



Staffordshire and
Stoke-on-Trent
Integrated Care Board

Integrated Care Board Briefing

Staffordshire and Stoke-on-Trent
ICB Meeting

16 January 2025

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 Chief Executive update

- David Pearson, Chair, and Peter Axon, Chief Executive Officer, presented the report.
- The Chair alerted the Board to the new assurance committee that has been established for strategic commissioning and transformation.
- The Chair noted that it was a pleasure to chair the inaugural meeting, which was well attended by members from the local authority and statutory partners, with helpful discussions on the future terms of reference and membership around Primary Care, Children and Young People and the VCSE sector.
- The Chair advised that we are in a process of recruiting a Non-Executive Member to the Board to take on the role of chairing the committee.
- The Chair acknowledged the ongoing work around vaccinations and praised the efforts of community pharmacies, Primary Care and GP services for supporting the uptake of vaccinations in the local community.
- The Chair noted the financial position and the response to the undertakings received from NHS England, acknowledging the work ongoing with system partners to ensure a better financial position for this year and planning underway for 2025/2026.
- Peter Axon added that the newly established strategic commissioning and transformation committee is a vital part of our governance structure, and going forward this will define plans around allocative efficiency, technical efficiency and productivity agenda.
- Peter Axon noted that following the workshop in December 2024, where system partners met to discuss Community Transformation, the next workshop will aim to clearly define expectations around the core community services offer going forward, particularly addressing pressures within Urgent and Emergency Care.

The Board asked about the visibility of shifting resources within 2025/2026. Peter Axon assured the Board that where possible, opportunities for smaller changes will be implemented amongst the process of making larger at-scale changes, that notably take more time. The Board asked whether data has been collected to indicate if patients who have been hospitalised with flu have been vaccinated. Paul Edmondson-Jones, Chief Medical Officer, advised the Board that the vaccination status of each patient is recorded, and the exact figures will be shared at next month's Board meeting. The Board accepted the assurance that the leadership are working on each of the topics raised within the report.

Cyber security update

- Chris Ibell, Chief Digital Officer, presented the report.
- Chris Ibell advised that in September 2024, a number of changes have been introduced to the Data Security and Protection Toolkit (DSPT) requirements. Chris Ibell noted that going forward, the DSPT will be referred to as the Cyber Assessment Framework (CAF) aligned DSPT, which services to strengthen cyber security assurance for all government organisations, including the NHS.
- Chris Ibell advised that this includes the requirement of formal independent cyber audits, as opposed to self-assessments, noting that part of this requires the Board to be appraised of the risks and mitigating actions being taken.
- Chris Ibell mentioned that over the past few years, there has been an increase in cyber-attacks across the public sector and third-party Information Governance providers, having significant financial and operational impacts.

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- Chris Ibell noted that the Department of Health and Care have created a cyber security strategy through to 2030, and the system is working closely with Emergency Preparedness Resilience and Response (EPRR) colleagues to focus on cyber resilience.
- Chris Ibell advised that all digital initiatives operate within the 'What Good Looks Like Framework'. Within the framework there are safe practice obligations, including:
 - To have a system-wide plan for maintaining robust cyber security
 - To establish a process for managing the cyber risk with mitigation plans and understanding the roles that can fulfil that
 - To take advantage of national cyber services provided by NHS England
 - To comply with the DSTP and new CAF aligned DSPT
- Chris Ibell assured the Board that over the past 18 months, an ICS cyber security group has been established, including expertise from NHS providers and local authorities as consultees, and a draft Staffordshire and Stoke-on-Trent cyber security strategy has been submitted for review.
- Chris Ibell was pleased to share that the Security Operation Centre has been developed, which includes the following functions:
 - In operation 24/7 supporting Staffordshire County Council, Stoke City Council, Midlands Partnership University NHS Foundation Trust (MPFT), University Hospitals of North Midlands (UHNM) and North Staffordshire Combined Healthcare Trust (NSCHT)
 - It runs standardised vulnerability scanning and patching service
 - Conducts gap analysis to identify areas for improvement and standardised reporting metrics
 - Enables knowledge sharing and standardisation of operation
- Chris Ibell noted that following the Cyber Simulation Event held last year, a 22-step action plan has been developed, and another event will be held in coming months with regional and national colleagues.

