and can provide validation of a new or revised plan.
Business continuity	12 months	Discuss the response, or specific element of a response, to an incident impacting key services to enable testing of business continuity planning arrangements with relevant staff and partners.
Live play	3 years	Live test of arrangements and includes the operational and practical elements of an incident response. NB. If an organisation activates its plan for response to a live incident this replaces the need to run an exercise, providing lessons are identified and recorded and an action plan developed.
Command post	3 years	Tests the operational element of command and control and requires the setting up of the Incident Coordination Centre (ICC). It provides a practical test of equipment, facilities and processes and provides familiarity to those undertaking roles within the ICC. It can be incorporated into other types of exercise, and should also test communication and information flows into multi-agency partners. A real incident activation replaces the need to run an exercise, subject to the identification, logging, and actioning of any lessons identified.

18.12 Exercises will be designed relevant to local risk, as defined in section 9 of this policy, and will aim to meet the needs of the organisation and any stakeholder engaged within warning and informing elements of the exercise.

18.13 Post-exercise reports will be produced by the EPRR Team to capture lessons identified and ensure learning is embedded into policies, arrangements and training where required.

18.14 Staff performing an on-call role will be required to attend NHS and LRF multi-agency exercises to ensure they are familiar with multi-agency arrangements, plans, and C3 structures.

19. Lessons Identified

- 19.1 NHS funded organisations are required to share information of lessons identified through exercising or incident response across the wider NHS through a common process coordinated through the LHRP.
- 19.2 Reviewing lessons from incidents ensures the ICB can identify opportunities for continuous improvement and embed these into EPRR arrangements.
- 19.3 Within 48 hours after an incident, the EPRR Strategic Lead will conduct a hot debrief with staff involved to capture any immediate learning and enable staff to de-escalate / decompress following an incident.
- 19.4 Within 28 days, the EPRR Strategic Lead will conduct a cold debrief with those involved in the incident for its duration, and the lead-in to consider preparedness steps, as appropriate.
- 19.5 Where deemed necessary, a multi-agency debrief will be requested / commissioned through the Civil Contingencies Unit, ideally to be held within eight weeks of close of the incident
- 19.6 The results of both debriefs which will form a lessons identified report and an action plan for the implementation of any lessons identified, which will be produced within four weeks of the debrief.
- 19.7 The report will be supported by actions plans, with timescales and accountable owners, and any recommendations to update any relevant plans or procedures and identify any training or exercising required.
- 19.7 The Lessons Learnt Report will be shared with the ICB EPRR and Business Continuity Group and ICB Governance Structures for EPRR as outlined, and will form part of the annual report to Audit Committee and ICB Board.
- 19.8 Reports will be sharing across the ICS to share lessons, via the LHRP Health Emergency Planning Officers Group (HEPOG).
- 19.9 The EPRR Strategic Lead will ensure lessons are shared with NHSE Midlands EPRR team as part of the regional process for sharing of lessons.

20. Audit Arrangements

- 20.1 The policy will be audited throughout the year both internally and externally. The EPRR Strategic Lead will also ensure that any appropriate external audits tools and assurance processes are conducted on a regular basis, such as the NHS EPRR Core Standards Assurance self-assessment return to NHS England.
- 20.2 EPRR, including business continuity will be aligned to the requirements of the organisation's audit programme, and will implement any post audit improvement plans or recommendations to support continuous improvement.

21. Equality and Diversity

- 21.1 An equality impact assessment has been completed for this policy to ensure plans developed under this Policy have due regard to reflect the impact on and from health inequalities in preparing for, responding to, and recovering from incidents. This can be accessed on request.

22. Supporting Documentation and Policies

- 22.1 In addition to meeting legislative duties, ICBs are required to comply with guidance and framework documents, including but not limited to:
- NHS England Emergency Planning Framework 2022
 - NHS Core Standards for Emergency Preparedness, Resilience and Response Annual Assurance
- 22.2 This policy is to be read in conjunction with:
- EPRR Strategy
 - Incident Response Plan
 - Business Continuity Strategy
 - Corporate Business Continuity Plan
 - On-Call Managers Handbook
- 22.3 The following ICB policies support this Policy:
- Health and Safety Policy
 - Information Governance, Data Protection and Security Policy
 - Information Governance Handbook
 - Procurement Policy

23. Definitions and Glossary

Definitions

Business Continuity:

The capability of the organisation to continue delivery of products or services at acceptable pre-defined levels following a disruptive incident

Business Continuity Incident:

An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, to below acceptable pre-defined levels. This would require special arrangements to be put in place until services can return to an acceptable level. Examples include surge in demand requiring temporary re-deployment of resources within the organisation, breakdown of utilities, significant equipment failure or hospital acquired infections. There may also be impacts from wider issues such as supply chain disruption or provider failure.

Business Impact Analysis:

The process of analysing activities and the effect that a business disruption might have upon them

Business Continuity Plan:

Documents the procedures that guide the organisation to respond, recover, resume, and restore to a pre-defined level of operation following a disruption to business continuity

Critical Incident:

Any localised incident where the level of disruption results in an organisation temporarily or permanently losing its ability to deliver critical services; or where patients and staff may be at risk of harm. It could also be down to the environment potentially being unsafe, requiring special measures and support from other agencies, to restore normal operating functions.

A Critical Incident is principally an internal escalation response to increased system pressures/disruption to services.

Emergency:

- a) An event or situation which threatens serious damage to human welfare in a place in the United Kingdom, or*
- b) An event or situation which threatens serious damage to the environment of a place in the United Kingdom, or*
- c) War, or terrorism, which threatens serious damage to the security of the United Kingdom*

Emergency Preparedness:

The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of and response to incidents and emergencies.

Incident Response Plan:

Outlines how the ICB will respond to a critical or major incident.

Major Incident:

The Cabinet Office, and the Joint Emergency Services Interoperability Principles (JESIP), define a Major Incident as an event or situation with a range of serious consequences that require special arrangements to be implemented by one or more emergency responder agency. In the NHS this will cover any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.

For the NHS this will include any event defined as an emergency.

Resilience:

Ability of the community, services, area, or infrastructure to detect, prevent and, if necessary, withstand, handle and recover from incidents and emergencies.

Response:

Decisions and actions taken in accordance with the strategic, tactical, and operational objectives defined by emergency responders, including those associated with recovery.

System Critical Incident:

Under the NHS England EPRR framework 2022, there is no mechanism for declaring a system-wide critical incident. To do this, all Trusts and the ICB must individually declare a critical incident, before the ICB makes a declaration on behalf of the system (decision in collaboration with system partners) to declare a System Critical Incident. This must be reported to NHSE Midlands First On-Call with an accompanying SBAR report.

Glossary

AEO	Accountable Emergency Officer
BCM	Business Continuity Management
BCP	Business Continuity Plan
C3	Command, Control and Coordination
CCA (2004)	Civil Contingencies Act (2004)
CCU	Civil Contingencies Unit
CPX	Command Post Exercise
DPH	Director of Public Health
EPRR	Emergency Preparedness, Resilience and Response
HEPOG	Health Emergency Planning Officers Group
HRMG	Health Risk Management Group
ICB	Integrated Care Board
ICS	Integrated Care System
IRP	Incident Response Plan
LHRP	Local Health Resilience Partners
LHSC	Local Health Strategic Command
LRF	Local Resilience Forum
MIDSROC	NHS England Midlands Region Operations Centre
NHSE	NHS England
NHS NOC	NHS England National Operations Centre
NOS	National Occupational Standards
RAWG	Risk Assessment Working Group
SCG	Strategic Coordinating Group
SRF	Staffordshire Resilience Forum
TCG	Tactical Coordinating Group
TTX	Table-Top Exercise
UEC	Urgent and Emergency Care

24. References

- Civil Contingencies Act 2004
- The Health and Social Care Act (2022)
- NHS Constitution
- The NHS England Emergency Preparedness Framework 2022
- NHS England Business Continuity Management Framework (service resilience) (2013)
- NHS Core Standards for Emergency Preparedness Resilience and Response Annual Assurance
- ISO 22301 – Societal Security – Business Continuity Management Systems – Requirements
- Cabinet Office, Emergency Preparedness (2006) (as amended)
- National Occupational Standards (NOS) for Civil Contingencies



REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	08
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Title:	Quality and Safety Report
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Meeting Date:	20 July 2023
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Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Heather Johnstone – Chief Nursing and Therapies Officer	Y	Cath Marsland - Associate Director of Quality and Patient Safety Lee George - Associate Director of Quality Assurance and Improvement Karen McGowan - Associate Director of Nursing, Quality and Maternity Claire Underwood – Associate Director for Safeguarding and Director for Continuing Healthcare

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 those corresponding papers presented and discussed at the System Quality Group and the Quality and Safety Committee.		S

Purpose of the Paper (Key Points + Executive Summary):
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This paper is intended to provide assurance to the ICB (Integrated Care Board) in relation to the key quality matters. These include:

Updates from System Partners (from SQG)

ICB Updates

- Quality Strategy
- LeDeR Annual Report and Conference
- Public Consultation on Inpatient Mental Health Services
- Assisted Conception Involvement – Report of Findings
- CHC Policy update
- Working with People and Communities
- Infection Prevention and Control (IPC)

Portfolio Quality Updates

- Planned Care, Cancer & Diagnostics
- Urgent and Emergency Care
- Primary Care
- End of Life, Frailty & Long-Term Conditions (E.L.F.)
- Children, Young People & Maternity
- Mental Health, Learning Disabilities and Autism (MHLDA)
- Improving Population Health
- Safeguarding

Other System Quality Matters by exception

- Patient Safety Incident Response Framework
- Industrial Action (IA)

Is there a potential/actual Conflict of Interest?

Y/N

Outline any potential Conflict of Interest and recommend how this might be mitigated

No conflicts of interest 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

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

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: <ul style="list-style-type: none"> • Condition 1 & action taken. • Condition 2 & action taken. 		
2a.	Has an Equality Impact Assessment been completed? If yes, please give date(s) <ul style="list-style-type: none"> • Stage 1 • Stage 2 	N	
2b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?		
2c.	<i>Please provide detail as to these considerations:</i> <ul style="list-style-type: none"> • 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 <i>Please provide detail</i>	N	
4.	Has a Data Privacy Impact Assessment been completed? <i>Please provide detail</i>	N	
Recommendations / Action Required:			
Members of the Integrated Care Board are asked to: <ul style="list-style-type: none"> • 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 decisions in relation to: <ul style="list-style-type: none"> ○ Approval of the Terms of Reference for the Health Safeguarding Forum (HSF) 			

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

1. Introduction

The purpose of this report is to provide assurance to the Integrated Care Board regarding quality matters whilst also providing a summary of the discussions and emerging issues raised at the key quality forums, System Quality Group (SQG) and Quality Safety Committee (QSC) throughout July 2023.

2. Quality Risks on the Register

No new quality risks have been added this month.

3. Board Assurance Framework (BAF)

QSC have oversight of BAF risks 3,4 and 5 following discussions at System Finance and Performance Committee. It was agreed by QSC that Q1 risk and assurance assessments were an accurate reflection of the current position.

4. Updates from System Partners (from SQG)

4.1 Staffordshire County Council (SCC)

The regulatory ratings for Staffordshire care services continue to remain broadly positive with some emerging concerns in the community care market. Local trends follow the regional and national trends, acknowledging there is increased risk in the community sector. Further improvements are expected when the planned additional nurse capacity is recruited to.

The 'MiDoS for Care' platform which provides guidance and best practice to care homes and community services, has reported access as 98.9% and 39.2%, respectively, against a target of 50%. Access to community services only became available from October 2022.

£100k allocation has been received on behalf of Staffordshire and Stoke-on-Trent, to promote the digital care records on behalf of the ICS. Updates will be provided as the work progresses.

The Dignity in Care Awards event is due to be held on 18th July to celebrate those who go above and beyond, placing dignity at the centre of what they do daily. Nominations have been received from the care sector, care companies as well as informal carers. The ICB Chief Nursing and Therapies Officer is attending and presenting an award.

4.2 Midlands Partnership University NHS Foundation Trust (MPFT)

The CQC report was published on 19th May 2023 following the inspection in November 2022. A new action plan has been produced and is being monitored closely by the Trust which remains rated as 'Good' overall. The ICB is sighted on all action plans and has joined a ward visit in collaboration with the Trust to identify if actions are being embedded.

The Trust reported a risk of harm across D2A services due to the high number of patients on their caseload, the complexity of needs, the impact of additional escalation beds in the community hospitals, and additional care home beds. Mitigation actions are being taken and the risk has subsequently been downgraded as a result. Further discussions regarding Pathway1 and 2 will take place at a future meeting.

An update on the CNO Priorities was provided highlighting the continued roll out of Virtual Wards which continues to progress although recruitment to all posts is still proving to be challenging. MPFT have confirmed that there are procedures in place to support non-medical discharge arrangements at both St Georges and the Haywood hospitals, they have also participated in a regional NHSE point prevalence study to understand the measures put into place to support Criteria Led discharge. Digital dashboards are also within all wards, supporting update and bed management, it was also recognised that the ICS have commissioned the SHREWD tool to provide in depth, real time, information which will support flow.

4.3 University Hospital of North Midlands (UHNM)

The CQC Maternity final report 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. The Trust identified a considerable number of factual inaccuracies within the draft report and have already addressed several of the identified actions. The ICB team will be working with NHSE and the Trust on some targeted improvement work in maternity services.

UHNM are progressing the development of a suite of harm free care ambitions as part of their Quality Strategy. Ambitions relating to Nutrition and Hydration, and Safe Mobility have already been launched with Maintaining Continence Ambition in draft. Work is on-going as part of the non-Elective programme to ensure prevention of deconditioning remains imperative throughout the work stream programmes. #ButFirstADrink Comms and plans are in development of a hydration campaign led by the Chief Dietician at UHNM.

The Trust Patient Safety Teams have been shortlisted for the Team of the Year Award for the Care Excellence Framework (CEF) work they have undertaken.

PSIRF (Patient Safety Incident Response Framework) training has commenced with a planned launch in the autumn. The templates produced by the Trust have been praised by the trainers and a request has been received to use them more widely across the region.

4.4 North Staffs Combined Healthcare NHS Trust (NSCHT)

A recent CQC visit has taken place to review Mental Health Act (MHA) processes, issues identified during the visits were addressed immediately with the formal reports awaited.

NSCHT are HSJ award finalist following for their digital innovation for all age wellbeing portal and have also been awarded the prestigious Quality Network for Crisis Resolution and Home Treatment Teams (QNCRHTT) from The Royal College of Psychiatrists following an extensive accreditation process.

4.5 Allied Health Professions (AHPs)

The key challenge concerns sustainability of the Faculty and Council, who are currently supported through temporary funding. There is an expectation that some activities will need to cease unless further funding is identified. The Chief Nursing and Therapies Officer is discussing this with the lead AHP.

4.6 NHS England Workforce, Training and Education

An update was provided on the International Retention toolkit which has been launched to support a reduction in the turnover of international staff in the NHS by improving their experience of work.

4.7 NHS England

The ICS were commended on the quality of the ICB Annual Assessment 2022/23. They have been reviewed through a quality and safety lens with the Staffordshire and Stoke-on-Trent submission seen as being really strong and 'a joy to read'. The Joint Forward Plan (JFP) is currently under revision and provides real clarity about delivery

It was highlighted that there is a low number of Serious Incidents (SIs) reported in Staffordshire and Stoke-on-Trent following Hospital Acquired Infections. The ICB team confirmed that a comprehensive IPC report was shared last month which could be shared with NHSE and this has also been shared with the IPC leads who will look into the matter for future reporting.

The team were commended for the way in which the SQG is conducted and seen to be the strongest of the 7 SQGs attended.

