



**Staffordshire and  
Stoke-on-Trent**  
Integrated Care Board

# Annual Report and Accounts 2023/24





# Contents

<b>Welcome</b> .....	<b>3</b>
<b>A statement from the Chief Executive Officer</b> .....	<b>3</b>
<b>Chair’s Report</b> .....	<b>4</b>
<b>Purpose and activities of the organisation</b> .....	<b>7</b>
<b>Performance Report</b> .....	<b>15</b>
<b>Performance overview</b> .....	<b>15</b>
<b>Performance analysis</b> .....	<b>19</b>
<b>Accountability Report</b> .....	<b>87</b>
<b>Corporate Governance Report</b> .....	<b>88</b>
<b>Governance statement</b> .....	<b>97</b>
<b>Remuneration and Staff Report</b> .....	<b>131</b>
<b>Remuneration Report</b> .....	<b>131</b>
<b>Staff Report</b> .....	<b>141</b>
<b>Parliamentary Accountability and Audit Report</b> .....	<b>154</b>
<b>Annual Accounts</b> .....	<b>155</b>
<b>List of acronyms</b> .....	<b>181</b>

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- Call 0300 123 1461
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## Welcome

# A statement from the Chief Executive Officer



Welcome to the first Annual Report from Staffordshire and Stoke-on-Trent Integrated Care Board that covers a full 12-month period.

In this report you will be able to read about some of the successes we've had, not just as an ICB, but across the entire health and care system.

These are very real and making a difference, but it would be disingenuous if we didn't also talk about some of the challenges we are facing.

But please let me add some context. We are experiencing the same challenges in terms of finances, demographics and waiting lists as other areas of the nation. All systems are grappling with broadly similar issues.

But we have a job to do and that is to understand how these national issues manifest themselves within our system. Having done this, we can bring about transformation to address our problems.

We are still dealing with backlogs which are a legacy of COVID-19, but they are coming down and we are making real progress, with 104-week delays eradicated and others coming down.

And there are things that we're doing at a localised level and working in portfolios to break down barriers. There is no doubt that all organisations across the system are working together in a different, more cohesive and collective manner to bring about bespoke solutions for Staffordshire and Stoke-on-Trent.

We are an incredibly diverse area, and we need to consider this when planning how we deliver our community services.

This is why we're working with our partners to look at place-based services and to tailor transformation based on the needs of specific communities. To put it simply, what is a good solution for Tunstall may not work particularly well in Cannock or Lichfield. We really do want to offer bespoke solutions that meet very specific population needs. There is no one generic service offer.

Our ICB Board frequently hears about patient case studies where we have made inroads into improving care for individuals or specific groups of patients.

In this Annual Report you can read one example where Community Health Champions supported women from the Sudanese community to meet with health colleagues to discuss the importance of breast care, using an interpreter. This identified other healthcare concerns and allowed us to follow these up.

It's this kind of dialogue that really makes a difference, making the best use of population health management, data and intelligence. We are also progressing with the evolution of integrated multi-disciplinary teams at a localised level. This has been an aspiration for a long time, and while we're not there yet, we are moving in the right direction.



This means closer working between primary care colleagues, but it also involves community services such as mental health and our care colleagues from Staffordshire and Stoke-on-Trent councils. We have even seen instances of collaboration where social prescribers in primary care have worked with job centre staff helping vulnerable people with job applications.

We're working really hard to focus on individuals with the highest level of need and people at risk of deterioration, and looking at biological, psychological, and social factors to understand the individual and the best course of treatment.

In the past 12 months, our transformation programme has made decisions about inpatient mental health services for the south of the county and also about assisted conception services.

In the coming year, there is going to be a great deal of work around urgent and emergency care and how we can deliver on nationally-mandated urgent treatment centres. These will give local people a much more coherent offer if they have urgent problems that need dealing with promptly but are not a life-threatening emergency.

