

Sent via email

**David Pearson – ICB Non-Executive Chair**  
Staffordshire and Stoke-on-Trent Integrated  
Care Board

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Dear David,

30 July 2025

**Annual assessment of Staffordshire and Stoke-on-Trent Integrated Care Board's performance in 2024/25.**

I am writing to you pursuant to Section 14Z59 of the NHS Act 2006 (Hereafter referred to as "The Act"), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. In making our assessment we have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that we have had with you and your colleagues throughout the year.

This letter sets out our assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2024/25 financial year.

We have structured our assessment to consider your role in providing leadership and good governance within your Integrated Care System (ICS) as well as how you have contributed to each of the four fundamental purposes of an ICS. In each section of our assessment, we have summarised areas in which we believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. We have also included any areas in which we feel further progress and performance improvement is required, detailing any support or assistance being supplied by NHS England to facilitate improvement.

In making our assessment we have also sought to take into account how you have delivered against your local strategic ambitions as detailed in your Joint Forward Plan (JFP). A key element of the success of Integrated Care Systems is the ability to balance national and local priorities together, and we have aimed to highlight where we feel you have achieved this and where further specific work is required.

We thank you and your team for all of your work over this financial year, and we look forward to continuing to work with you in the year ahead.

Yours sincerely,



**Rebecca Farmer**  
**Director of System Co-ordination and Oversight – West Midlands**

**Cc Dale Bywater – Regional Director, NHS England – Midlands**  
Dr. Paul Edmondson Jones, MBE - Interim Chief Executive Officer, Staffordshire and  
Stoke-on-Trent Integrated Care Board



## Section 1: System leadership and management

The ICB developed its system leadership and governance functions in response to the evolving challenges that it and the wider Staffordshire and Stoke on Trent (SSOT) ICS faced during 2024/25. The ICB was placed in the Investigation and Intervention financial improvement programme by NHS England in November 2024 due to the deterioration of its financial position against the commitments contained in the system's 2024/25 Operational Plan. In response, the ICB put enhanced grip and control arrangements in place to collectively hold itself and the NHS providers in SSOT to account for delivery of their recovery programme. Although these changes were partially effective, the system did not fully deliver the financial or operational elements of its 2024/25 plan and therefore will need to continue to strengthen its approach to system leadership and management in 2025/26.

The ICB has structures and governance arrangements in place that support it to discharge its responsibilities for planning and coordinating the care of its population. It is structured around seven pathway-based portfolios that align service delivery and transformation expertise from across SSOT with the identified needs of its population. Service transformation plans are developed through these portfolios under the leadership and scrutiny of the Strategic Commissioning and Transformation, Quality and Safety and Finance and Performance Committees before being approved by the ICB Board. The published minutes of ICB Board meetings confirm that ICB plans and strategies are subject to appropriate scrutiny and impact assessment.

There is clear alignment between the ICB's priorities and those of its wider system partners in most areas. We could find limited evidence within the Joint Forward Plan (JFP) of the specific contribution which the ICB and wider NHS make to the delivery of the 'Personal Responsibility' domain within the SSOT ICP Strategy. Although elsewhere it would appear the ICB is leading work which would support the system to meet this ambition, such as through the promotion of its Community Health Champion Network and its Joint Alcohol Harms Strategy. The ICB may therefore wish to consider how it could better reflect these programmes of work within its next scheduled JFP refresh.

An appropriate range of partner organisations are involved in the development of ICB plans and strategies. Noteworthy initiatives requiring close partnership working with non-NHS organisations in 2024/25 included the production of a Joint Alcohol Harm Strategy with local government and emergency service partners; the development of a Maternity and Neonatal Voices Partnership to involve local communities and under-represented groups in the transformation of maternity pathways; and the rollout of a cancer awareness and early referral programme with partners from primary care, secondary care and the Voluntary Care Sector (VCSE). Feedback from the two SSOT Health and Well-Being Boards (HWBs) also confirmed that the ICB maintained positive working relationships with its local government partners this year, despite the challenges posed by the system's financial position.

The published papers of the ICB Board demonstrate that the organisation takes decisions in accordance with the 'Triple Aim'. Papers recommending service change are accompanied by a mandatory summary impact assessment which covers operational performance (including population health), quality and finance. In some instances, the Board will request that full Quality and Equality Impact assessments are undertaken prior to decisions being made. This happened in March 2025, when the Board asked the Quality and Safety Committee to impact assess the draft 2025/26 Operational Plan, identify key risks and ensure that appropriate mitigations were put in place by NHS providers and other key partners. There is strong clinical representation at every level

within ICB decision-making processes and the ICB is actively involved in the System Quality Group and the Health and Care Senate.