4.8 Care Quality Commission (CQC)

The CQC representative explained they are moving into new ways of working, with responsibilities changed to system working, which includes the employment of colleagues with social care experience and service experts who will take the lead on specific visits.

4.9 Healthwatch

Representatives from Healthwatch Staffordshire and Healthwatch Stoke-on-Trent attended the meeting. For Staffordshire there is a focus currently on mental health, aligned to the mental health strategy that is being developed locally.

Healthwatch Staffordshire are also looking at primary care access and how it impacts on Emergency Departments (ED) and trying to signpost to alternative provision such as 111 or a pharmacy.

Following previous concerns, there are early signs that more dental appointments are being offered. This will continue to be monitored.

Delays in non-urgent transport conveyances, potentially as a result of needing to make longer journeys, are reportedly resulting in delayed procedures. Further investigation to fully understand the impact is underway.

Frailty and falls are being reviewed, linking with the NHSE Frailty and Falls campaign and maximising available social care provision.

Both Healthwatch Staffordshire and Healthwatch Stoke-on-Trent, have published their annual reports.

Both Healthwatch organisations are working together on 'Enter and View's visits at UHNM and will look to see how these can complement the current CQC visits through collecting soft intelligence about how people feel about the care they received, this will be shared with the Trust.

4.10 Primary Care

The Primary Care Networks (PCNs) are being supported to develop their Access Improvement Plans, which are due for submission to the ICB Board. The plans are being reviewed and identify a need to improve communication and support, on-line ordering of prescriptions and booking appointments, possibly via the app, and working to an 'every contact count's' culture.

A dashboard has been developed that focuses on access and workforce, as well as Mental Health and Immunisations, with the aim of providing a system level picture of all the practices. The dashboard supports the monitoring of quality. NHSE are keen to see the outcome of this work and how it can complement the work of the CQC. A standalone action plan for practices rated as Requiring Improvement and Improving is also maintained to ensure practices get the right support.

4.11 Staffordshire and Stoke-on-Trent ICB

Quality oversight activity with out of area providers continues through collaborative working.

The PSIRF programme is progressing well and providers are encouraged to maximise all the training places that become available. System partners are working collaboratively to support the roll out later in the year.

Members of the ICB were involved in events to celebrate 75 years of the NHS; 10 staff attended Westminster Abbey and 1 (of 2 ICS) personnel were invited to visit 10 Downing Street.

5. ICB Updates

5.1 Quality Strategy

An amended timeline was presented to the QSC in relation to the development of the ICB Quality Strategy. The timeline required amendment to ensure all key stakeholders are involved in the

development and socialisation of the strategy. The final strategy should be approved at QSC in November and will then be presented to ICB Board.

5.2 LeDeR Annual Report and Conference

The Staffordshire and Stoke-on-Trent LeDeR Awareness Conference took place on 6th July 2023, and was attended by over 130 delegates. There was wide audience participation from service users to health, social, education professionals with over 20 stalls available to promote the LeDeR programme. NHSE were in attendance and gave positive feedback to the regional Learning Disability Autism Programme. Early feedback and comments received to date indicated that the conference was well received, informative and provided an opportunity for valuable conversation and discussions to take place.

5.3 Public Consultation on Inpatient Mental Health Services

QSC received the Report of Findings from the public consultation for inpatient mental health services previously provided at the George Bryan Centre for assurance and information. It was noted that the feedback provided will be included in the decision-making business case and impact assessments will be refreshed.

5.4 Assisted Conception Involvement – Report of Findings

QSC received the report of findings following the assisted conception involvement process for information. The output of the process is due to be shared with the Overview and Scrutiny Committees and published on the ICB webpage. The report findings will also now be taken to a technical event later in July.

5.6 Continuing Health Care (CHC) Policy

An update report was presented to QSC which provided details regarding progress to date and plans for further development of the local Continuing Healthcare Policy.

5.7 Terms of Reference Health Safeguarding Forum (HSF)

The Staffordshire and Stoke-on-Trent Integrated Care System (ICS) Health Safeguarding Forum (HSF) is a subgroup of the Quality and Safety Committee (QSC). It will provide strategic oversight for all aspects of both Adults and Children's Health Safeguarding work across the Integrated Care System. This will include Children in Care, Child Death Reviews, Prevent, Domestic Abuse, Serious Violence and the Mental Capacity Act. The forum will be accountable to and report escalations into Quality and Safety Committee (QSC), it is noted that there will on occasions be a need to report appropriate information into the System Quality Group (SQG). The forum will also provide a health link between health partners and the safeguarding boards in both Staffordshire and Stoke on Trent.

Members of the QSC **approved** the Terms of Reference for this newly established forum subject to minor amendments.

5.8 Working with People and Communities

The QSC were presented with a report which provided an update to members about the work being undertaken to engage and communicate with people and communities across Staffordshire and Stoke-on-Trent. This will be a regular area of focus for the QSC in future.

5.9 Infection Prevention and Control (IPC)

The QSC were presented with the system wide IPC report for Q4 2022-2023. HCAs (Health Care Acquired Infections) data for Q4 remained assigned to the previous CCG footprints.

Rates of HCAs across Staffordshire and Stoke-on-Trent indicate MRSA blood stream infections took a slight increase over the past 3 years which supports the increased focus on learning identified during the post infection review (PIR) process in both hospital and community cases.

C diff rates are noted as a concern with numbers across Staffordshire and Stoke-on-Trent ICB breaching the threshold by 67 cases, though it is acknowledged that C diff rates have increased nationally. Regional work is underway to consider a common review tool and ensure a consistent

approach is embedded in services supported by learning from reviews and a refreshed focus on antimicrobial prescribing.

Gram negative blood stream infections are noted to have coincidental rises alongside the incidence of Covid-19. Across Staffordshire and Stoke-on-Trent at the close of Q4, E coli rates had increased by 1.28% (11 cases) and Klebsiella cases had increased by 1.29%, (3 cases). Numbers of Pseudomonas blood stream infections had reduced by 20% (27 cases reduction) and were therefore under threshold by 11 cases, contradicting the national trend.

6. Portfolio Quality Updates

6.1 Planned Care, Cancer & Diagnostics

Work continues in partnership with UHNM to respond to the Tier 1 requirements and support the portfolio with system transformation, review of contracts and procurement work. Work continues in respect of monitoring the impact in terms of harm for patients who experience delays.

6.2 Urgent and Emergency Care

Work continues within the UEC (Urgent and Emergency Care) workstreams to deliver through the three key areas:

1. Acute Care at Home,
2. Pre- Hospital,
3. Interdependencies

Quality and prevention of harm continues to be a focus in all discussions to ensure that all patients within the Staffordshire and Stoke-on-Trent ICB Footprint have access to urgent care services that promote safe, effective and good quality care.

6.3 Primary Care

Birmingham and Solihull (BSoL) ICB, as hosts for the Podiatry, Ophthalmology and Dentistry (POD) NHSE teams, are in the process of reviewing Quality and Equality Impact Assessments (Q/EIAs) in order to apply consistency across the area. BSoL are engaging with Derby and Nottingham to understand the various processes currently in place with a view to developing a Midland's 'Community of Practice'.

As planned, the Midland POD Quality meetings have now divided into an East and West meeting, consistent with the allocated NHSE resources and teams, and will support discussions more aligned to local requirements.

6.4 End of Life, Frailty & Long-Term Conditions (E.L.F.)

Work continues to review the contracts associated with the E.L.F portfolio and prioritise reviews and associated work. This has highlighted some areas of focus moving forward.

The Quality team are supporting the review of contracts and grants which will inform the schedule of work over the next few months within the E.L.F portfolio. Work continues with the Lymphoedema service specification.

6.5 Children, Young People & Maternity

The LMNS Governance Process is being reviewed to support implementation of the Three-Year Delivery Plan for Maternity and Neonatal Services, in order to ensure appropriate escalation, membership and discussion, in particular at the LMNS Partnership Board but also the Quality and Safety Oversight Forum (QSOF).

6.6 Mental Health, Learning Disabilities and Autism (MHLDA)

Work has commenced within the portfolio on the National MHLDA Inpatient Quality Transformation Programme with the establishment of system working groups to address key areas.

The Host Commissioner guidance has been updated to reflect the host commissioner arrangements as 'business as usual' and considering the transition from CCGs to ICBs in respect of inpatient care commissioned for people with a learning disability and autism.

6.7 Improving Population Health

The Improving Population Health Portfolio Board held its inaugural meeting in June 2023 and the ICB's Associate Director – Quality Assurance & Improvement attended as a member of the extended multi-disciplinary (matrix) team.

7. Other System Quality Matters:

Safeguarding

The Safeguarding Provider Collaborative has received Stage 2 approval and will now move forward into the Implementation Phase.

The Child Death Overview Panel (CDOP) have overseen two sudden and unexpected deaths within South Staffordshire, both requiring a Joint Agency Response. Training has been delivered to bereaved parents in conjunction with 'A Child of Mine' charity on the child death process and Safer Sleep training delivered by the CDOP nurse in partnership with Stoke-on-Trent Local Authority, as part of Stoke Festival of Practice week.

Four nursing homes (3 in Staffordshire, 1 in Stoke on Trent) have a suspension order on new admissions. One has 28 CHC residents and has been placed into Large Scale Enquiry (LSE). Safeguarding Safe and Well Checks are planned.

A clearer process for managing section 42 Enquiries to Health is being developed through the work of the new Safeguarding Provider Collaborative. Although previously a backlog had been reported, there are currently no pending enquiries.

There has been rise in measles cases nationally and across the West Midlands, as a result we are working with colleagues, including UKHSA, to monitor the local situation and encourage uptake of the MMR vaccination.

Patient Safety Incident Response Framework

The first cohort for ICS PSIRF (Patient Safety Incident Response Framework) training has been completed with the second cohort due to commence on 17th July 2023. The response to the training has been extremely positive.



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

Enclosure:	09
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Title:	Performance and Finance Report
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Meeting Date:	20 July 2023
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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	<input checked="" type="checkbox"/> 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		Decision's Value / SOFD Limit

History of the paper – where has this paper been presented		
	Date	A/D/S/I
System Performance Group	28/06/23	D/I
Finance and Performance Committee	04/07/23	S
Senior Leaders Team	13/07/23	S

Purpose of the Paper (Key Points + Executive Summary):
<p>The purpose of this paper is to provide an exception report (both positive and negative) against the key performance metrics agreed for 2023/24 and a summary of the ICB Financial position as at Month 2.</p> <p>The paper provides a summary of the detailed performance and finance report discussed at the System Performance Group (SPG), the ICB Finance & Performance Committee (FPC) and the Senior Leaders' Team (SLT).</p>

This is a new look report that we have developed following feedback from the Board, and we continue to seek feedback and comment on whether this meets the requirements of the Board. The targets and KPIs which the board have historically seen in the 2022/23 reports are still reported via portfolio dashboards.

The following exceptions are 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.

We continue to refine the content and format of the performance report following feedback from stakeholders. A traffic light rating system is being developed to clearly indicate where we are against work programmes and metrics.

The ICB Board is asked to note the contents of this report.

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):

- 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: <ul style="list-style-type: none"> Condition 1 & action taken. Condition 2 & action taken. 		
2a.	Has an Equality Impact Assessment been completed? If yes please give date(s) <ul style="list-style-type: none"> Stage 1 Stage 2 	N/A	
2b.	<p>If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion?</p> <p>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.</p> <p>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.</p>		
2c.	<p>Please provide detail as to these considerations:</p> <ul style="list-style-type: none"> 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.	<p>Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients</p> <p>Please provide detail</p>	N/A	
4.	<p>Has a Data Privacy Impact Assessment been completed?</p> <p>Please provide detail</p>	N/A	
Recommendations / Action Required:			
<p>The Integrated Care Board is asked to:</p> <ul style="list-style-type: none"> Note the exceptions highlighted in the report. Note that the report continues to evolve as we receive feedback from stakeholders. 			

Report to the ICB Board on Performance and Finance

ICB Board Meeting – 20 July 2023



Executive Summary for ICB Board

Background

- Slides 4, 5 and 6 provide an exception report (both positive and negative) against the [key performance metrics](#) agreed for 2023/24 to monitor the delivery of the system's operational plan. This is a summary of the detailed performance report that is discussed at the System Performance Group (SPG), the ICB Finance & Performance Committee (FPC) and the Senior Leaders' Team (SLT).
- The Place Mat on slide 2 provides a visual representation of the actions identified by the seven portfolios that they need to address in 2023/24 to deliver their part of the system operational plan.
- Slides 5 to 7 provide a summary of the [ICB Financial position](#) as at Month 2.
- Taking into account all of the headlines and escalations raised on Slide 4, which are fed by the Metrics Overview, Portfolio Reports and Finance Report, the following items were escalated for discussion at SPG:
 - De-escalation of Winter Beds
 - Continuing escalation in Continuing Health Care costs – driven by both price and activity
 - Delivery against the Efficiency Plan resulting in an adverse year to date position across the system.
- We continue to refine the content and format of the performance report following feedback from stakeholders. A traffic light rating system is being developed to clearly indicate where we are against work programmes and metrics.
- The targets and Key Performance Indicators which the board have historically seen in the 2022/23 reports are still reported and discussed via portfolio dashboards.

Exceptions Raised

- De-escalation of 2022/23 surge capacity remains challenged and is impacting the financial position.
- 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 week waits \(ww\)](#). 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.

The Place Mat

- The place mat demonstrates at a high level, objectives, metrics and deliverables of the [One year operational Plan](#). This is underpinned by Business Plans and Project Implementation Plans for NHS trusts. Through Portfolios, we have described the actions required to implement the collective aim, priorities and national objectives/actions and show how these are related.