The Chair thanked Chris Ibell for the report, noting that the report is a dynamic process of assurance. The Board commented that with the nature of the cyber risk, should this feature as a strategic risk within our Board Assurance Framework, noting that the Audit Committee handbook is clear in terms of their role in its oversight of cyber risk. The Chair advised that an executive discussion would take place and any actions following this will be brought back to the Board. The Board thanked Chris Ibell for the reassurance, noting they are pleased to hear all partners are linked into discussions around cyber security. Shokat Lal, Non-Executive Chair of People, Culture and Organisational Development Committee, asked whether there have been discussions around the proposed government legislation for organisations paying ransom demands. Chris Ibell responded that updates regarding the legislation will be shared appropriately. Phill Smith, Chief Delivery Officer, commented on the Security Operation Centre, highlighting the importance of protocols that need to be in place for colleagues to be well-equipped, who are working both out of hours and in hours. Chris Ibell assured the Board that there is a continued focus is on the processes and people involved. The Chair advised that there is further work to be undertaken with Julie Houlder, Chair of Audit, and the audit committee, to look at how the risks are managed going forward.

Quality and Safety AAA Report and Quality and Safety AAA Chairs Report

- Josephine Spencer, Non-Executive Chair of Quality and Safety Committee, presented the report.
- Josephine Spencer advised that no meeting took place in January due to system pressures effecting attendance, and therefore no updates were provided for the Quality and Safety AAA Report.
- Josephine Spencer continued to present the Quality and Safety AAA Chairs Report.
- Josephine Spencer alerted the Board to concerns surrounding the Emergency Department (ED) harm review process, noting more work is to be undertaken, including work with Derby and Derbyshire ICB colleagues to provide an early and more in-depth understanding of the process.
- Josephine Spencer noted they are looking to put a new risk on the risk register.
- Josephine Spencer advised the committee received a report and presentation on the Intensive and Assertive Community Mental Health Care Treatment Review and Plan.
- Josephine Spencer commended colleagues involved for the work they are doing and highlighted the engaging presentation delivered to the Quality and Safety Committee.
- Josephine Spencer assured the Board that they are mindful of the pressures in the system and note the areas where quality will need to be monitored closely, however, there are many areas with good work and assurance taking place.

The Chair thanked Josephine Spencer for the report. The Chair noted the importance of the ICB Quality Team supporting University Hospital of North Midlands NHS Trust, particularly around the impact of waiting times and pressures the Emergency Department is under. The Chair also advised that it would be useful for the Board to understand more about the impact of the Darwin Centre being moved into a level 3 oversight, following their meeting planned at the end of the month. Neil Car, Partner Member and Chief Executive of Midlands Partnership University NHS Foundation Trust, added to the discussion, noting that the report into Valdo Calocane will be published imminently, and all organisations should review their position against this report. Josephine Spencer responded to the Chair and Neil Car, stating that further assurance will be provided to the Board in due course. The Board noted and accepted the recommendations presented to them.

Staffordshire and Stoke-on-Trent Health and Care Senate AAA Chairs Report

- Paul Edmondson-Jones, Chief Medical Officer, presented the report.
- Paul Edmondson-Jones noted that the date of the meeting being reported on is December 2024, with some points dated back to September.
- Paul Edmondson-Jones confirmed that there are no alerts to highlight.
- Paul Edmondson-Jones commented on the breadth of what the Health and Care Senate is looking at, including demand management, clinical pathways, and medicines optimization.
- Paul Edmondson-Jones advised that the report includes an item on the medium-term plan and mitigated modelling, along with an item on demand management collaborative.

The Chair thanked Paul Edmondson-Jones for the report. The Board asked about the guidance that came out in December around weight management medication. Paul Edmondson-Jones assured the Board that a working group has been set up with NHS England to clearly establish a process of prioritisation, noting that the rollout of weight management medication will be over 12 years. Paul Edmondson-Jones advised that an update on this will be taken through the strategic commissioning committee and to Board as appropriate. The Board noted and approved the recommendations.