Finally, we all know that there could be changes in the national health and care agenda at some stage in the next 12 months. Whatever happens, we are confident we shall be able to respond in a manner that is agile and appropriate.

Peter Axon  
Chief Executive Officer  
Staffordshire and Stoke-on-Trent ICB  
20 June 2024

## Chair's Report



Welcome to our first full Annual Report since the creation of the Integrated Care Board for Staffordshire and Stoke-on-Trent. It's a great privilege for me to chair this organisation and to work alongside such committed and enthusiastic staff, from across the system, all dedicated to making a difference to the health and wellbeing of local communities.

Our staff really are our greatest asset and, although it isn't always easy, they continually demonstrate a real desire to care for people and to make a difference to their lives, which I find humbling as well as inspiring. On behalf of the ICB, I'd like to take this opportunity to thank everyone for the work they do, as without our staff, including those in the voluntary, community, faith and social enterprise sector (VCFSE) sector, none of what we are trying to achieve would be possible.

It's also important that we continue to develop our staff, both clinical and non-clinical, and ensure that people with valuable experience feel confident and valued in their careers. The views and feedback from our employees are extremely important to us, so it was pleasing to see that Staffordshire and Stoke-on-Trent Integrated Care System had the top ranking in the 2023 Staff Survey results across the Midlands – above average for all nine key areas.



We know however that we can't be complacent, and we will work collaboratively with our NHS partners to further analyse the results and understand where we can build on achievements, address challenges and improve experiences.

Although still a relatively new organisation, I think we've made real progress this year in consolidating relationships with our stakeholders and partners and establishing trust. This in turn supports collaborative working and enables us to tackle some of the more challenging issues collectively.

The development of our Integrated Care Partnership, which is now jointly chaired by myself and the leaders of our two upper tier local authorities, is a prime example of this new way of working and a clear demonstration of how these relationships have matured over the last 12 months. By developing a common purpose, we have been able to identify opportunities for partners to come together and adopt a life course approach to planning how we transform the way we deliver services to our citizens and communities.

We are dealing with an increasingly complex range of social and health issues that require transformational change to make the best use of the valuable resources available to us. That means not shying away from difficult conversations, but being open and honest about some of the challenges we face.

While no organisation wants to see anything less than good, high-quality services that are equally accessible to all, it is only by unpicking some of the challenges people are facing that we will be able to make improvements.

Our ambition remains to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.

To do this we have created seven tightly focused portfolios concentrated on:

- Urgent and emergency care (UEC)
- Planned care (includes elective, cancer and diagnostics)
- End of life, long-term conditions and frailty
- Improving population health
- Primary care
- Mental health, learning disabilities and autism
- Children and young people, maternity and neonates.

To outline how we are going to deliver improvements, we recently published our refreshed Joint Forward Plan. This sets out our ongoing challenges, how we have built on our ambitions, our progress over recent months, and updated national guidance. Throughout the plan there are operational case studies that highlight the work that is being done across our geography. It also clearly sets out some of the key areas of development since the plan was first published in June 2023.

The plan also recognises the important role of our VCFSE partners and the enormous value added by volunteers in supporting and caring for our patients and population. The support they give us is essential, ranging from dealing with grief from the loss of a loved one to helping people get back into the workplace and creating opportunities for paid work. I also want to acknowledge and give credit to the army of carers in all our communities. We can't thank our carers enough for all they do, day in day out. Our new joint strategies, developed in partnership with our local authorities, aim to provide the support they need.



Despite the challenges that we know exist across health and care, locally, regionally, and nationally, the foundation to addressing them and tackling priorities such as inequalities lies in partnership working and establishing effective supporting relationships.

In Staffordshire and Stoke-on-Trent, I see examples of that daily, which gives me confidence as we move forward, as an organisation and a partnership, that we are in a strong position to drive forward transformation and make sure our communities get the best possible care and support.