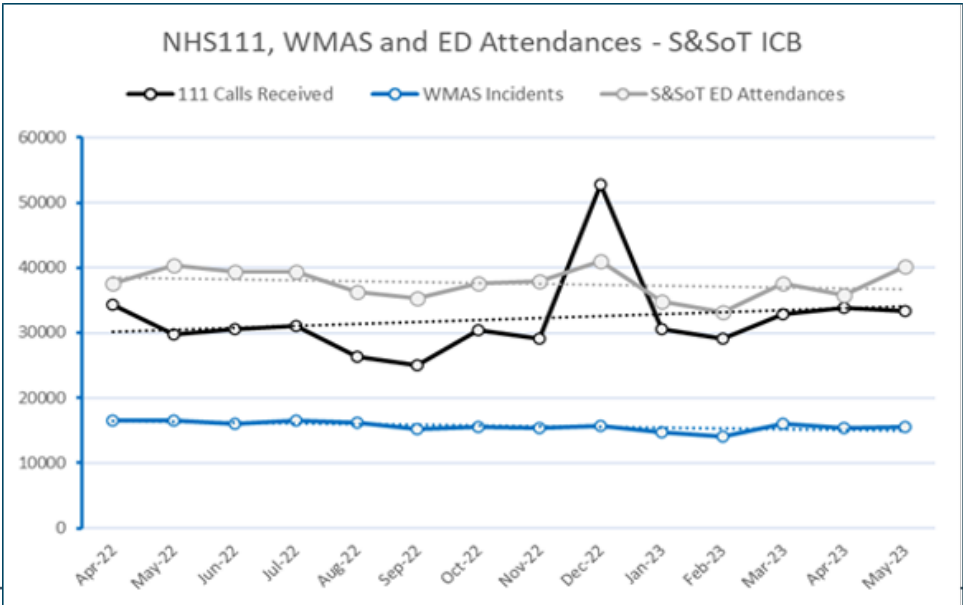
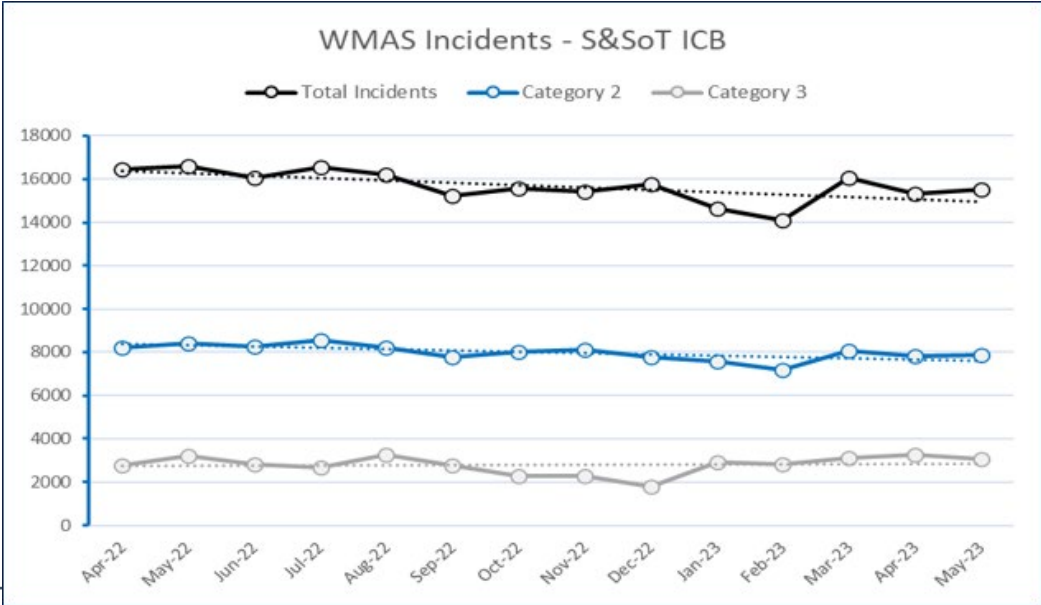
Note – we plan to develop a traffic light system to rate risks and delivery against the <u>key metrics and deliverables</u> listed in the placemat							
PORTFOLIO	<div>Children and Young People / Maternity</div> <div><ul style="list-style-type: none">Deliver the key NHS Long Term Plan ambitions for a strong start in life for children and young peopleImplementation of the national delivery plan for maternity and neonatal care</div>	<div>Planned Care, Diagnostics & Cancer</div> <div><ul style="list-style-type: none">Deliver the goals for elective recovery in planned, cancer and diagnostics</div>	<div>Improving Population Health</div> <div><ul style="list-style-type: none">Embed measures to improve health and reduce inequalities</div>	<div>Urgent & Emergency Care</div> <div><ul style="list-style-type: none">Recovery of Urgent and Emergency Care Services</div>	<div>Mental Health, Learning Disability and Autism</div> <div><ul style="list-style-type: none">Deliver the key NHS Long Term Plan ambitions</div>	<div>Primary Care</div> <div><ul style="list-style-type: none">Deliver the vision outlined in the Fuller Stocktake and make it easier for people to contact a GP practice</div>	<div>End of Life, LTCS and Frailty (ELF)</div> <div><ul style="list-style-type: none">Deliver the Ambitions for Palliative and End of Life Care national frameworkDeliver the key NHS Long Term Plan ambitions supporting people to age wellDeliver the NHS Long Term Plan prevention priorities</div>
NATIONAL OBJECTIVES	<div>1314</div>	<div>6789101112</div>	<div>272829</div>	<div>1234</div>	<div>1920212223242526</div>	<div>515161718</div>	
SYSTEM PRIORITIES	<div>134</div>	<div>12</div>	<div>1234</div>	<div>12</div>	<div>123</div>	<div>123</div>	<div>12</div>
KEY METRICS / DELIVERABLES	<div><ul style="list-style-type: none">Design and Implement Long Term Conditions Programme (Diabetes, Epilepsy and Asthma)Implement Children with Complex Needs ProjectImplementation of the national delivery plan for maternity and neonatal care</div>	<div><ul style="list-style-type: none">Ongoing implementation of Patient Initiative Follow Up (PIFU)Trajectory for eliminating 65 week waits deliveredMeeting 85% day case /theatre utilisationIntroduce Community Diagnostic HUBsOptimal use of lower GI 2ww</div>	<div><ul style="list-style-type: none">Systematic implementation of the Core20 approachImplement NHS Long Term Plan prevention programmesUtilise population health management techniques</div>	<div><ul style="list-style-type: none">Capital Investment Case76% of patients seen within 4 hours in A&EBed occupancy 92% or belowFull review and priority setting for virtual wards.Enhance provider collaborative offer to include the Clinical Assessment Service.Deliver a fully integrated discharge “hub”</div>	<div><ul style="list-style-type: none">Improve the crisis pathways including 111 and ambulance responseUndertake a PICU Options AppraisalMinimise waiting times for autism diagnosisIncreased number of people accessing IAPTIncreased number of people with SMI having annual physical health check</div>	<div><ul style="list-style-type: none">Deliver ARRS recruitmentImplement digital solutions to provide enhanced remote care to people.Deliver recovery of dental activityImplement POD Delegation</div>	<div><ul style="list-style-type: none">The creation of a PEOLC strategyIdentification of Patients in the last 12 months of life recorded on Palliative Care Registers in Primary CareLTC strategyTransformation programme around CVD, Respiratory and DiabetesDelivery of the frailty strategy</div>
	PEOPLE & COMMUNITIES	PERSONALISED CARE		PERSONAL RESPONSIBILITIES		PREVENTION & INEQUALITIES	PRODUCTIVITY

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.	<p>Total incidents shows a downward trend. Category 2 shows very marginal decrease while Category 3 shows marginal upward trend over the period shown.</p> <p>Category 2 - Prolonged reduction in the number of calls for Chest, Cardiac Back Pain over the period, matched by other adjustments in call category volumes based upon the incident allocation algorithm.</p> <p>Category 3 – Community Rapid Intervention Service (CRIS) actively pursuing validation of Category 3 calls and referral into service to reduce volumes.</p> <p>Emergency Department (ED) attendances show a downward trend since April 2022. The total number of calls to NHS 111 over the first two months of this year was slightly higher than that seen over the same period in 2022/23, although an upward trend has been seen since Sept 2022 when the lowest number of calls were recorded.</p> <p>Category 2 Trajectory Plan completed, authorised and signed off without provider input due to tight turnaround timescales - impact following any interventions not considered as part of this plan. Ongoing engagement with WMAS.</p>

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.



Exception Reporting against our 4 system priorities

System Priority	Key points this month, actions and observations for the coming months
Urgent & Emergency Care (UEC)	<p>Focus on prevention, hospital avoidance and appropriate and timely discharge</p> <ul style="list-style-type: none"> A&E 4 hour performance in May deteriorated marginally to 69.3% from 70.0% in April, which was also slightly below our plan of 71.8% We have utilised 66.6% of virtual ward in May, exceeding our plan of 61%. However staffing remains a challenge and situation is part of UEC recovery plan. Data reporting challenges creating lack of visibility around Virtual Wards Capacity General & Acute (G&A) bed occupancy was below 92% in April about increased in May, but within target of 92%. Same Day Emergency Care (SDEC) Modular build (addition of 50 new G&A 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. Ambulance handover delays have been challenging during May. For pre-hospital pathways significant progress has been made through the Community Rapid Intervention Service (CRIS) model. Work is underway to understand whether this can be rolled out across the whole population before winter. De-escalation of 2022/23 surge capacity remains challenged and is impacting financial plan. The Integrated Discharge Hub was formally launched on 24th May. The Integrated Discharge Director post is out for recruitment. A new Integrated Discharge Steering Group will replace the current post hospital workstream and provide governance and oversight to the Integrated Discharge Team. Change to reporting processes for Same Day, Next Day discharges is anticipated to negatively impact on performance.
Tackle Backlog (Planned Care)	<p>Backlog reduction</p> <ul style="list-style-type: none"> Long waiters reduction remains a significant challenge, particularly for 78 and 104 week waits. Weekly updates continue via tier 1 escalation meetings with UHNM and a trajectory is in place to eliminate 78 and 104 week waits by mid-July. The total waiting list remains stable, 65+ week waits at UHNM is currently ahead of plan of 1,898, at 1,673. 62 day cancer breaches at UHNM was slightly ahead of plan in April. 28 day faster diagnosis standard was below plan and target in April. Diagnostic activity was below plan for April, and patients seen within 6 weeks was 0.2% below plan.
General Practice	<p>Ensuring that residents have appropriate, timely and equitable access to services</p> <ul style="list-style-type: none"> Appointment count in General Practice in March was the highest this calendar year. April 2023 performance was under plan but higher than April 2022 The March 2023 Did not Attend rate was at 4.6% - the lowest value since September 2022.
Complex Individuals	<p>Improving access to high quality and cost effective care for people with complex needs, which requires multi-agency management</p> <ul style="list-style-type: none"> Access to NHS Talking Therapies was 25% of the Quarter 1 plan in April. Referrals remain below target due to the impact of Covid-19. Access to Specialist perinatal community mental health services was 44% of the Quarter 1 plan. Recruitment and capacity issues have impacted access. Recruitment is underway. Access to Children and Young People community mental health services was close to the Quarter 1 plan (97%), whilst access to Adult community mental health services was 10.5% above the Quarter 1 plan. The Dementia diagnosis rate continues to exceed the national target. However, whilst Stoke-on-Trent sub-ICB achieved a high rate (84.7%), Staffordshire sub-ICBs as a group fell just a little way short of the national target. Learning Disability Annual Health Checks M2 position was marginally below trajectory (7.6% vs. Month 2 Target 8.7%) Early feedback from the Continuing Healthcare Summit held on 20th June suggests that it was a “Really constructive session, which has really helped partners build system awareness of issues and buy-in to the challenges we are experiencing”

Financial Summary

- The ICB Board is aware of the balanced plan submitted on the 4th May, which included material risks in order to achieve the break even plan.
- With no formal reporting at month 1, Month 2 is the first detailed reporting. At month 2, at a system level we are reporting a [year to date deficit position of £15.2m, which is a £11.4m adverse variance against the £3.9m deficit plan](#). The main drivers behind this movement are:
 - Slippage on efficiency programmes within the plan.
 - Retention of escalation beds longer than initially planned due to the ongoing Urgent and Emergency Care (UEC) demands within the system.
 - Continuing health care (CHC) and prescribing costs being over and above the inflationary assumptions used within the system plan submission.
 - Junior doctors strike in April, which cost UHNM £1.2m over and above plan.
- The system partners focused discussion at System Performance Group on 28th June on actions to address the slippage and this will form a key part of the system wide planning workshop on the 14th July.
- Despite these pressures, the system remains committed to delivering a year end breakeven position and at month 2 has forecast breakeven position. [The net risk position has not changed from our financial plan and remains at £75.6m](#). We continue to work to mitigate these risks but to extrapolate the month 2 position on a crude straight line basis would suggest a full year deficit of circa £68m which is in line with the risks, and 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. There was an agreed overspend within our submitted capital plan for project star and with have an agreement increased funding should be received in year for Reinforced Autoclaved Aerated Concrete (RAAC) to mitigate this pressure. There was also a 5% over programming allowance within our plan and it is too early in the year to have identified where this may be clawed back.

Month 2 Position

- The general themes driving our financial position are CHC price & volume challenges 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 following slide.
- As well as the recurrent problems above, there was also a deterioration to the year to date position due to the nationwide junior doctors strike in April. 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.
- Extrapolating the month 2 position on a crude straight line basis would suggest a full year deficit of circa £68m, clearly it is too early to indicate using only month 2, however it does demonstrate the size of the challenge ahead

System	Month 2		
	Plan	£m YTD	Variance
Income	748.7	748.1	(0.6)
Pay	(196.4)	(195.6)	0.8
Non Pay	(103.2)	(110.3)	(7.0)
Non Operating Items (exc gains on disposal)	(4.8)	(4.0)	0.8
ICB/CCG Expenditure	(448.1)	(453.4)	(5.3)
Total	(3.9)	(15.2)	(11.4)
			-1.5%

ICB	Month 2		
	Plan	£m YTD	Variance
Allocation	(442.0)	(442.0)	0.0
Expenditure	448.1	453.4	(5.3)
TOTAL ICB Surplus/(Deficit)	6.1	11.4	(5.3)
			1.2%

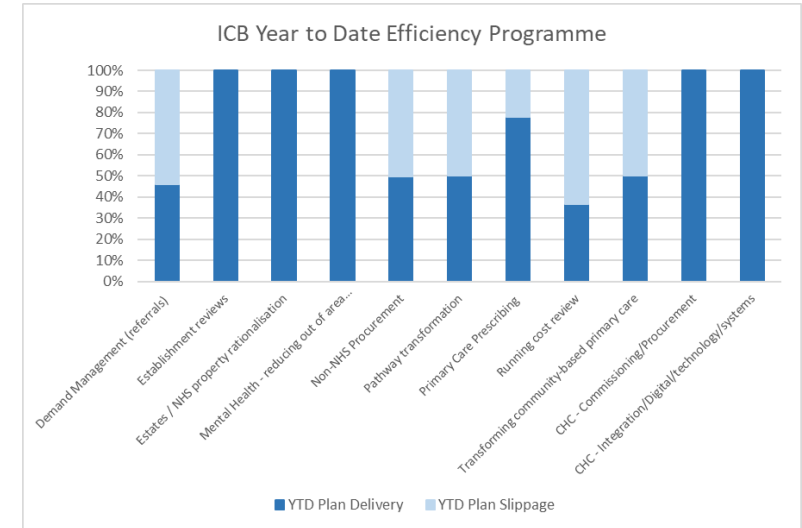
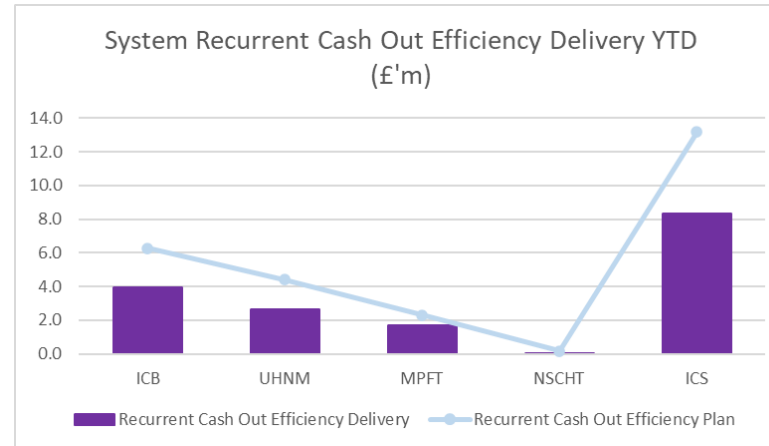
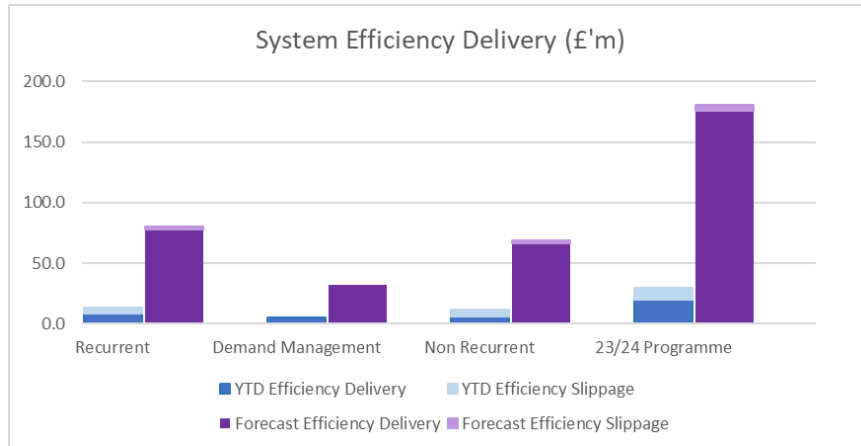
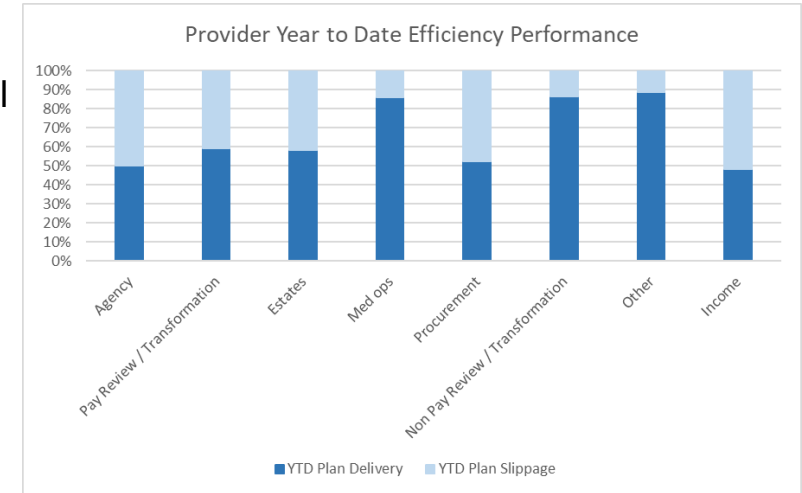
UHNM	Month 2		
	Plan	£m YTD	Variance
Income	(175.7)	(175.3)	(0.5)
Pay	106.9	108.2	(1.3)
Non-Pay	62.5	66.6	(4.2)
Non Operating Items (exc gains on disposal)	4.7	4.2	0.4
TOTAL Provider Surplus/(Deficit)	(1.7)	3.8	(5.5)
			3.1%