NHS England delegated direct commissioning functions for pharmaceutical, general ophthalmic services and dentistry (POD) to ICBs in April 2023. The ICB is a member of a formal Joint Commissioning Committee with seven ICBs in the West Midlands to jointly exercise its delegated commissioning functions, which included some specialised commissioning services from April 2024.

In August 2024, NHS England completed a primary care assurance framework which assessed the ICB as 'substantial', meaning that the ICB was discharging the delegated function safely, effectively and in line with legal requirements but one or two processes were not running effectively, exposing possible risk and issues in discharging the function. The ICB continued to work towards 'full' assurance throughout the year.

NHS England agreed undertakings with the ICB in 2024/25 in response to the deterioration of its financial position. As noted above, action was taken to address these concerns but did not result in the system recovering a level of financial or operational performance that was consistent with the commitments contained in its Operating Plan. The undertakings therefore remain in place and will be reviewed by NHS England in 2025/26 to consider whether further action is needed.

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## **Section 2: Improving population health and healthcare**

The ICB facilitated improvements in the quality, effectiveness and experience of the care it commissions. The SSOT System Quality Group, which is chaired by the ICB Chief Nursing Officer, brings together quality leads from across the system to develop plans to improve care, mitigate risks and share best practice. The ICB Quality Strategy 2023 - 2026 was implemented with a strong focus on continuous quality improvement. Progress in delivery of the strategy is monitored through the bi-monthly ICB Quality and Safety Committee. During 2024/25, the ICB worked closely with University Hospitals North Midlands NHS Trust (UHNM) and NHS England to address concerns raised by the Care Quality Commission (CQC) about the quality of maternity services at the Royal Stoke Hospital. This intervention resulted in a significant improvement in the rates of triage and inductions taking place within the Royal Stoke maternity unit and the CQC rating was subsequently revised from 'Requires Improvement' to 'Good'.

The ICB did not deliver the improvements to Urgent and Emergency Care (UEC) performance it had planned in 2024/25 and remains within Tier 2 enhanced oversight arrangements. The proportion of 4-hour (all types) was reported as 64.6% (in March 2025) which was significantly below the national target of 78%. The 12-hour waits in department breaches at UHNM stood at 9.0% which exceeded the national target of 5% (March 2025). UHNM spent a total of 35 days in critical incident escalation during 2024/25, which was the highest number recorded by any NHS Trust in England. This in turn led to a significant deterioration in the system's elective care performance. Under the ICB's leadership the system responded to these issues through its UEC Board by carrying out a review to identify 'lessons learned' from winter 2024/25 and implement a UEC recovery plan based on the recommendations put forward by NHS England's National Clinical Advisor for UEC. Ambulance handovers remain a key area of focus and challenge for UHNM and NHS England will continue to work closely with the ICB and UHNM in 2025/26 to ensure that these plans are implemented in full.

Although the ICB had committed to eliminate waits of 65 weeks or more, there were still 241 patients with waits of that duration by the end of the year. UHNM remains in Tier 2 oversight arrangements

for elective and cancer services due to the difficulties it has had in reducing waiting times for elective care and moving towards NHS constitutional standards.

There was a consistent and sustained improvement in cancer diagnosis rates throughout the year, with the system's average performance of 77.7% exceeding the Faster Diagnosis Standard and its own plan of 77.3%. However, the system was unfortunately less successful at improving waiting times for treatment, with 57.5% of patients receiving treatment within 62 days against a plan of 70%. The system will therefore have to deliver improvements in its cancer performance during 2025/26 to achieve the ambitious target set within its 2025/26 Operating Plan.

The system delivered planned improvements to mental health services in a number of areas, achieving a dementia diagnosis rate of 73% against a plan of 66.7%, increasing the reliable improvement rate for patients using NHS Talking Therapies to 70% against a plan for 67% and ensuring that 60% of patients with severe mental illness received an annual Physical Health Check. However, its reliable recovery rate for Talking Therapies was 46% against a plan of 48%, it did not improve access rates for children and young people's mental health services or perinatal mental health services, and it still had 14 Out of Area Placements for mental health at the end of March 2025. NHS England expects that the ICB will take action to address these issues during 2025/26.

From a Learning Disability and Autism (LDA) inpatient point of view the ICB submitted a compliant plan in 2024/25 and delivered these commitments. For adults, the system achieved the Long Term Plan ambition and is the 2nd best performing system in the region and in the best quartile nationally. The system saw a 25% reduction in those with a Length Of Stay (LOS) of over five years.