ICS Finance and Performance Report

- Paul Brown, Chief Finance Officer, and Phil Smith, Chief Delivery Officer, presented the report.
- Paul Brown confirmed that the month eight position is a £33.4m variance from the plan.
- Paul Brown noted this is relatively positive, being the first month that the system has achieved a small surplus.
- Paul Brown advised that the forecast outturn position is now at £56m. This is compared to a forecast position of £64m stated last month, as we have now covered the £8m of additional unmitigated risk.
- Paul Brown commented on the work on-going as part of the Investigation and Implementation regime, advising that workforce is a key focus area in terms of looking at how to get the most out of our workforce, for example, reducing costs of agency workers and having more substantive posts.
- Paul Brown advised that Continuing Health Care (CHC) continues to be a focus of the Investigation and Implementation regime, noting significant improvements within the CHC workstream that includes a 12% reduction of the CHC case load.
- Paul Brown advised that Deloitte continue to support the system in providing a more detailed understanding of costings related to the CHC pathway.
- Paul Brown noted productivity as another key area of the Investigation and Implementation regime, particularly around the elective care process at UHNM and maximising the way we work with the independent sector, ensuring patients are put through the correct organisation, and finding opportunities to increase the number of patients being treated whilst reducing the overall cost.
- Paul Brown advised clinical values is a continued focus, noting the importance of the work on-going within the Health and Care Senate to look at which services are less optimal and those that are more so.
- Paul Brown added that work on balance sheets is another area of focus.
- Paul Brown reiterated that regulators have advised we must break even.
- Phil Smith highlighted that in England, the previous calendar year was the busiest to date for Accident and Emergency and ambulance services, recording the highest number of conveyances seen within one month in December 2024.
- Phil Smith advised that nationally, instances of flu are three times higher compared to the same time period last year, with a number of trusts and systems across the country declaring critical incidents over the past couple of months, citing the exceptional demand and respiratory viruses in particular, impacting on their ability to deliver care.
- Phil Smith stated that locally, there was a rapid rise of pressures early on in the winter season, noting that Royal Stoke University Hospital saw 5% higher demands for both November and December 2024, compared to the same time period last year.
- Phil Smith explained that Infection, Prevention and Control (IPC) continues to be challenging for the system, particularly due to the impact of respiratory viruses, noting spikes of Norovirus in November 2024, alongside reporting the second highest seasonal flu demand as of recent years.
- Phil Smith advised that we have hit the peak of flu A, and flu B is to be expected, along with a further surge of COVID-19 expected over the next few weeks.
- Phil Smith noted that due to a higher demand within major and trauma services, along with extremely high ambulance arrivals, there has been unacceptable delays across the entirety of the Urgent and Emergency Care pathway.
- Phil Smith added that this is reflected within ambulance response times, with the final December position for Category 2 Response Time expected to be over 50 minutes.
- Phil Smith advised that the system currently remains in high escalation, and UHNM are still in a business continuity incident, noting there are plans to review this.

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- Phil Smith noted that the Surge Plan has been deployed, which was agreed across the Board in November 2024, with additional actions as follows:
 - Bringing forward the Primary Care winter hub capacity into November, with an extra 600 appointments added per week from early December
 - Bringing forward community discharge to assess (D2A) bed capacity
 - A peak of 65 spot purchase D2A beds
- Phil Smith advised additional staffing has been deployed into the Single Point of Access Integrated Care Coordination (ICC) service, with the past month seeing a 20% increase in demand. Working closely with ambulance services, this is expected to become a 24/7 model, opening the service to all suitable adults as opposed to those aged 60 and over.
- Phil Smith advised that we are working towards a rollout of the 45-minute ambulance handover protocol to ensure delays in handover are minimised.
- Phil Smith noted that pressures have led to a significant stand down of elective work, particularly over the past month, noting cancellations as a result. Phil Smith advised this is being mitigated by rebooking patients as soon as possible, whilst trying to secure capacity and mutual aid from other NHS partners.
- Phil Smith advised that UHNM have made positive steps in terms of their processes. Phil Smith noted that they have invited NHS England's national team to review their internal Urgent and Emergency Care pathways and have secured a new improvement director to lead their internal programme of improvement.
- Phil Smith mentioned that there has been increased staff sickness absence levels across all partners within the system, in line with the increased pressures.
- Phil Smith advised that formal debriefs and data reviews are being undertaken, which have been put forward to the finance and performance committee in January, with plans to continue this in February and March to provide a full view of the winter period, and to also support the formal learning event that is being held in the Spring.
- Phil Smith assured the Board that the leadership community across the system continue to work together collaboratively, having daily conversations to navigate the pressures that the system continues to experience.

The Chair thanked Paul Brown and Phil Smith for the report. The Chair commented on the overview of the ICB performance metrics and how those that are underperforming against plan or target with variance to plan or target, are being managed. Phil Smith responded that there are daily calls in place to look through the metrics and to balance decision making, advising that with external support being brought into elective, the aim is to recover this over the next few months. Phil Smith added that recovery is expected to be challenging for ambulance response times and A&E four-hour performance, and it's about understanding the drivers and causes of those.

The Board was asked about the 12% reduction in people receiving Continuing Health Care, and whether the key indicators will be monitored for the cohort no longer receiving Continuing Health Care, i.e. monitoring the rates of readmissions to hospital. Paul Brown assured the Board that all decisions are made within a clinically driven process, involving CHC assessments and the individual clinical needs of each patient. The Chair advised that further assurance will be provided on this to confirm the clinical and safety drivers around the decisions being made. The Board accepted the acknowledgements and recommendations presented to them.