MPFT	Month 2		
	Plan	£m YTD	Variance
Income	(103.2)	(103.5)	0.3
Pay	74.1	71.9	2.2
Non-Pay	29.2	32.4	(3.3)
Non Operating Items (exc gains on disposal)	(0.5)	(0.7)	0.2
TOTAL Provider Surplus/(Deficit)	(0.5)	0.1	(0.6)
			0.5%

NSCHT	Month 2		
	Plan	£m YTD	Variance
Income	(27.7)	(27.2)	(0.5)
Pay	15.4	15.5	(0.1)
Non-Pay	11.6	11.2	0.4
Non Operating Items (exc gains on disposal)	0.6	0.4	0.1
TOTAL Provider Surplus/(Deficit)	(0.1)	(0.1)	(0.0)
			0.1%

Efficiency Delivery

- The system has delivered £19.8m of efficiency as of May 2023, 66% of plan. 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 currently have a £2.6m forecast shortfall of recurrent schemes.
- All organisations have been ramping up assurance of full year effect (FYE) delivery into 2023/24 and the previously identified actions continue.



- From month 3 there will be more detailed section within performance report of efficiency delivery by scheme.



REPORT TO:

Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure:	10
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Title:	Quarter 1 2023-24 Board Assurance Framework (BAF) Update
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Meeting Date:	20 July 2023
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Executive Lead(s):	Exec Sign-Off Y/N	Author(s):
Various (as per specific risks)	Yes	Paul Winter / Governance Team

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 being asked to make a decision/approve this item? Yes			
Is the decision to be taken within Committee delegated powers & financial limits?			
Yes			
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
High level strategic risks approved at ICB Board	20.04.23	A
Audit / F&P / Q&S / PCI Committees	Early to Mid-July 23	A / D / S

Purpose of the Paper (Key Points + Executive Summary):
<p>The enclosed report sets out the refreshed BAF as at Q1 2023-24. 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 has been mapped accordingly.</p> <p>Whilst significant work has been undertaken to develop the BAF during this Quarter, it should be noted that there remains some further work to be undertaken, in particular around the Assurance Mapping against Committee Business Cycles and the completion of action plans / progress reports. In addition, a session was held with the Exec Team on 13th July 2023, which focussed on controls versus assurances, as well as enhancing Committee-reported areas that need strengthening (e.g. BAF 3).</p> <p>Feedback from ICB Committees (all reviewing their tailored Q1 reports throughout July):</p> <p>(1) Audit Committee = variability in 'Controls' & 'Assurances' sections to be reduced / improved; we need to ensure that the BAF starts becoming <u>the</u> System BAF in application as well as reporting, including if we are not assured, what is being done to mitigate it; strengthening the links to</p>

Committee Business Cycles & plans to align the BAF with core business. The Committee was otherwise assured and accepted all recommendations made.

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

Feedback from ICB Committees (continued):

- (2) **Finance & Performance Committee** = re-assigning BAF 3 (community services) to Quality & Safety Committee's remit, while still maintaining the links / 'golden threads' back to F&P-owned elements; ensuring that all the positive updates provided in the meeting on non-BAF related agenda items is picked up by each Strategic Owner Exec Lead when it comes to doing their Q2 BAF updates, so as not to miss out on this important triangulation, and in order to aid greater reassurances. The Committee was otherwise assured and accepted all recommendations made.
- (3) **Quality & Safety Committee** = acceptance of the BAF3 realignment, echoing the F&PC opinions about 'golden thread' triangulation on all controls & assurances between the 2 committees; debate about factoring the BAF discussions into specific "deep dive" sessions being planned in the near future to ensure greater / deeper consideration of all the facets of the Strategic Objectives assigned, and to ensure richer debate takes place (than usually afforded in-meetings owing to time pressures). The Committee was otherwise assured and accepted all recommendations made.
- (4) **People Culture & Inclusion Committee** = concerns raised about the high-scoring nature of the single Workforce objective, though accepted for now. The Committee was otherwise assured and accepted all recommendations made.

Is there a potential / actual Conflict of Interest?

NO

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):

Given the nature of this document, risks are described throughout and those have been linked to risks within the operational risk register where relevant.

Implications:

Legal and/or Risk	BAF completion is a key component of the ICB's Risk Management Strategy
CQC/Regulator	There are no implications for CQC or other regulators
Patient Safety	Progress on patient safety is Strategic Objective 2
Financial – if yes, they have been assured by CFO	There are no financial implications resulting from this paper.
Sustainability	There are no sustainability implications result from this paper.
Workforce / Training	There are no workforce training implications resulting from this paper.

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? <i>Equality is specific to one of the Strategic Objectives (under the PCI Committee re. Workforce); however it is interlinked throughout all objectives. Reports to the Board will identify progress towards delivery of our action plans to manage risk to delivery of equality-related objectives.</i>		
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) <i>The Board have approved strategic objectives covering health & wellbeing, quality and efficiency within the BAF. The BAF risks will identify progress and/or risks to their delivery.</i>		
		Y/N	Date
2a.	Has a Quality Impact Assessment been presented to the System QIA Sub-group? N/A - the BAF does not propose a change in service provision	NO	
2b.	What was the outcome from the System QIA Panel? (Approved / Approved with Conditions / Rejected) N/A		
2c.	Were there any conditions? N/A If yes, please state details and the actions in taken in response: <ul style="list-style-type: none"> Condition 1 & action taken Condition 2 & action taken 		
3a.	Has an Equality Impact Assessment been completed? If yes please give date(s) No QIA is required for BAF documentation <ul style="list-style-type: none"> Stage 1 Stage 2 	NO	
3b.	If an Equality Impact & Risk Assessment has not been completed what is the rationale for non-completion? N/A - the BAF does not propose a change in service provision		
3c.	<i>Please provide detail as to these considerations:</i> 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. N/A – see (3b)		
Key Requirements:			
4.	Has Engagement activity taken place with Stakeholders / Practices / Communities / Public and Patients? Please provide detail. N/A - the BAF does not require statutory engagement with Stakeholders	NO	
5.	Has a Data Privacy Impact Assessment been completed? Please provide detail. N/A - the BAF does not use personal data or data subject to UK GDPR	NO	

Recommendations / Action Required:

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.

Integrated Care Board

Board Assurance Framework (BAF) Quarter 1 2023/24



1. Introduction and High Level Overview

Situation

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

Background




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

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

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

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

Assessment

	SA2: Address inequalities in access, experience and outcomes from health and social care services and SA3: Achieve a sustainable and resilient integrated care system are the 'most threatened' ambitions, each having 4 Strategic Risks posing a threat to their achievement, of which 2 for SA2 and 3 for SA3 are High 20
	The Finance and Performance Committee is the responsible for Committee for the majority of the Strategic Risks identified with 4 out of 8 sitting within their remit for oversight and scrutiny.
	BAF 2 Responsive Patient Care (Urgent & Emergency Care), BAF 4 Reducing Health Inequalities and BAF 6 Sustainable Finances have all been assessed as High 20 at Quarter 1 with a Partial Assurance Assessment

Recommendations

Committees are asked to:

- Consider whether the Quarter 1 Risk Scores and Assurance Assessments are an accurate reflection of the position
- Consider whether the actions identified are sufficient to either reduce the risk score towards target or to provide additional assurance
- Note that further work is to be undertaken on Committee Business Cycles to ensure full alignment with the BAF

Additional Information

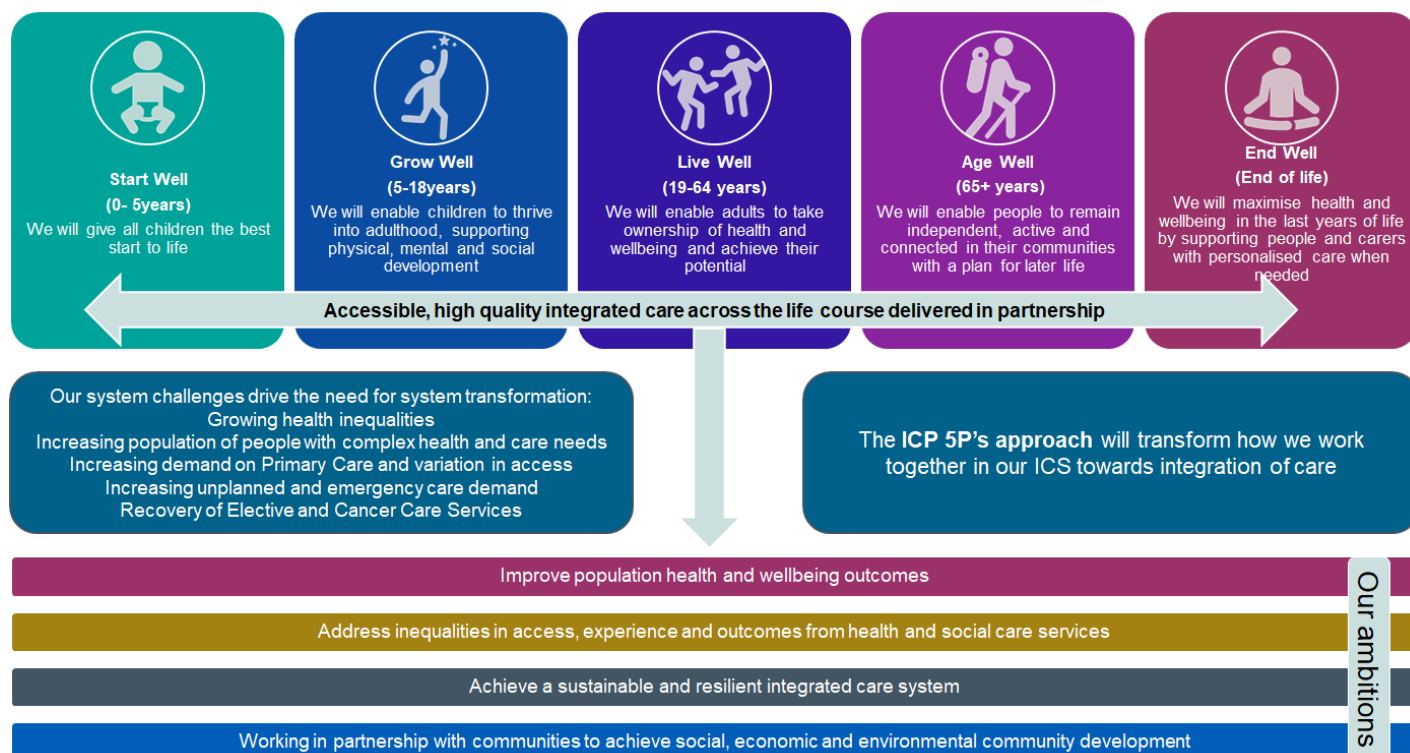
- The BAF can be viewed on SharePoint: [ICB BAF Quarter 1 2023-24draft v1.docx](#)
- The following tables set out the keys used within the BAF for Action Plans and Assurance Assessment Ratings

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

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

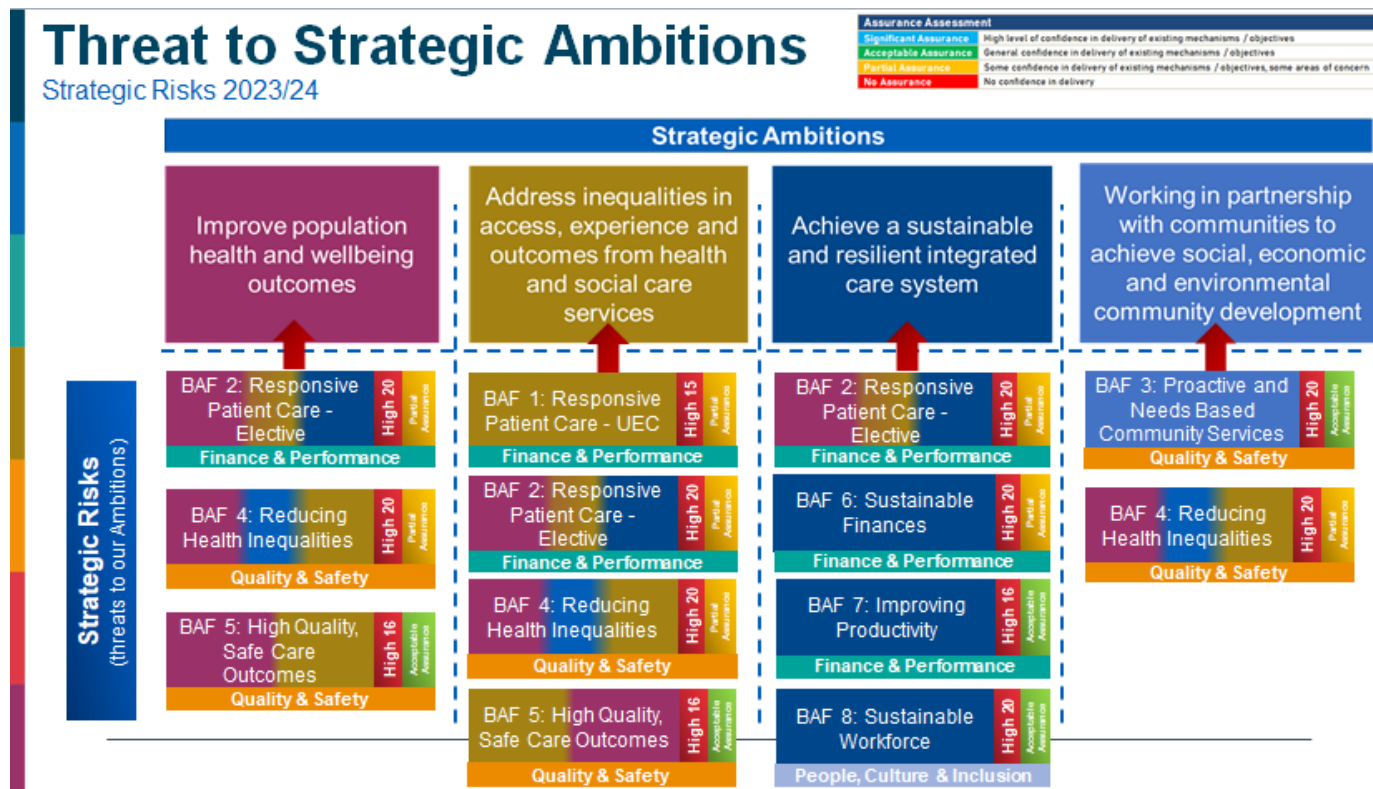
2. Strategic Framework

The Strategic Ambitions identified within the BAF form part of the Strategic Framework within the [ICP Strategy](#).