The ICB successfully oversaw the delivery of an additional 230,000 primary care appointments in 2024/25, implemented a Pharmacy First service by commissioning 234 pharmacies to provide treatment for minor ailments to 82,000 patients, and ensured that all SSOT GP practices offered access to prospective records via the NHS App and Online GP Registration. Another notable success was the rollout of a Cancer Screening Service which was developed by Primary Care, the SSOT Cancer Alliance and Voluntary Care Sector partners that led to a significant increase in instances of earlier cancer diagnosis.

We were pleased to see the material reduction in waiting list size and 'Over 52 Week Waits' on both Adult and CYP Community Pathways which was in line with the Operating Plan requirements. Whilst the ICB commissioned a Women's Health Hub to improve access, experience and quality of care for women in the community, the SSOT Hub does not offer direct access to all of the eight core services specified within national NHS guidance.

The ICB made good progress in addressing the specific needs of children and young people in a number of areas. The introduction of Diabetes Youth Worker posts to support young people with diabetes in understanding their condition and improving treatment engagement, and the Supporting Children and Young People in Challenging Situations Project to involve children in the coproduction of new crisis pathways are amongst its achievements. Further work is needed with local authority partners to sustain the remedial actions that were taken by the system to address issues raised by the Special Educational Needs and Disabilities (SEND) inspections in Staffordshire and Stoke-on-Trent respectively. The system should be able to demonstrate sustained improvement before the SEND services of both local authorities are reinspected in 2025/26.

The ICB has effective mechanisms in place to ensure that the public is involved in decisions about NHS services. The ICB created two forums which it uses to support the coproduction of its plans

and strategies – the People’s Panel and the People and Communities Assembly. It also created numerous specific forums to engage patients, carers and communities in pathway redesign work, such as those for Children and Young People’s Crisis services and Perinatal Health. The ICB provides regular updates to NHS England on the nature and progress of the public engagement exercises it is carrying out to support strategic service changes and NHS England is assured that it is meeting its statutory duties in this area.

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### **Section 3: Tackling unequal outcomes, access and experience**

The ICB has leadership and governance arrangements in place to support the prioritisation of health inequalities within its broader strategic planning and delivery functions. ICB Board papers demonstrate that oversight and scrutiny is being applied effectively and that tools, such as an interactive online dashboard of metrics linked to local authority Joint Strategic Needs Assessments (JSNA) are being developed to aid this process. The ICB established a Health Inequalities Directors Group to provide integrated leadership across the NHS and local government and there is clear alignment between most of the priorities identified within the Integrated Care Partnership strategy and the Joint Forward Plan.

The ICB made progress in accelerating prevention-focused programmes aimed at those at risk of experiencing poor health outcomes during 2024/25. The ICB Annual Report describes the work that it undertook to develop enhanced analytical capabilities and embed the Population Health Management methodology within the ICB’s strategic planning and transformation functions. The ICB also began work on its strategy to develop Integrated Neighbourhood Teams and committed to focus on the management of frail cohorts who were at higher risk of conveyance and admission to hospital. Other examples of prevention-focused initiatives undertaken include the Southeast Staffordshire Healthy Communities projects, Stoke-on-Trent Community Health Champions Project, Stoke’s Community Together Project and Community Lounges, the Core 20 Connectors and the development of the Joint Alcohol Harm Strategy.

Further work is required to clarify and strengthen reporting and oversight arrangements linked to prevention and health inequalities. Although the ICB led and supported the delivery of multiple new interventions in 2024/25, it is not clear how the impact of these has been assessed against key programme metrics or data linked to outcomes, inequalities and the wider determinants of health. There is also limited evidence of actions that were taken by the ICB to ensure that priority services, including UEC and elective care, were provided in an inclusive manner. NHS England is aware that the ICB is carrying out a full Equality Impact Assessment of its Operational Plan for 2025/26 and expects any inclusive access issues to be addressed through that process.

The ICB last updated its response to NHS England’s Health Inequalities statement in April 2024. To meet the annual update requirement, the ICB should refresh the statement before publishing the ICB 2024/25 annual report.