Finance and Performance Committee AAA Chairs Report

- Josephine Spencer, Non-Executive Chair of Quality and Safety Committee, presented the report.

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- Josephine Spencer advised that although improvements are being made there is not a clear route to the breakeven position.
- Josephine Spencer noted that although the Investigation and Implementation process is identifying savings of around £1m - £2m per month, this won't take the system to a point of breakeven.
- Josephine Spencer advised that the integrated care coordination team presented to the committee which provided insightful outcomes and was crucial in bringing finance, performance and quality together, to get the right patients to the right services at the right time.
- Josephine Spencer also advised that the principles have been agreed for the modification of the pulmonary rehabilitation service to create a more comprehensive equitable service for patients.
- Josephine Spencer added that a contract for the acute visiting service has also been agreed.
- Josephine Spencer advised that concerns were raised about the capital position for 2025/2026 and the clinical risk related to this. Josephine Spencer noted that there will be on a focus on this at the next committee meeting which will be highlighted within the AAA report and presented at the next ICB Board meeting in February.

The Chair thanked Josephine Spencer for the report. The Board accepted the recommendation to receive and note the update.

People, Culture and Inclusion Committee Assurance Report and People Culture and Inclusion Committee AAA Report

- Mish Irvine, Chief People Officer, and Shokat Lal, Non-Executive Chair of People, Culture and Organisational Development Committee, presented the report.
- Mish Irvine noted there is an 8.6% turnover for workforce, which is a positive measure of workforce wellbeing.
- Mish Irvine added that agency figures are 2.3%, which is against a target of 3.2%, noting this as positive. Mish Irvine praised all the providers involved and the work they are doing around productivity and processes.
- Mish Irvine advised that we remain over our operational planning figures, which notably will have a financial impact for the system. Mish Irvine confirmed we are 467 over the operational plan, with the majority of these figures sitting within the acute setting.
- Mish Irvine commented that the focus over the next 12 months is to consider how to support the increased use of workforce in areas that are most in need and reduce workforce in areas that can be more efficient.
- Mish Irvine advised there are a number of programmes to support this. The I&I team are supporting each provider to look at their processes, along with financial control recovery groups, which are clinically led and support providers on a weekly basis.
- Mish Irvine noted the approach of the People, Culture and Inclusion Committee, which focuses on supporting the workforce in being able to move across the system and to work in a different way, whilst supporting the population in the most productive manner.
- Shokat Lal advised there was a focus on health and wellbeing for the workforce. Funding has been secured for the ICS Staff Psychological Wellbeing Hub.
- Shokat Lal also shared that a paramedic student has shared information about the ICS Future Leaders placement programme and how they have worked across the system to understand partnership working.

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The Chair thanked Mish Irvine and Shokat Lal for the report. The Board accepted the recommendation to receive and note the update.

Staffordshire and Stoke-on-Trent ICB Remuneration Committee Summary and Escalation Report

- Shokat Lal, Non-Executive Chair of People, Culture and Organisational Development Committee, presented the report.
- Shokat Lal advised that a number of items were discussed from an assurance point of view including the recruitment to the Non-Executive Board member position.
- Shokat Lal also confirmed that the annual pay review was also discussed.

The Chair thanked Shokat Lal for the report. The Board accepted the recommendation to receive and note the update.

Quarter 3 System Board Assurance Framework

- Claire Cotton, Director of Governance, University Hospitals of North Midlands NHS Trust, and Julie Houlder, Chair of Audit Committee and Non-Executive Director, presented the report.
- Claire Cotton advised that there are some risks with a high scoring including reducing health inequalities, finance and workforce.
- Claire Cotton advised that six out of the eight strategic risks have been given a partial assurance rating.
- Claire Cotton also advised that the System Board Assurance Framework has received some national recognition. Claire and Tracey Shewan, Director of Corporate Governance, were invited to sit as panellists on a national audit committee where they talked about the work they have done around Board assurance.
- Julie Houlder advised that Grant Thornton has been reappointed as external auditor.
- Julie Houlder also advised that the compliance level against EPRR national standards is now substantial.
- A deep dive will take place at the next audit committee around an advisory report on personal health budgets.

The Chair thanked Claire and Julie for the report. The Board accepted the recommendation to receive and note the update.

Date and time of next meeting in public: 20th February 2025 at 1pm held in Public, via MS Teams.