3. Board Assurance Framework on a Page

This provides a high level overview of our BAF, setting out the Strategic Risks which pose a threat to our Strategic Ambitions, overlaid with Quarter 1 Risk Scores, Assurance Ratings and Responsible Committees.



4. Summary Board Assurance Framework – Risk Movement

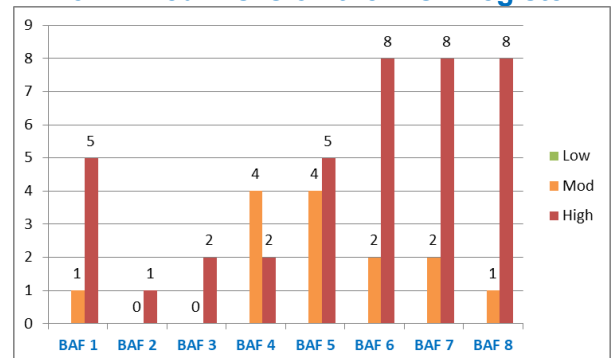
The below summary will demonstrate the movement of risk scores throughout 2023/24 as they progress towards their target:

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

5. Strategic Risk Heat Map



No. Linked Risks on the Risk Register



- All strategic risks within the BAF are in the 'High' category
- All have at least one 'High' linked risk on the Risk Register
- BAF 6 and 8 have the highest scores (High 20) and the highest number (8 each) of High 'linked risks' on the Risk Register

Finance & Performance Committee

Quality & Safety Committee

People, Culture & Inclusion Committee

6. Board Assurance Framework (BAF)

	BAF 1: Responsive Patient Care – UEC	ICS	<input type="checkbox"/>
		ICB	<input type="checkbox"/>

Risk Description and Impact on Strategic Ambitions		
Cause (likelihood)	Event	Effect (Consequences)
If the UEC system does not have sufficient capacity across the entire pathway to meet demand and support flow	Then should demand outstrip capacity, there will be pressure points within the UEC system	Resulting in poor outcomes and experience for patients and increased pressure for our workforce
SA1	Improve Health and Wellbeing Outcomes	
SA2	Address inequalities in access, experience and outcomes from health and social care services	
SA3	Achieve a sustainable and resilient integrated care system	
SA4	Working in partnership with communities to achieve social, economic and environmental community development	

Responsibility for Risk			
Committee:	Finance & Performance	Lead Director:	Chief Delivery Officer

Risk Scoring and Tolerance							
Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	3				2	31/01/2024	The tolerance is set at 10, the consequence of not having capacity in the UEC system will inevitably result in domino effect where patients are not able to timely access the urgent and/ or emergency care they require. The biggest risk is having long waits for emergency ambulances.
Consequence	5				5		
Risk Level	High 15				Mod 10		

Rationale for Risk Score and Progress Made in the Quarter:	
<p>The UEC system currently has sufficient flow and capacity, whilst we are exceeding capacity against demand we are at risk of not fulfilling our statutory duty against our financial plan, if we are not able to de-escalate the current surge capacity. It is expected that as we progress throughout the year our risk score is at risk of increasing. It is recognised that there is surplus capacity open against the predicted bed modelling position, this requires de-escalation due to:</p> <ol style="list-style-type: none"> 1. If capacity is not de-escalated there is no capacity to escalate in to during periods of surge, consequently this will impact planned care delivery if there is not sufficient UEC capacity during surge periods 2. The UEC workforce model is not sustainable at the peak surge capacity rate 3. If is not financially sustainable to have all surge capacity open against the finite financial envelope <p>The capacity needs to be reduced in line with expected demand; this has the potential to impact patient outcomes, experience and pressure on our workforce. The Staffordshire and Stoke-on-Trent UEC Priority Plan will be fundamental in ensuring improvements are made across the UEC system that will derive efficiency and subsequently improve patient experience and outcomes. The UEC Priority Plan has significant interdependencies with the other portfolios across the ICS as a major importer of positive and negative delivery.</p>	

Key Controls Framework	
Key Controls:	<ul style="list-style-type: none"> • System UEC Priority Plan/Operational plan – the system has agreed a 7 point focused plan to drive improvements across the UEC system. As part of the national operational plan SSOT has submitted a Short Form Business Case to the national team to increase the Royal Stoke acute bed capacity by 45 beds to meet demand during 23/24 peak surge. The additional bed capacity is imperative to the delivery and compliance of the national operational plan. • System UEC 22/23 De-escalation Plan – the system is currently in the process of agreeing the de-escalation plan, although this is not currently agreed and presents a risk • System UEC 23/24 Surge Plan – once de-escalation has been agreed, the system will agree a trajectory to increase capacity in line with the predictive bed modelling tool • System Control Centre – The SCC was mobilised in December 22 and shall remain until March 24 as a minimum. The SCC proactively manages the daily capacity and demand across the system and leads daily system COO calls to manage pressure • System Escalation Plan – developed in 22/23, the system escalation plan will be further developed by EPRR leads across the system to ensure there is an appropriate framework for managing risk and escalation across the ICS

- System UEC Strategy – whilst outlining longer term plans of improvement, the UEC Strategy development ensures that the UEC Portfolio has a clear vision for UEC development, any in year improvements will be striving to meet the improvements set out in the long-term System UEC Strategy
- **[NEW]** ICB F&P Committee + System Performance Group – added as controls, post-Audit Committee by request of the F&PC Chair. These groups are tasked with being assured on delivery as a whole, so offer good-strength controls into the decision-making processes, supporting the other principal controls outlined.

Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1st Line (Organisation)	Daily performance	<input type="checkbox"/>			
	Ambulance handover delays	<input type="checkbox"/>			
	UEC Portfolio Board	<input type="checkbox"/>			
2nd Line (System)	WMAS Category 2 response times	<input type="checkbox"/>			
	Financial spent FOT against Plan	<input type="checkbox"/>			
	System Performance Group	<input type="checkbox"/>			
	Finance and Performance Committee	<input type="checkbox"/>			
3rd Line (External / Independent)	Tier 2 UEC Improvement framework – exec weekly oversight	<input type="checkbox"/>			
	Daily Regional Capacity Calls attended by System Control Centre	<input type="checkbox"/>			

Assurance Assessment

Significant Assurance	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable Assurance	General confidence in delivery of existing mechanisms / objectives	
Partial Assurance	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/>
No Assurance	No confidence in delivery	

Gaps in Control or Assurance

What are the gaps to be addressed in order to achieve the target risk score or to improve adequacy of assurance?

- Workforce deliverability across all areas of UEC pathway
- Industrial action
- Surge beyond the predicted peak
- COVID restrictions applied in Care Home market
- Unforeseen demand due to major incident
- Individual organisation risk management

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	De-escalation plan to be agreed	22/23 Capacity de-escalated	Chief Delivery Officer	30/06/23	COO meeting was held on 15.05.23 to discuss escalated action. Surge MDT will manage de-escalation as BAU with weekly progress reports shared with system leads	
2	23/24 Surge Plan to be agreed	Agreed trajectory to increase capacity	Chief Delivery Officer	30/09/23	Planning will commence once de-escalation trajectory agreed	
3	National capital bid submission to be agreed	50 additional acute beds available at RSUH	Chief Delivery Officer	01/12/23	Short Form Business Case submitted – awaiting national outcome	
4	Delivery of System UEC Improvement Plan against trajectory	Achieve Operational Plan requirements Bed occupancy – 92% Cat 2 response – 30 mins	Chief Delivery Officer	31/03/24	Delivery underway.	

No. Linked Risks on Risk Register

Low (1-4)	Mod (6 – 10)	High (12 – 25)
0	1	5



BAF 2: Responsive Patient Care – Elective

ICS	<input type="checkbox"/>
ICB	<input type="checkbox"/>

Risk 2 Responsive Patient Care – Elective

Cause (likelihood)	Event	Effect (Consequences)	
If the system fails to deliver on the specific expectations set out in the 23/24 (and earlier) planning guidance relating to waiting time recovery	Then waiting times will not reduce in line with national expectations	Resulting in potential patient harm and reputational damage to the ICS in addition to a potential claw-back of ERF funding	
SA1	Improve Health and Wellbeing Outcomes		<input type="checkbox"/>
SA2	Address inequalities in access, experience and outcomes from health and social care services		<input type="checkbox"/>
SA3	Achieve a sustainable and resilient integrated care system		<input type="checkbox"/>
SA4	Working in partnership with communities to achieve social, economic and environmental community development		

Responsibility for Risk

Committee:	Finance & Performance	Lead Director:	Chief Delivery Officer
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Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	5				2	31/3/24	The tolerance to failing to deliver against this risk should at this stage be low (May 23) - as underachievement will have a knock-on effect to subsequent milestones. All efforts must therefore be focussed on delivery.
Consequence	4				3		
Risk Level	High 20				Mod 6		

Rationale for Risk Score and Progress Made in the Quarter:

UHNH have failed to deliver on the milestones associated with 104 and 78 week wait and there is further risk to delivery on these milestones for Q1. There is an expectation that 65ww will be cleared by March 2024, and whilst plans have been developed to achieve this, the execution is in its infancy.

Key Controls Framework

Key Controls:	<ul style="list-style-type: none"> Weekly tier 1 accountability meetings with NHSE 23/24 operational plan delivery and reporting Portfolio performance steering group (reporting to portfolio Board) Performance report to ICB board
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Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1 st Line (Organisation)	Weekly performance updates via tier 1 meeting provide "live" sitreps against trajectory and mitigations	<input type="checkbox"/>			
	ICB maximising opportunities to utilise Independent sector capacity	<input type="checkbox"/>			
	Monitoring backlogs of Staffordshire and Stoke-on-Trent patients in other systems to ensure equitable access to recovery milestones.	<input type="checkbox"/>			
2 nd Line (System)	Plans to monitor utilisation of additional capacity through portfolio board	<input type="checkbox"/>			
	UHNH insourcing and outsourcing additional capacity	<input type="checkbox"/>			
	UHNH actively seeking to transfer long-waiters to alternative providers and progress is monitored and reflected in reported numbers.	<input type="checkbox"/>			
	UHNH actively seeking to reschedule/ reprioritise listed patients to achieve the milestones.	<input type="checkbox"/>			
3 rd Line (External / Independent)	UHNH improving productivity through GIRFT review and best practice adoption	<input type="checkbox"/>			
	NHS-E supporting provision of mutual aid	<input type="checkbox"/>			

Assurance Assessment		
Significant Assurance	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable Assurance	General confidence in delivery of existing mechanisms / objectives	
Partial Assurance	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/>
No Assurance	No confidence in delivery	

Gaps in Control or Assurance	
What are the gaps to be addressed in order to achieve the target risk score or to improve adequacy of assurance?	
<ul style="list-style-type: none"> Confidence that patients will accept offers of transfer to alternative providers to receive their care in order achieve the required trajectories for delivery (there has been refusal of patients to travel to specialist providers for treatment) Assurance relating to the timely transfer of patients (with their agreement) with sufficient timeliness to ensure all available capacity is fully utilised in treating patients (available capacity has not always been fully utilised) Industrial action results in elective cancellations and compromises delivery of ambitions (retrograde set in elective recovery targets) UHNM plans to further reduce follow-up and increase provision of Patient Initiated Follow-Up (PIFU) are unclear. The expectation is that delivery would increase capacity for new patients. 	

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						
No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Opening of tier 3 community Gynae service in Stafford & Cannock(~40% acute activity)	Reduce demands on UHNM to enable recovery	Chief Delivery Officer	30/06/23	Proposal discussed at POG, and will go to F&PC June	
2	Opening of tier 3 community Gynae in South- East and East Staffs(~40% acute activity)	Reduce demands on UHB and UHDB supporting recovery	Chief Delivery Officer	31/07/23	Proposal discussed at POG, and will go to F&PC June. UHDB not yet agreed - impact being assessed.	
3	Extension of Community Dermatology contract to cover East Staffs	Reduce demands on UHDB supporting recovery	Chief Delivery Officer	31/07/23	Proposal to be discussed at POG, UHDB undertaking impact assessment and therefore not yet agreed. Community provider costs still under negotiation	

No. Linked Risks on Risk Register		
Low (1-4)	Mod (6 – 10)	High (12 – 25)
0	0	1



BAF 3: Proactive and Needs Based Community Services

ICS	<input type="checkbox"/>
ICB	<input type="checkbox"/>

Risk Description and Impact on Strategic Ambitions

Cause (likelihood)	Event	Effect (Consequences)
If we do not have the capacity and capability to assess the needs of the population to develop targeted, proactive services	Then services will remain reactive and won't meet the needs of the population or change outcomes	Resulting in an increasing demand for health and care services and widening health inequalities
SA1	Improve Health and Wellbeing Outcomes	
SA2	Address inequalities in access, experience and outcomes from health and social care services	
SA3	Achieve a sustainable and resilient integrated care system	
SA4	Working in partnership with communities to achieve social, economic and environmental community development	

Responsibility for Risk

Committee:	Quality and Safety	Lead Director:	Chief Medical Officer
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Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	4				2	31/03/2026	Risk tolerance is medium (8). The consequence of not mitigating this risk and moving to a more proactive needs based community model of care is that our system will remain reactive and reliant on services, particularly secondary and urgent and emergency care. This will not meet the needs of our population, will challenge the sustainability of services and is not in line with our strengths based strategy for our population.
Consequence	5				4		
Risk Level	High 20				Mod 8		

Rationale for Risk Score and Progress Made in the Quarter:

The Improving Population Health Portfolio has been established (June 2023) and the incumbent programmes of work (PHM, HI and Prevention) will be formally established with Steering Groups shortly after. However, a PHM Support Partner has been procured to assist with scaling, spreading and sustaining a PHM approach across the ICS at every level.