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### **Section 4: Enhancing productivity and value for money**

As noted above, the ICB’s management of its financial resources was an area of significant concern to NHS England during 2024/25. The ICB was placed in the national Investigation and Intervention Programme in November 2024 and agreed financial undertakings with NHS England. Despite receiving significant support, the ICB and wider SSOT system reported deficits of £14.9m and

£17.8m respectively at the end of the year. UHNM's deficit of £18.1m was offset to some extent by surpluses of £11.6m and £3.5m respectively at Midlands Partnership University NHSFT (MPFT) and North Staffordshire Combined Healthcare Trust (NSCHC). NHS England expects the ICB to work closely with all providers in 2025/26 to ensure delivery of 2025/26 Operational Plan commitments and move to a financially sustainable position. This will undoubtedly require the ICB and all its NHS provider partners to deliver safe and sustainable reductions in workforce, which was an area in which the system notably failed to deliver its plan in 2024/25. SSOT recruited 1,271 whole time equivalent staff more than forecast in its Operating Plan. Going forward NHS England will monitor this and the other aspects of the ICB financial plan closely to ensure acceptable levels of performance.

SSOT ICB received a good overall satisfaction score of 76.6% in the 2024 NHS Staff Survey and demonstrated its commitment to its workforce through a range of initiatives, such as a refreshed Learning Development Offer that supported staff to access training, apprenticeships, coaching and mentoring. The ICB facilitated the development of new posts and new ways of delivering care within the wider system through its support for the introduction of new schools-based Mental Health Support Teams and a new model of pharmacy placements. However, there is limited evidence of the steps that the ICB took to improve the productivity of its workforce. This will remain a key area of focus during 2025/26 as ICB's become leaner and more strategic organisations.

The ICB promoted research through initiatives like the Learning from Lives and Deaths (LeDeR) Programme, which not only completed a backlog of reviews but also drove quality improvement projects, and Health and Care Research for All, which engaged over 300 community organisations and invited over 17,000 people to participate in clinical research studies. The ICB also commissioned face-to-face dysphagia and epilepsy awareness training sessions and produced bi-monthly briefings sharing positive practices, learning and improvements with health and social care colleagues.

The ICB demonstrated strong overall delivery against its digital maturity plans. All eligible GP Practices successfully transitioned to high quality Cloud Based Telephony. Online Consultation (OC) tools are comprehensively available to all General Practices, with contractual arrangements secured for 2025/26 and ongoing work to ensure availability during core hours. In Diagnostics, the system commendably carried out the final Go-Live on the Pathology Laboratory Information Management System in 2024/25, representing a major achievement in analogue-to-digital transition for this critical service. During 2025/26 the ICB should work with UHNM to ensure that the system is fully utilising the inpatient and outpatient modules of the Federated Data Platform within the Trust's Care Coordination Suite.

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## **Section 5: Helping the NHS support broader social and economic development**

As noted above, there is a clear alignment between the ICB JFP and the SSOT ICP Strategy in most areas. The minutes of the Staffordshire and Stoke-on-Trent HWBs confirm that the ICB is an active participant in the development of plans and strategies to improve the wider socio-economic development of the area, and this is evidenced through activities such as the ICB's programme of investing in community assets via its scheme of VCSE-led micro-grants.

The ICB assessed itself against the Anchor Institute Framework and its maturing status can be evidenced in activities such as the formation of a Family Matters Network which brings statutory and VCSE providers together to design interventions aimed at preventing families from falling into crisis. Other key steps include establishing governance for the system's Green Plan and widening the ICB's social influence with educational and environmental partners through participation in local

government-led initiatives such as the Our City Our Wellbeing strategy developed by Stoke-on-Trent City Council.

The ICB produces a Public Sector Equality Duty (PSED) Equality, Diversity, and Inclusion (EDI) Annual Report to evidence how it is meeting a range of NHS equality statutory and mandated requirements, including the Equality Acts, Public Sector Equality and publishing requirements under each of the specific duties. The PSED provides a comprehensive overview of the progress made against key EDI metrics reflecting the ICBs statutory duties to plan and fund healthcare, as well as its duties as an employer. Other examples of good practice in relation to EDI referenced in the draft annual report include the ICB's voluntary adoption of the Race Equality Code, the Workforce Race Equality Standard and Workforce Disability Equality Standards, as well as the significant progress that has been made in reducing the gender pay gap within the ICB during 2024/25.

The ICB continues to work in conjunction with its NHS and local government partners to deliver the ambitions contained within its Greener Programme. Evidence gathered from the system and organisational Green Boards indicates that SSOT achieved 4 of the 9 aims contained within its Green Plan for 2024/25 and further work is needed to embed sustainability within ICB leadership and planning functions.

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## **Conclusion**

In making our assessment of your performance we have sought to fairly balance our evaluation of how successfully you have delivered against the complex operating landscape in which we are working. We are keen to continue to see progress towards a maturing system of integrated care structured around placing health and care decisions as close as possible to those people impacted by them. We will continue to work alongside you in the year ahead and we look forward to working with you to support improvement and performance throughout your system.

We ask that you share our assessment with your leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligations.