



Staffordshire and
Stoke-on-Trent
Integrated Care Board

Integrated Care Board Briefing

Staffordshire and Stoke-on-Trent
ICB Meeting

20 June 2024

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

This briefing aims to keep partners informed of the discussions at the NHS Integrated Care Board (ICB) meeting in public. To watch the recording and read the papers [visit the ICB website](#).

ICB Chair and Executive update

- David Pearson, Chair, and Peter Axon, CEO, presented the report.
- David congratulated University Hospitals of North Midlands NHS Trust (UHNM) and Midlands Partnership University NHS foundation Trust (MPFT) on tremendous results at the NHS HSJ Digital awards.
- David highlighted the learning from the lives and deaths of people with learning disability and autistic people (LeDeR) review, and Clive Treacey's story, and stated that these are important documents that remind us that we have a duty, as part of the quadruple aim, to make sure that the reasonable adjustments are made for our community.
- David paid tribute to Tracy Bullock, CEO at University Hospitals of North Midlands NHS Trust, who is retiring this month and thanked Tracy for her service to the NHS and ICB.
- David paid tribute to Gill Hackett, Executive Assistant, who is also retiring this month and thanked Gill for all her service to the Board.
- Peter highlighted that University Hospitals of North Midlands NHS Trust (UHNM) are standing down the critical incident they declared due to pressure and discharges. Peter commented that pressures are no longer seasonal; unfortunately, the NHS suffers pressures all year round.
- Peter shared that the system Chief Executives are looking to refresh the system's long-term plan, so that there is a three, and five-year, granular analysis of projections around activity, volumes, system pressure using demographic data.

The Board asked how we are monitoring the outcome of recommendations in the Clive Treacey review? Heather Johnstone, Chief Nursing and Therapies Officer, said that the outcomes of the review have been discussed and are being monitored by the Adult Safeguarding Board. This will continue until all the recommendations have been implemented. The outcomes of the review are also being considered within Primary Care and staff are being supported to ensure they are making reasonable adjustments for service users.

System recovery plan

- Paul Brown, Chief Finance Officer, presented the report.
- Paul explained that we are now in a deficit of £90million, improved from last year's position of £91 million.
- Paul explained we have five work streams that are underway and are well established.
- The first work stream is Continuing Healthcare (CHC). This is now a well-established system collaborative that delivered significant financial impacts last year and overall is delivering better patient care.
- The second work stream is demand management, which looks at how we will cope as a system as we go into the winter period.
- The third work stream is to reduce the system spend on contracts outside the system.
- The fourth work stream a clinically driven work stream looking at how medicines are being prescribed and how patient pathways are managed.
- The fifth work stream is around enabling functions, that make us more efficient as a system.

The Board thanked Paul for the report and commented how clear the papers were to read. The Board welcomes the start of these important programmes, and wider scale programmes of collaborative working. The Board asked about the five work streams and in particular demand management and how would this work for a patient. Paul responded that this programme is unpinned and supported by the Health and Care Senate, therefore changes can only be made by clinicians.

The System Organisational Development

- Mish Irvine, Chief People Officer, and Pauline Grant Associate Director of Organisational Development presented the report.
- Pauline shared that the purpose of the plan is to look at how we can align our strategic Organisational Development priorities around talent, leadership, culture and inclusion, whilst not losing sight of the longer-term plan and the needs of our future workforce.
- This work will add value to what we do and set the guiding principles that all organisations sign up to. This is not adding additional work but looking at the areas of existing good practise.
- Pauline identified the minimum number of high impact actions and priorities that we need to agree on and shared that great opportunities to share learning across the system.

Pauline confirmed this is a draft plan, that will be shaped by feedback from the system. The final version for sign off will be shared with the Board later this year. The Board thanked Pauline for her presentation and endorsed the recommendations.