Key Controls Framework

Key Controls:	<ul style="list-style-type: none"> PHM Partner contracted to support scale, spread and sustain of PHM approach for SSOT Portfolio governance heavily partnership based with District/Borough Council (community) leadership in role of CE Sponsor People and Communities is one of the 5P's of the ICP Strategy
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Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1 st Line (Organisation)	IPH Team (manage the implementation of the PHM Programme to scale, spread and sustain a PHM approach across SSOT)	<input type="checkbox"/>			
	IPH Portfolio Programmes (cross working to ensure health inequalities and preventative actions are considered during intervention design)	<input type="checkbox"/>			
	Other Portfolios (matrix working with other portfolios to design interventions and deliver transformational change)	<input type="checkbox"/>			
2 nd Line (System)	H&CS (provides a system health and care viewpoint on any PHM processes being implemented and interventions being designed)				
	IPH Portfolio Board (provides strategic oversight and is the portfolio aligned with this risk)	<input type="checkbox"/>			
	F&P (has finance and performance oversight of all portfolios)				
	ICB (has organisation and system oversight)	<input type="checkbox"/>			
	ICP (has ICS partnership wide oversight)				
	Quality & Safety Committee (has quality and safety oversight for all portfolios)				
3 rd Line	Regional HI (has regional oversight of ICS performance and provides ICS support for HI)	<input type="checkbox"/>			

Assurance Map					
Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
(External / Independent)	Regional Prevention (has regional oversight of ICS performance and provides ICS support for Prevention)				
	NHSE (has national oversight of regional and ICS performance in improving population health outcomes)	□			

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

Gaps in Control or Assurance	
What are the gaps to be addressed in order to achieve the target risk score or to improve adequacy of assurance?	
<ul style="list-style-type: none"> Establishment of IPH Portfolio Board on 27 June 2023 Clear scope of work and roles/responsibilities for the IPH Portfolio agreed 27 June 2023 Establishment of PHM Steering Group due by end July 2023 	

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						
No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Establishment of IPH Portfolio Board	Additional Control	Chief Medical Officer	30/06/2023	First IPH Portfolio Board was held on 26/06/2023.	
2	Defined scope of IPH Portfolio and all incumbent programmes and projects	Additional Control	Chief Medical Officer	30/06/2023	IPH Portfolio Blueprint approved at first Portfolio Board meeting on 26/06/2023.	
3	Develop HI Strategy	Additional Control	Chief Medical Officer	31/12/2023	On track.	
4	Establishment of PHM Steering Group	Additional Control	Chief Medical Officer	31/07/2023	First PHM Steering Group Meeting to be scheduled for July 2023.	
5	Develop a detailed plan to scale, spread and sustain a PHM approach across SSOT	Additional Control	Chief Medical Officer	31/07/2023	PHM Programme Plan to be approved at first PHM Steering Group meeting in July 2023.	

No. Linked Risks on Risk Register		
Low (1-4)	Mod (6 – 10)	High (12 – 25)
0	1	2



BAF 4: Reducing Health Inequalities

ICS	<input type="checkbox"/>
ICB	<input type="checkbox"/>

Risk Description and Impact on Strategic Ambitions

Risk Description and Impact on Strategic Ambitions				
Cause (likelihood)		Event	Effect (Consequences)	
If we are unable to work together as an integrated care system across organisation and sector boundaries		Then we will have less (or no) impact on reducing health inequalities of the population of Staffordshire and Stoke-on-Trent	Resulting in sustained or increased health inequalities, worsening health and wellbeing of the population, potentially increased cost of health and care and worsened quality of service experienced	
SA1	Improve Health and Wellbeing Outcomes			<input type="checkbox"/>
SA2	Address inequalities in access, experience and outcomes from health and social care services			<input type="checkbox"/>
SA3	Achieve a sustainable and resilient integrated care system			
SA4	Working in partnership with communities to achieve social, economic and environmental community development			<input type="checkbox"/>

Responsibility for Risk

Committee:	Quality & Safety Committee	Lead Director:	Chief Medical Officer
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Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	4				2	31/03/2028	Tolerance is low (4) as reducing health inequalities and working in partnership impacts on 3 of 4 SO's.
Consequence	5				2		
Risk Level	High 20				Low 4		

Rationale for Risk Score and Progress Made in the Quarter:

Early targets for progress to reduce health inequalities were set against the agreement of an Integrated Care Partnership Strategy which was published at the end of March 2023, (this was reflected in the target risk). Evaluation of the reduction of health inequalities will be over a longer period of time (10 years) and the target risk will be reviewed on this basis. The foundations to achieving this has been progressed in terms of the Integrated Care Partnership Strategy, procurement of a partner to support the scale, spread and sustainment of a Population Health Management approach for SSOT that will positively impact on HI, HI is included throughout the 1YOP and JFP.

Key Controls Framework

Key Controls:	<ul style="list-style-type: none"> ICP Strategy approved with a focus on 5P's across the life course which all centre on reducing health inequalities across SSOT
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Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1 st Line (Organisation)	IPH Team (manage the implementation of the HI Programme to reduce inequalities across SSOT)	<input type="checkbox"/>			
	IPH Portfolio Programmes (cross working to ensure work to reduce health inequalities is led by intelligence)	<input type="checkbox"/>			
	Other Portfolios (matrix working with other portfolios to design interventions and deliver transformational change)				
2 nd Line (System)	H&CS (provides a system health and care viewpoint that will always consider HI impact)				
	IPH Portfolio Board (provides strategic oversight and is the portfolio aligned with this risk)	<input type="checkbox"/>			
	F&P (has finance and performance oversight of all portfolios)				
	ICB (has organisation and system oversight)				
	ICP (has ICS partnership wide oversight)				
3 rd Line (External / Independent)	Quality & Safety Committee (has quality and safety oversight for all portfolios)				
	Regional HI (has regional oversight of ICS performance and provides ICS support for HI)	<input type="checkbox"/>			
	NHSE (has national oversight of regional and ICS performance in improving population health outcomes)				

Assurance Assessment		
Significant Assurance	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable Assurance	General confidence in delivery of existing mechanisms / objectives	
Partial Assurance	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/>
No Assurance	No confidence in delivery	

Gaps in Control or Assurance	
What are the gaps to be addressed in order to achieve the target risk score or to improve adequacy of assurance?	
<ul style="list-style-type: none"> Maintaining stakeholder relationships, engagement, involvement and commitment to ICP Strategy aims by all ICP partners Shared understanding and development of delivery vehicles that ICP Strategy priorities can be owned Establishment of IPH Portfolio Board Clear scope of work and roles/responsibilities for the IPH Portfolio HI Strategy (developed using same approach as that taken for the ICP Strategy) 	

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						
No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRA G
1	Continued ICP Strategy engagement plan	Additional Control	Chief Medical Officer	31/07/2023	Councillor and public engagement webinars held May 2023. Continuous engagement plan to be formalised.	
2	Clarity of governance and delegated authority to Place and Portfolio	Additional Assurance	Chief Executive	30/09/2023	Work is ongoing to understand and establish Place Boards in both UTLA footprints. Portfolio TOR finalised and approved on 27/6/23.	
3	Establishment of IPH Portfolio Board	Additional Control	Chief Medical Officer	30/06/2023	First IPH Portfolio Board meeting held on 27/6/23.	
4	Defined scope of IPH Portfolio and all incumbent programmes and projects	Additional Control	Chief Medical Officer	30/06/2023	IPH Portfolio Blueprint approved at first Portfolio Board on 27/6/23.	
5	Develop HI Strategy	Additional Control	Chief Medical Officer	31/12/2023	On track.	
6	Establishment of PHM Steering Group	Additional Control and Assurance	Chief Medical Officer	31/07/2023	First HI Steering Group meeting to be scheduled for July 2023.	
7	Develop a detailed plan to scale, spread and sustain a PHM approach across SSOT	Additional Control	Chief Medical Officer	31/07/2023	HI Programme Plan to be approved at first HI Steering Group meeting in July 2023.	

No. Linked Risks on Risk Register		
Low (1-4)	Mod (6 – 10)	High (12 – 25)
0	4	2



BAF 5: High Quality, Safe Care Outcomes

ICS	<input type="checkbox"/>
ICB	<input type="checkbox"/>

Risk Description and Impact on Strategic Ambitions

Cause (likelihood)			Event	Effect (Consequences)
If we cannot maintain high quality, equitable & safe patient care			Then we will be unable to maintain high standards of quality and safety and deliver our statutory quality duties	Resulting in actual or potential harm to patients, loss of reputation, intervention from regulators and increased costs associated with poor standards of care
SA1	Improve Health and Wellbeing Outcomes			<input type="checkbox"/>
SA2	Address inequalities in access, experience and outcomes from health and social care services			<input type="checkbox"/>
SA3	Achieve a sustainable and resilient integrated care system			
SA4	Working in partnership with communities to achieve social, economic and environmental community development			

Responsibility for Risk

Committee:	Quality & Safety Committee	Lead Director:	Chief Nursing & Therapies Officer
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Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	4				3	31/03/24	Tolerance is medium (9) as the system will prioritise quality & safety over performance and finance to prevent patient harm but will tolerate medium risk levels resulting from system pressures
Consequence	4				3		
Risk Level	High 16				Mod 9		

Rationale for Risk Score and Progress Made in the Quarter:

All areas progressing well, but some challenges remain across the system:

- Maternity Induction of Labour (IOL) continues to be an area of concern, however UHNM are reviewing management of these cases to enable a less reactive back log position.
- Maternity staffing continues to be an issue but this improving. However, there are increased levels of activity leading to periods of escalation.
- The recent CQC visits to providers have identified improvements which need to be monitored through governance process to ensure improvements are made and changes embedded.
- FMBUs are still not open due to workforce capacity issues and providers have been asked to clarify their future model.
- The ICS Quality Strategy requires a collaborative approach. Although this has been evolving there has been a lack of system involvement which is being escalated. This has led to a delay in finalising the strategy.
- Patient Safety Incident Response Framework (PSIRF) training confirmed for all relevant system partners and commenced in June 2023.
- Tier 1 escalation at UHNM requiring actions to improve planned care outcomes

Key Controls Framework

Key Controls:	<ul style="list-style-type: none"> • Quality Impact Assessment agreed and implemented (Policy and Procedures) • ICS Quality Strategy with agreed outcomes • Quality features as an enabler to all portfolios and all have allocated quality links • Quality Improvement Group/network established and sharing best practice • Local Maternity and Neonatal Service Board (and sub-groups) • Strong maternity transformation plan • Established system wide Safeguarding arrangements – First stage of Provider collaborative agreed. • Portfolio groups/boards or other meetings • CQC and LA information sharing meetings • Reporting to and attendance at NHSE meetings • Nursing Home Quality Assurance and Improvement Group (NHQAIG) – system partner attendance • Care Home quality framework monitoring
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	<ul style="list-style-type: none"> LeDeR group including system partner attendance and shared learning as well reporting into LDAP board PSIRF training has been agreed using a system wide approach and we continue to meet the planned September 2023 deadline. Health Economy Infection Prevention meeting as well as weekly meetings Midlands IPC BAF Independent hospital quality quarterly assurance meetings
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Assurance Map						
Defence Line	Sources of Planned Assurance	Q 1	Q 2	Q 3	Q 4	
1 st Line (Organisation)	QSC – Chaired by non-executive, regulatory attendance as well as CQC	<input type="checkbox"/>				
	SQG – Chaired by Executive CNO	<input type="checkbox"/>				
	QIA – ICB Director chair	<input type="checkbox"/>				
	Assurance Board paper from QSC to board	<input type="checkbox"/>				
	Minutes of all relevant Committees and associated sub-groups.	<input type="checkbox"/>				
	Maternity Programme Board and its subgroups - monthly	<input type="checkbox"/>				
	Joint quality assurance – Provider assurance meetings, LA and CQC	<input type="checkbox"/>				
2 nd Line (System)	Assurance paper from SQG to QSC	<input type="checkbox"/>				
	CQI – Chaired by System partner	<input type="checkbox"/>				
	Safeguarding Provider Collaborative evolving	<input type="checkbox"/>				
	Safeguarding Health Forum – Chaired by Executive CNO	<input type="checkbox"/>				
	Patient Safety Incident Response Framework (PSIRF) progressing well towards implementation September 2023.	<input type="checkbox"/>				
	Safeguarding boards assurances /reviews	<input type="checkbox"/>				
	Strong system wide clinical nursing/midwife/medical/Allied Health Professional involvement in key quality activity	<input type="checkbox"/>				
	ICS quality strategy development	<input type="checkbox"/>				
3 rd Line (External / Independent)	Regional Quality Group – NHSE led					
	External System Review – NHSE Led	<input type="checkbox"/>				
	NOF Submission and meetings – NHSE led	<input type="checkbox"/>				
	Provider quality assurance meetings, Quality, IPC, risk	<input type="checkbox"/>				
	ICB Board Assurance Framework – NHSE led	<input type="checkbox"/>				
	CQC Meetings as part of system information sharing	<input type="checkbox"/>				
	CQC and other regulatory reviews	<input type="checkbox"/>				

Assurance Assessment		
Significant Assurance	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable Assurance	General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/>
Partial Assurance	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	
No Assurance	No confidence in delivery	

Gaps in Control or Assurance	
What are the gaps to be addressed in order to achieve the target risk score or to improve adequacy of assurance?	
<ul style="list-style-type: none"> Quality Strategy in draft yet to be agreed and finalised Portfolio working is an innovative approach; quality mechanisms are just beginning to be included and need to be established before assurance can be demonstrated. Progression of the maternity transformation programme is being impacted upon by current workforce/operational challenges which are key to maintaining safety within this speciality. 	

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						
No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Develop a collaborative Quality Strategy that meets ICS requirements and NHSE guidance	Additional Control	Chief Nursing & Therapies Officer	31/10/23	Q1 - System partner engagement challenging and escalated to SQG as resulted in delay	

2	LMNS Board and maternity team to continue to drive up improvements in maternity services including clarity on all aspects of the choice agenda.	Additional Control	Chief Nursing & Therapies Officer	30/09/23	Q1 – IOL programme resulting in some improvements. Maternity providers considering strategic direction.	
3	Establish strong systems and processes and reduce duplication of effort in portfolio working on quality	Additional Control	Chief Nursing & Therapies Officer	31/07/23	Q1 – some work underway with some of the portfolios but need to roll out and standardise approach where possible to ensure best use of resource.	

No. Linked Risks on Risk Register

Low (1-4)	Mod (6 – 10)	High (12 – 25)
0	4	5



BAF 6: Sustainable Finances

ICS	<input type="checkbox"/>
ICB	<input type="checkbox"/>

Risk Description and Impact on Strategic Ambitions

Cause (likelihood)	Event	Effect (Consequences)
If financial pressures are not controlled	Then we will not achieve our statutory financial duties	Resulting in financial intervention from the NHSE including reduced local discretionary decisions, reduced opportunities to apply for additional funds, impact on services and waiting lists
SA1	Improve Health and Wellbeing Outcomes	
SA2	Address inequalities in access, experience and outcomes from health and social care services	
SA3	Achieve a sustainable and resilient integrated care system	
SA4	Working in partnership with communities to achieve social, economic and environmental community development	

Responsibility for Risk

Committee:	Finance & Performance	Lead Director:	Chief Finance Officer
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Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	4				4	31/03/2024	Tolerance is high (12) as costs related to maintaining patient safety and workforce issues may cause additional financial demand.
Consequence	5				3		
Risk Level	High 20				High 12		

Rationale for Risk Score and Progress Made in the Quarter:

Likelihood is being scored as 4 as the Financial Plan for 2023/24 is a best-case scenario so it is highly likely some of those risks will crystallise. The consequence of financial failure would entail triple lock and significant curtailment of local controls, which would impact on services we are able to provide hence the consequence is being currently rated as a 5.

Key Controls Framework

Key Controls:	<ul style="list-style-type: none"> Monthly monitoring of the delivery of all efficiency plans by the TDU across the system Reporting on progress through System Performance Group and Finance and Performance Committee Monthly budget holder meetings to ensure delivery remains on track Internal and external audit Weekly meeting of System Chief Finance Officers
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Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1 st Line (Organisation)	Monthly System finance reports articulating risk / mitigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekly System/IFP finance deputies meetings held to support System meetings				
2 nd Line (System)	System CFO meeting				
	System Senior Leadership Team meeting				
	System Finance and Performance Committee				
3 rd Line (External / Independent)	Value for money assessments completed by external auditors				
	Internal audit review of efficiency programme				

Assurance Assessment

Significant Assurance	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable Assurance	General confidence in delivery of existing mechanisms / objectives	
Partial Assurance	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	<input type="checkbox"/>
No Assurance	No confidence in delivery	

Gaps in Control or Assurance

What are the gaps to be addressed in order to achieve the target risk score or to improve adequacy of assurance?

- The Financial Plan is a best-case scenario and consequently the System is working towards a Financial Plan for the year to ensure all risks are understood and mitigated wherever possible.

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	System to agree to System Financial Plan. To be agreed at SPG and Finance and Performance Committee	Additional Control	Chief Finance Officer	30/06/2024	System financial plan developed by CFO's agreed with SLT and SPG and approved by system Performance & Finance Committee on 6 th June. Implementation of all 12 actions underway.	

No. Linked Risks on Risk Register

Low (1-4)	Mod (6 – 10)	High (12 – 25)
0	2	8



BAF 7: Improving Productivity

ICS	<input type="checkbox"/>
ICB	<input type="checkbox"/>

Risk Description and Impact on Strategic Ambitions

Cause (likelihood)	Event	Effect (Consequences)
If the ICB and provider partners are unable to develop/deliver recurrent productivity gains in 2023-24 which will be needed to help address our recurrent deficit of c.£160m	Then we will fail to achieve the operational improvements which underpin our performance targets and fail to deliver the recurrent efficiency requirements which underpin delivery of our statutory financial target of breakeven	Resulting in financial intervention from the NHSE including reduced local discretionary decisions, reduced opportunities to apply for additional funds, impact on services and waiting lists
SA1	Improve Health and Wellbeing Outcomes	
SA2	Address inequalities in access, experience and outcomes from health and social care services	
SA3	Achieve a sustainable and resilient integrated care system	
SA4	Working in partnership with communities to achieve social, economic and environmental community development	

Responsibility for Risk

Committee:	Finance & Performance	Lead Director:	Chief Finance Officer
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Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	4				3	31/3/24	Productivity improvement is an essential ingredient of the System plan and so a lower risk appetite target has been set.
Consequence	4				3		
Risk Level	High 16				Mod 9		

Rationale for Risk Score and Progress Made in the Quarter:

It has been agreed by SPG that work on productivity will be delegated to providers. Progress has not yet been reviewed at SPG or Finance and Performance Committee and consequently the higher likelihood of this risk occurring is currently assessed.

Key Controls Framework

Key Controls:	Monthly monitoring of the delivery of all efficiency plans by the TDU across the system and reporting on progress through System Performance Group and Finance and Performance Committee.
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Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1 st Line (Organisation)	Monthly System finance reports articulating risk / mitigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weekly System/IFP finance deputies meetings held to support System meetings	<input type="checkbox"/>			
2 nd Line (System)	System CFOs meeting	<input type="checkbox"/>			
	System Senior Leadership Team meeting	<input type="checkbox"/>			
	System Finance and Performance Committee	<input type="checkbox"/>			
	System Performance Group	<input type="checkbox"/>			
3 rd Line (External / Independent)	Value for money assessments completed by external auditors	<input type="checkbox"/>			
	Internal audit review of efficiency programme	<input type="checkbox"/>			

Assurance Assessment

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

Gaps in Control or Assurance

What are the gaps to be addressed in order to achieve the target risk score or to improve adequacy of assurance?

- The national team look at productivity through an acute lens. The System will need to widen this to include all other elements of productivity.

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)

No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Finance and Performance Committee to conduct a more detailed review of the productivity work undertaken by UHNM	Additional Assurance	Chief Finance Officer	31/07/23	Responsibility for acute productivity improvement to be taken forward by UHNM. Progress to be reported to System Finance and Performance Committee.	

No. Linked Risks on Risk Register

Low (1-4)	Mod (6 – 10)	High (12 – 25)
0	2	8



BAF 8: Sustainable Workforce

ICS	<input type="checkbox"/>
ICB	<input type="checkbox"/>

Risk Description and Impact on Strategic Ambitions

Cause (likelihood)	Event	Effect (Consequences)
If we are unable address the current national shortfall of staff in health & social care in Staffordshire and Stoke-on-Trent	Then there is a risk of increased vacancy rates in key services	Resulting in insufficient capacity to deliver current services, transformation & the Winter Plan and further increase staff sickness & burnout
SA1	Improve Health and Wellbeing Outcomes	
SA2	Address inequalities in access, experience and outcomes from health and social care services	
SA3	Achieve a sustainable and resilient integrated care system	
SA4	Working in partnership with communities to achieve social, economic and environmental community development	

Responsibility for Risk

Committee:	People, Culture & Inclusion	Lead Director:	Chief People Officer
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Risk Scoring and Tolerance

Quarter / Score	Q1	Q2	Q3	Q4	Target	Target Date	Risk Tolerance Statement
Likelihood	4				4	31/03/24	Tolerance is high (16) in recognition of the recruitment pressures in health & social care. As it may not be possible to significantly improve the levels of recruitment the system aims to maintain the staffing levels & develop operational & innovative approaches to reduce the impact.
Consequence	5				4		
Risk Level	High 20				High 16		

Rationale for Risk Score and Progress Made in the Quarter:

- The risks to delivery of the strategic People objectives are well known and managed through the People Culture and Inclusion Committee. The risk scores remain high in view of the additional workforce pressures and the ability to effectively deliver mitigating actions at present (strike action, staff availability and recovery)
- The ICS People Function continues to work with partners to explore and implement innovative approaches and solutions to workforce supply
- Overall delivery of the People Plan is led by the ICS People Function and programme delivery across all schemes is currently on track. The plan covers a number of schemes and programmes which seek to improve supply, retention, the experience and health & wellbeing of the workforce, belonging and our approach to OD, culture and leadership. The system EDI agenda is a crucial element of the plan and all programmes.

Key Controls Framework

Key Controls:	<ul style="list-style-type: none"> A number of strategies and plans provide direction and a framework including ICS People Plan and strategic delivery plan, ICS Operational Workforce Plan Awaiting publication of national workforce plan – to be translated locally and plans reviewed accordingly ICS People Hub and Reserves - contingent workforce ICS Workforce Cell in operation during incidents and significant pressure periods
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Assurance Map

Defence Line	Sources of Planned Assurance	Q1	Q2	Q3	Q4
1 st Line (Organisation)	Identified at organisational level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Line (System)	ICS People Culture and Inclusion Committee oversight				
	Systems scrutiny around recruitment activity and agency spend in line with the operational workforce plan and financial strategy				
	System CPO Forum and joint CPO/CFO forum.				
	System CPO and CNO forum				
	System People report to system FS&P and SPG.				
	TDU support to People ICS transformation workstreams.				
	System Workforce Planning and Resourcing Groups				
	System Education, Training and Development Group – newly established				

	System Retention Steering Group				
3 rd Line (External / Independent)	NHSE support and review meetings				
	NHSE funding to support workforce solutions and programme delivery				

Assurance Assessment		
Significant Assurance	High level of confidence in delivery of existing mechanisms / objectives	
Acceptable Assurance	General confidence in delivery of existing mechanisms / objectives	<input type="checkbox"/>
Partial Assurance	Some confidence in delivery of existing mechanisms / objectives, some areas of concern	
No Assurance	No confidence in delivery	

Gaps in Control or Assurance	
What are the gaps to be addressed in order to achieve the target risk score or to improve adequacy of assurance?	
None identified	

Further Actions (Additional Assurance or to Reduce Likelihood / Consequence)						
No.	Action Required	Outcome of Action	Lead Director	Due Date	Quarterly Progress Report	BRAG
1	Collaboratively review and update the ICS People Plan in line with the National Workforce Strategy	Additional Assurance	Chief People Officer	31/03/2024	<ul style="list-style-type: none"> Still awaiting release of the National strategy Once available, system partners will collectively review and update the plan and associated delivery plans Identify priority activities to address the immediate and future workforce risks in line with the local JFP Compiled annual report to reflect on 2022/23 activities ICS People Function operating framework developed with CPOs and deputies 	
2	Establish CPO and CNO/CMO forum to join up and agree actions to address critical workforce challenges	Additional Assurance	Chief People Officer	31/03/2024	<ul style="list-style-type: none"> CPO & CNO forum established CPO & CMO forum discussions ongoing 	

No. Linked Risks on Risk Register		
Low (1-4)	Mod (6 – 10)	High (12 – 25)
0	1	8

Board Committee Summary and Escalation Report

Report of:	System Quality & Safety Committee
Chair:	Josie Spencer
Executive Lead:	Heather Johnstone
Date:	Wednesday 12 th July 2023

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Board Assurance Framework (BAF)	The Quality and Safety Committee have oversight of the following BAF risks: • BAF3 • BAF4 • BAF5. The committee reviewed the refreshed Board Assurance Framework (BAF) as at Quarter 1 23/23. Whilst significant work has been undertaken to develop the BAF during this quarter, it was noted that there remains some further work to be undertaken, around the Assurance Mapping against Committee Business Cycles and the completion of action plans / progress reports. A session is being held with the Executive and senior leadership team in July 2023 which will focus on controls versus assurances.	The Committee agreed to undertaking a “Deep Dive” into the related BAF risks at a future Committee development session.
Risk Register	The committee received the revised Risk Report, for discussion and assurance.	There was a detailed discussion on risk 114 – “Children and Young People placements for complex behaviour.” It was agreed that the risk would be reviewed to include broader issues such as transition to adult services.
Public Consultation on Inpatient Mental Health Services	The Committee received the findings from the public consultation for inpatient mental health services previously provided at the George Bryan Centre. The public consultation ran from 9 February to 23 March 2023. The Committee received a comprehensive report, totalling 154 pages. The purpose of the report was to present the views of consultation participants so they can be considered by the NHS in Staffordshire and Stoke-on-Trent during subsequent decision-making. The Committee were asked to note the contents of the report.	The report will be shared with Staffordshire County Council Overview and Scrutiny Committee and published on the ICB webpage. A summary document will be

		published at a later stage and the findings from the consultation be built into any future business case regarding the service.
Assisted Conception Involvement – Report of Findings	As the ICB currently works to 3 different assisted conception policies dependent on where patients live, the ICB Board approved the recommendation to develop an interim aligned assisted conception policy for implementation whilst the ICB awaits further directives following the national review of service provision. Whilst developing the proposals for assisted conception services for infertility, the Women's Health Strategy was released (published in July 2022 and revised in August 2022) which indicated that a review of fertility provision across the UK will be undertaken. The purpose of the report was to present the views of people who took part in the involvement so they can be considered by the ICB in subsequent decision-making processes. The Quality & Safety Committee were asked to receive the report of findings following the assisted conception involvement process.	The report will subsequently be shared with both Councils Overview and Scrutiny Committees and published on the ICB webpage
Clinical Senate and review of Clinical Policies	The Clinical Senate currently have no formal powers to approve ICB policies. An interim solution has been discussed where in the short term the Quality and Safety Committee would approve such clinical policies on the recommendation of the Senate. This was agreed subject the output of the full governance review. It was noted that this does not change the pathway for clinical policies previously approved directly at QSC e.g., safeguarding.	
Continuing Health Care (CHC) policy update	A briefing paper with regards to the development of an NHS Continuing Healthcare (CHC) Policy was shared with the Quality and Safety Committee (QSC) on the 10th May 2023. The areas that are under consideration to include within the developing CHC policy will be for adults only in receipt of NHS CHC funding, excluding Fast Tracks. Legal advice has been sought on a draft policy. The legal advice is that has the proposed policy is a change of framework and process to how CHC is commissioned for individuals, this triggers a duty to engage with the public. The draft engagement plan is based on a 12-week period to include targeted involvement via a short questionnaire with current CHC individuals and wider engagement with key stakeholders and partners. The 12 weeks period includes time to collate and consider feedback for inclusion in the proposed policy.	The final policy shall be presented to the Committee in October 2023 for approval
Staffordshire & Stoke-on-Trent ICS Health Safeguarding Forum Terms of Reference	The Quality & Safety Committee approved the Terms of Reference for the Staffordshire and Stoke-on-Trent Integrated Care System Health Safeguarding Forum (HSF).	
Quality Strategy	The Committee received an amended timeline in relation to development of Quality Strategy of ICB and delivery plan below strategy. The timeline had	The Quality Strategy will be presented to the

	<p>slipped due to limited availability of appropriate members from providers to develop strategy. Members had agreed that earlier version was not focussed enough on the local system requirements and needed to be made more personal to the system. Progress has now been made a draft version has been developed and is with the Task and Finish group for approval at which point it will then need socialising with stakeholder, the public and staff. The Committee approve amended timelines.</p>	Committee in October 2023 for approval
Working with People and Communities	<p>This report updated members of the Quality and Safety Committee about the work being undertaken to engage and communicate with people and communities across Staffordshire and Stoke-on-Trent. The Committee were assured that the ICB has measures in place to fulfil their duties to engage with our local populations.</p>	The Committee agreed to undertaking a “Deep Dive” into this portfolio at a future Committee development session.
Health Inequalities	<p>The report sought to update the Quality and Safety Committee on Health Inequalities and the Improving Health Portfolio. This was the first report presented to the Committee. An extensive slide pack was presented however, members felt they would like a little more context.</p>	The Committee agreed to undertaking a “Deep Dive” into this portfolio at a future Committee development session.
Local Maternity & Neonatal System	<p>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. The Committee was partially assured in relation to key quality assurance, quality improvement and patient safety activity relevant to maternity and neonatal services. There were several areas of concern that warranted further discussion. These are outlined in the Quality and Safety Report presented by the Chief Nursing and Therapies Officer at the ICB on the 20th of July 2023.</p>	The Committee agreed as a matter of urgency to undertaking a “Deep Dive” into the issues surrounding Maternity at a future Committee development session.
Safeguarding Quality and Safety Exception Report	<p>The Committee received assurance to in relation to the key system quality and safety matters with regards to Safeguarding Adults and Children for Staffordshire and Stoke-on-Trent for the period of May to June 2023</p>	
Infection Prevention & Control	<p>The Committee received the report for assurance.</p>	
System Quality Group	<p>The report provided an overview of the System Quality Group (SQG) meetings on 2nd June and 7th July 2023 with partners from across health, social care, and the wider ICS in attendance. Intelligence, identification of opportunities for improvement and concerns/risks to quality were discussed to enable ongoing improvements in quality of care and services across Staffordshire and Stoke-on-Trent. Areas of good practice were noted, as were areas of challenge. Of note, in relation to - The Joint Forward Plan (JFP), NHSE commended the quality of the Annual Assessments that had been reviewed through a quality and safety lens. The Staffordshire and</p>	

	Stoke-on-Trent submission is seen as being strong and 'a joy to read'.	
7 Point Briefing – Joint Targeted Area Inspection (JTAI)	The Committee received a briefing paper outlining the process and definition of the JTAI for information and to raise awareness. The paper had been presented at the Safeguarding Partnership Joint Targeted Area Inspection (JTAI) preparation groups and been authored by MPUFT	

Risk Review and Assurance Summary

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

Board Committee Summary and Escalation Report

Report of:	Finance and Performance Committee
Chair:	Josie Spencer
Executive Lead:	Paul Brown
Date:	4 July 2023