Fit and Proper Persons Test (FPPT)

- Paul Winter, Data Protection Officer Deputy Director of Corporate Services and Governance, presented the report.
- FPPT is a new legal, annual, requirement for all members of the ICB Board to check their suitability to sit on the Board.
- Paul explained that each of our partner member representatives are subject to FPPT and have all undergone their own local host employer declarations. They have all been deemed fit and proper and therefore able to sit on the ICB Board.
- The annual submission template has been completed for sign off, ready to submit to NHS England within the next week.

The Board thanked Paul for the considerable amount of work that has gone into the compiling of the tests and all its components. No questions were asked.

Quality and Safety report

- Heather Johnstone, Chief Nursing and Therapies Officer, and Josie Spencer, Non-Executive Director, presented the report.
- Heather noted the positive news of the recent HSJ Digital Award wins, which shows progress across the system.
- Heather explained the focus on out of area providers and our use of out of area providers and particularly our work to assure and ensure high quality services.
- Heather noted that a large number of people in Staffordshire and Stoke-on-Trent don't use our local services due to the crossing of the borders so within the report we've included some reference to the work that we do with the out of area providers.
- Heather reassured members of the Board that when quality and safety concerns are identified, these are discussed across the system and learning is shared.
- Heather shared that we are now recruiting for Patient Safety Partners. There is a national Patient Safety strategy, which includes an ambition for all systems to have Patient Safety Partners, with at least one patient safety partner acting as a member of any key committees.
- Moving onto Looked After Children, Josie Spender, confirmed that all initial health assessments will now be completed by July 2025. This is longer than anticipated. The committee was assured the data that underpins this work is now much more robust.

The Board thanked Heather and Josie for the informative report. The Board asked about the oversight framework table included within the report and how the ratings happen. Paul Winter confirmed there is a complicated, policy driven, formula that sits behind the ratings.

Finance and performance report.

- Paul Brown, Chief Finance Officer, and Phil Smith, Chief Delivery Officer, presented the report.
- Paul shared that there is no financial update to bring to the Board, but one will be produced for month two.
- Phill Smith then shared the latest performance report. He shared that urgent care will remain in a Tier 2 oversight, but that there has been an overall improvement in 4-hour performance in emergency departments, from the performance recorded at the end of 2023. Significant progress needs to be made to hit the target of seeing 78% of patients within four hours.
- Phil Smith then shared that the category two response times for ambulances are at 30 minutes and 55 seconds (with the national target being 30 minutes). Our response time last year was 40 minutes.
- Phil confirmed that the winter surge schemes have now been de-escalated in line with our expected plans.
- Despite the positive news, Phil drew the Board's attention to three key points:
 - The demand and flow through the system has led to a critical incident being declared at UHNM. The system is coordinating actions across the system to move away from that status as soon as possible.
 - In response to the CQC Regulation 12 notice, West Midlands Ambulance Service (WMAS) have taken action to redirect capacity to the front line to support ambulance response times. WMAS have also put additional ambulances on the road.
 - Plans are being finalised ahead of the Junior Doctor's Industrial Action at the end of June. We are working to minimise the impact of this.
- Phil shared that the recent focus has been maximising our capacity over the year. Our latest operational plan submitted to NHS England sets out our intentions to increase our activity across day cases, outpatients and diagnostics to support delivery of the operational standards for our population. We're seeing some positive delivery progress in terms of cancer particularly at UHNM.
- Megan Nurse, Non-Executive Director, informed the Board that UHNM has been requested to take on an additional 20 Junior Doctors, at a four-year cost of £300,000. This will impact our financial position, which has been recognised by NHS England.

The Board thanked Paul, Phil and Megan for their reports.

Conflicts of Interest policy and closure

- Paul Winter, Data Protection Officer Deputy Director of Corporate Services and Governance, thanked the board and members for their support with the development of the policy that is in the report. Paul confirmed the report has already been approved by the audit committee.
- Paul explained that the new 2024 procurement regime provides a selection regime for ICBs and a lot of new work for the transformation agenda with new partners.
- NHS England will be updating their own NHS wide guidance in line with this new regime.

The Board thanked Paul for this update.

Date and time of next meeting in public: 18 July 2024 at 12.30pm held in Public in the Board Room at Royal Stoke University Hospital.