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
PART A		
UEC Improvement Plan 2023/24	As part of the governance arrangements for UEC, the plan was presented for assurance. It describes the approach to delivering a number of key performance metrics across the UEC Portfolio and details the trajectories to monitor progress throughout the year. It has had input from all System partners and was approved by the UEC Board on 22 June 2023.	
Transformation Programmes Update	<p>The paper provided the monthly overview of the clinical areas included within the system transformation and service change programme. In particular, the Committee noted:</p> <ul style="list-style-type: none"> • Indication of Strategic Intent has been received from both providers regarding birthing services at FMBUs and the home birthing services; the NHSE Stage 1 assurance meeting is scheduled for 17 July. • The Inpatient Mental Health Services report of findings was received by the IMHS Steering Group at the technical meeting on 9 June and development of the DMBC is taking place. 	<p>It was noted that the Community Diagnostic Centre Business Cases had now been approved by NHSE. The next steps are approval by the UHNM Board, before being represented to the ICB probably in August / September.</p> <p>The issue of relocating the GPs as part of the Cannock Transformation Programme has not been resolved. The Committee agreed to re-look at the risks associated with this development to ensure they reflect the current position.</p>
Greener NHS Plan	<p>The paper provided an update on the ICB, and ICS actions currently being taken forward to embed the NHS Green Plan.</p> <p>In addition to the priorities being taken forward by individual Trusts, the ICS has identified the</p>	

	implementation of Virtual Consultations and Remote Monitoring as its local priority with the aim of starting the journey of Net Zero becoming a key consideration alongside workforce, finance, and quality in all transformation discussions.	
Update on Elective Care Performance on long-waiters & Tier 1 scrutiny	<p>FPC receives monthly reports on elective long waits to provide additional focus and assurance regarding System performance and recovery.</p> <p>The Committee discussed the current position for 104ww, 78ww and 65ww and the actions being taken to mitigate the position.</p> <p>The Committee received an external review into UHNM waiting list management processes and reporting; FPC discussed the findings which were included in the paper.</p> <p>FPC noted the ongoing challenges around elective forecasting and delivery, and the on-going Tier 1 oversight relating to this.</p>	<p>The Committee will monitor the impact on the anticipated income from the Elective Recovery Fund which needs to be monitored alongside the Recovery Plan delivery.</p> <p>The work on Clinical Harm Reviews was referred to the Quality and Safety Committee for oversight and discussion.</p>
System De-Escalation and Surge Planning Highlight Report	<p>The report was requested following the June FPC meeting when the significant risk around the de-escalation of winter schemes was identified.</p> <p>FPC discussed the current position regarding de-escalation (47% of all surge capacity), the financial risk and the plans to de-escalate the remaining capacity.</p> <p>The report contained details of the 2023/24 surge planning process and FPC noted that it is proposed that the Plan be presented to the September meeting with ratification by the Board at its October meeting.</p>	The Committee noted the challenge of opening and resourcing adequate bedded capacity and the impact on the ICB financial position. To mitigate this there is a need to maximise the capacity in virtual wards which requires further clinical discussion.
Monitoring the delivery of the System's Operating Plan 23/24	<p>FPC noted the Month 1 performance position against the key metrics in the Operating Plan and discussed the exception reporting against our 4 System priorities</p> <p>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 impact on the delivery of these.</p>	An extensive body of work was presented to the Committee. Further work is ongoing in order to ensure the appropriate evidence identifying areas of escalation and assurance is presented to the Committee.
ICS Finance Report (Month 2)	At a System level we are reporting a year-to-date deficit position of £15.2m, which is a £11.4m adverse	This is a significant deterioration in the financial position early in the financial year. Further

	<p>variance against the £3.9m deficit plan. As a result, we can expect some significant regulator challenge and the increasing likelihood of moving to NOF4 and intervention. The main drivers are:</p> <ul style="list-style-type: none"> • Slippage on efficiency programmes within the plan. • Retention of escalation beds longer than initially planned due to the ongoing UEC demands within the System. • CHC and prescribing costs being over and above the inflationary assumptions used within the System Plan submission. • Junior doctors' strike in April, which cost UHNM £1.2m over and above plan. <p>Despite these pressures, the System remains committed to delivering a year-end breakeven position and at Month 2 has forecast a breakeven position. The net risk position has not changed from our financial plan and remains at £75.6m. We continue to work to mitigate these risks but need to urgently ramp up savings schemes and cost control.</p>	<p>discussion will be required at ICB to ensure assurance around mitigation of the ongoing risk.</p>
Quarter 1 2023-24 Board Assurance Framework Update	<p>The Q1 BAF was presented to the Committee and discussions took place on the risk scores and assurance assessments and whether the actions identified were sufficient to reduce the score towards target.</p>	<p>Further discussion of BAF 3 is required with Quality and Safety Committee to establish which Committee has oversight of this area.</p>
System Risk Register	<p>There are 22 risks on the System Register of which 19 are high scoring (12 and above) and there are 3 medium risks.</p> <p>The Committee approved the following new risks:</p> <p>130: Risk of financial failure at Stoke-on-Trent City Council</p> <p>131: Delivery of Ambulance service performance standards</p> <p>132: Mobilisation of System Surge Capacity</p> <p>133: Responsive Elective Care- long waiters (104,78 and 65w)</p> <p>The Committee approved the increase in risk score from 12 to 15 for Risk 106: D2A Capacity.</p> <p>The Committee has good sight of the top risks for finance, performance, and transformation.</p>	
Better Care Fund Plan 2023-2025	<p>A paper providing an overview of the BCF 2023-25 plans was presented to the June FPC meeting.</p>	

	The Committee delegated sign-off of the BCF to the FPC Chair at the June meeting. The submission was made on 28 June and was presented to this meeting for information.	
ICS Oversight Framework	<p>Following the discussion at the May Committee meeting on the ICB approach to oversight and assurance, the outcome letters from the monthly meeting held with UHNM on 13 June and the ICB System Review meeting held on 13 June were presented for information.</p> <p>The Committee noted that the next oversight meeting with UHNM will take place on 8 August and the Quarterly System Review Meeting with NHSE will take place on 14 July.</p>	
PART B		
Risk Register	The Committee reviewed the 6 risks on the ICB Risk Register and approved the addition of new risk 129: Delegated responsibility of PODS to the ICB and the increase in the score from 15 to 16 for risk 121: Delivery of the 2023/2024 Financial Plan due to the Month 2 position.	
ICB Finance Report (Month 2)	<p>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 (£11.4m) against a planned deficit of (£6.1m) creating an adverse variance to plan of (£5.3m) at Month 2. At the planning stage, the ICB indicated an unmitigated risk position of £75.6m and our risk profile remains consistent with this assessment. 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.</p>	<p>FPC approved the ICB's Month 2 forecast position of breakeven and noted the level of unmitigated risk being reported.</p> <p>The Committee were informed that the Annual Accounts for the both the ICB and its predecessor CCGs had now been submitted. The Committee thanked the Finance Team, and all concerned for their hard work.</p>
Mental Health Investment Standard (MHIS) Audit 2021/22	<p>The paper reported the latest position on the 2021/22 MHIS audit; this has principally been concluded pending the completion of evidence testing on a small cohort of patients. During the audit, some manual calculation errors were discovered resulting in North Staffordshire CCG and Stoke-on-Trent CCG failing 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.</p>	The Final MHIS Audit Opinion is not yet complete but will be presented to the August Committee meeting for information.
Line by Line Review	This paper set out the current	The full report from the Line-by-

	<p>position on the ICB's Line By Line Expenditure Review that is part of the financial management actions to deliver the ICB's 2023/24 financial plan.</p> <p>As of 26 June, the Line-by-Line Review process had completed assessing 68% of the in-scope budget and identified a total of £9.16m of savings opportunity. This is comprised of quantified and identified in-year savings of £4.6m and a further £4.56m of future opportunities, related to and subject to wider programmes of work in the System.</p> <p>FPC noted that a paper will be presented to the July meeting summarising the final outcomes of the process.</p>	<p>Line Review will be present to the Committee meeting in August.</p>
Continuing Healthcare Action Plan	<p>The paper provided the Committee with an update on progress against the key actions and noted that the CHC Transformation Plan has now been aligned to four key workstreams with metrics identified.</p> <p>The Transformation Plan was presented at the CHC Summit on 20 June which was attended by System partners.</p>	<p>The Committee noted the continuing risk in relation to CHC and the impact on the ICB financial position. The delivery of the transformation plan remains a high priority for the Committee.</p>
ICB Procurement Operations Group Highlight Report	<p>This paper reported the key activities being co-ordinated by the Procurement Operations Group and advised of the direct award made for MRI services due to the closure of the facility at the Cannock Chase Hospital site.</p> <p>FPC approved:</p> <ul style="list-style-type: none"> • The expansion of service for Minor Hand Surgery to patients in South Staffordshire through the use of a Direct Award • A Direct Award of contracts to the 3 current cataract providers • A Single Tender Waiver for the Children and Young People Complex Case Panel. 	
Primary Care Forum Report	<p>In order to have governance oversight, FPC received a summary report of the meeting that took place on 13 June. This reported on the discussions on General Practice and Pharmacy, Optometry & Dental (POD).</p>	<p>The Board is to note that a deep dive on Primary Care Dental Access will take place at the August FPC meeting.</p>

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.

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 12 th July 2023

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Staff Story	<p>The Committee heard from Outreach Adviser, Aimee Colgan who shared what support the Outreach Project offers and how they support specific groups. She explained that the project works with people from seldom heard groups who are struggling to find pathways into Health and Social Care careers.</p> <p>Aimee focused on some of the work undertaken with Olha who is a former Cardiology Consultant from Ukraine who has recently completed a clinical placement. Olha talks about her clinical experience from the Ukraine and the 12 years she worked as a Cardiologist before having to leave her life behind in order to keep herself and her children safe. She talks about the support she received whilst on placement from the consultant team and Tamara, a second year registrar.</p>	
Strategic People, Culture and Inclusion Update	<p>Committee members noted that there will be a system leaders event held this Friday 14th July, the event will involve Chief Executives and Directors from across the system.</p> <p>As discussed at the previous Committee meeting a deep dive on People / Workforce has been factored into the ICB Board planner and this is currently scheduled for January.</p> <p>Industrial Action is ongoing with Junior Doctors this week and Consultants next, system planning and support continues.</p> <p>Committee members welcomed the release of the Workforce Long Term Plan noting the three key areas of</p> <ul style="list-style-type: none"> • Train: increasing education and training to record levels • Retain: to keep more of the staff we have in the health service 	

	<ul style="list-style-type: none"> • Reform: to improve productivity 	
NHSE Update	<p>Committee members received an update from the Training and Development Team at NHS England who noted that the Workforce Development Funding had been agreed and this would be £171k per system, PIDs for the funding are due on the 21st July 2023.</p> <p>The transition from Health Education England to NHS England continues, the consultation is due to end on 21st July 2023 and new structures will be in place by 1st April 2024.</p>	
People Culture and Inclusion Metrics <ul style="list-style-type: none"> • Assurance Report • People Collaborative 	<p>Committee members welcomed the new dashboard that was presented to the Committee, they noted it was easy to understand on one page and gave members all the key information required. Conversations were held around whether this could be replicated for individual Trusts but members were mindful that Trusts have their own reporting styles and this would need to be part of a wider conversation.</p> <p>Members requested that ICB figures be included in the metrics.</p> <p>Committee members were assured by the high quality of information provided for the meeting and the wealth of data that is shared.</p> <p>Assured on delivery of PCI programmes.</p> <p>Committee members received a verbal update noting that the first meeting of the People Collaborative had been held in June, the meeting was well attended and the minutes were shared within the pre reading for information.</p>	
Risk Register and Board Assurance Framework	<p>The Committee received the latest version of the Risk Register and Board Assurance Framework noting there are currently 10 risks on the register, 7 of which score 16. The top 3 risks were shared with the Committee noting that 095 now incorporates the delivery of the long term plan.</p> <p>Committee members had discussions around those risks that are ongoing which would be difficult to provide an end date for and what is a tolerable level of risk.</p> <p>The Board Assurance Framework included in the papers provides a refreshed assessment of the strategic workforce risk 'BAF 8 – Sustainable Workforce'. The risk score is currently 20 at Quarter 2, with a target score of 16</p> <p>Committee members agreed with the score of 20.</p>	
Terms of Reference	Committee members were asked to complete the	

	<p>annual review of the Terms of Reference. Some slight amendments such as job titles and committee names have been made and members were asked to forward any further comment.</p>	
<p>Portfolio / Profession/ Provider spotlight <i>Primary Care</i></p>	<p>Tracey Cox, Associate Director of Primary Care and Dr Paddy Hannigan, Strategic Lead presented the GP Strategy to Committee members.</p> <p>The Committee were provided with assurance around the priorities and commitments and the four building blocks of the implementation of the Fuller stocktake.</p> <p>Committee members were assured by the strategy and the process used to develop it and noted how this links to the Workforce Long Term Plan. Committee members were assured that work is ongoing with the wider workforce team around the impact of the Long Term Plan on Primary Care.</p>	
<p>Spotlight on PCI Programmes – <i>Joint Forward Plan</i></p>	<p>Helen Dempsey, Director of Planning provided an update around the Joint Forward Plan sharing a brief overview of the development process that the plan went through and the content.</p> <p>Committee members were assured by the engagement the plan had gone through with stakeholders and also the links it shares with the other strategies.</p> <p>Committee members noted that the plan will be reformed regularly and noted that there is a system leaders meeting taking place on Friday 14th July which will start the discussion around priorities for 24/25.</p>	

Risk Review and Assurance Summary	

Board Committee Summary and Escalation Report

Report of:	People, Culture and Inclusion Committee (Part B)
Chair:	Shokat Lal, Non Executive Director
Executive Lead:	Alex Brett, Chief People Officer
Date:	Wednesday 12 th July 2023

Key Discussion Topics	Summary of Assurance	Action including referral to other committees and escalation to Board
Terms of Reference	<p>As part of the first meeting of the Integrated Care Board (ICB) People, Culture and Inclusion Committee Part B the Committee received and reviewed a draft Terms of Reference for approval.</p> <p>The Terms of Reference were approved in principle with the following amendments:</p> <ul style="list-style-type: none"> • Vice Chair to be listed as the Chief People Officer – discussions were held around current pressures on Non Executive Director colleagues and to trial the Vice Chair as an Executive Director. • Staff Side to be listed as a Member of the Committee • Committee to report to the ICB Board meeting, not the system People, Culture and Inclusion Committee (Part A). 	
Mandatory Training – Cyber Security	<p>Committee members were notified that an outcome of a recent ICB Information Governance Group meeting which is a sub-committee of the Audit Committee was to consider adding the Cyber Security module to the catalogue of statutory and mandatory training.</p> <p>Committee members discussed and agreed the rationale behind the additional training for staff noting that it is important that we all understand the different types of cyber risks and our individual responsibilities towards Cyber Security which can be achieved through a robust education and awareness programme.</p> <p>The additional training module was approved to be added to the catalogue of statutory and mandatory training with immediate effect.</p>	
Exit Interview Data	<p>Committee members were assured by the level of data provided in relation to leavers during quarter one and quarter two and noted the reason for a slightly higher turnover rate was due to the final stage of the Clinical and Professional Leadership Model.</p>	

	Committee members were assured that exit data is routinely monitored and all staff are offered exit interviews, it is their choice to accept, decline or ask to meet with someone other than their line manager.	
Policy Approval	Committee members received, reviewed and approved the following policies: <ul style="list-style-type: none"> • Long Service Awards • Menopause • Freedom to Speak Up • Fit and Proper Persons • Equality, Diversity and Inclusion • Annual Leave and Buy Back of annual leave 	
EDI Action Plan	Committee members reviewed and discussed the EDI Action Plan commending colleagues involved in its development on the level of detail and information provided. The Committee welcomed the plan noting that this needs the involvement of the organisation as a whole and not just EDI and HR colleagues, staff need to understand the what and the why and own the plan. The EDI Action Plan was approved.	
Staff Survey Action Plan	Committee members reviewed and received the Staff Survey Action Plan noting the breakdown of the most improved and most decreased scores and the actions against each of these. Colleagues noted that some of the actions have been an ongoing process and built into business as usual noting the importance of continuing the communication to staff – ‘You Said, We Did’ The Staff Survey Action Plan was approved.	
Management of Change Lessons Learnt	Committee members were informed that the request for a review of the Management of Change that took place in 2022 came from the ICB Staff Engagement Group and was a really welcome suggestion encouraging the Executive Team to consider what went well, what didn’t and the impact this had on staff. The Committee welcomed the review and were assured by the actions taken both throughout the process itself and following.	

Risk Review and Assurance Summary

Committee members noted the potential risk to the delivery of the EDI Action Plan while staff transition but were assured that this would be closely monitored.