David Pearson MBE  
Chair  
Staffordshire and Stoke-on-Trent ICB  
20 June 2024

## Our story

Staffordshire and Stoke-on-Trent Integrated Care Board has been working to support greater collaboration to improve the health and wellbeing of the population since July 2022.

We know that only 10 to 20% of health outcomes are directly influenced by the NHS, which is why close collaboration with our wider partners is so important to us and why the Integrated Care Partnership (ICP) is integral to our effectiveness.

Over the last 12 months, we have continued to work with partners to deliver high-quality, joined-up services for the 1.14 million people we serve across Staffordshire and Stoke-on-Trent, and to identify some of the collective challenges

we face. We have adopted a system-wide approach to prevention and the reduction of health inequalities, as well as developing joint solutions.

We have continued to face challenging times this year, across both the NHS and our local authorities, including an increased demand for many of our services and financial constraints. This comes alongside challenges being faced by many in our population due to increasing inequalities and economic hardship driven by the cost-of-living crisis.

We remain committed to work as 'One Workforce' where 'operating as a whole is greater than the sum of the parts', as we know we need to harness the collective effort of our workforce to meet the demands we face. We have also started to make significant developments in our progress with the shared care record. This improves access to the right information, enhancing the data available to clinicians and residents to support better care.

Our uniquely positioned partnership between local people and communities, the NHS, local authorities and the voluntary and community sector enables us to improve all aspects of health and care – including the wider determinants of health and preventing ill-health. We are continuing to strengthen how we work together as an integrated multi-disciplinary team of partners, to focus on addressing the challenges set out in our [Joint Forward Plan](#) and in developing our wider plans.

Coordination and co-production between our communities and a range of partners is critical to our development. It will happen through collaboration and integration with local authorities, including Stoke-on-Trent City Council and Staffordshire County Council, as well as building upon existing assets around the eight districts and boroughs across Staffordshire and the four localities in Stoke-on-Trent.



## Purpose and activities of the organisation

To deliver a joined-up approach to care, on behalf of the Integrated Care Partnership (ICP), the ICB developed the [Integrated Care Partnership Strategy](#) to improve the health and wealth, happiness and wellbeing of our local population. The principles have been established and have already been approved by the ICP, which has representation from all the system partners.

Completed on 31 March 2023, the ICP Strategy addresses the concerns raised by our partners and our local population, who have told us what needs to change:

- Demand on services, risking them becoming overwhelmed
- COVID-19, which is still with us, leading to a growing backlog for services
- Longer waiting times
- Services are fragmented, with multiple organisations involved
- Our workforce is weary and there are national shortages across key specialities
- The system is still in the process of agreeing a plan for 2024/25 with NHS England. We have agreed a system-wide recovery programme that is designed to return the system to recurrent financial balance. However, it is expected that there will be a deficit in 2024/25 and potentially beyond, before the improvements from the recovery plan take hold.
- Some of our communities can face barriers to accessing services.

Local communities have identified the following high-level issues:

- Long waits for ambulances, delayed handover and corridor care

- Crowded emergency departments with long waits
- Difficulty accessing primary care and/or seeing a GP
- Difficult to arrange social care and/or community services.

## Our objectives and strategies

Given what we know about our population's health and care needs and the feedback from residents, the ICP Strategy will:

- address the national requirement but – more importantly – be locally owned
- set out the ambition, vision, and approach for the ICP over the next five years and beyond
- be co-produced and owned by the ICP and local communities
- demonstrate how the health, care and wellbeing needs of the local population are to be met
- build upon local knowledge and strategies to ensure we are greater than the sum of our parts
- show how we will work towards increased integration of health, social care and other services
- be underpinned by a population health approach, outlining how the ICP will sustainably deliver more joined-up, preventative and person-centred care for the whole population.

Published in June 2023, the ICB co-produced with system partners a Joint Forward Plan (JFP) which outlines how we will support the delivery of the ambitions articulated in the ICP Strategy. It describes our collective priorities over the five-year period from 2023 to 2028.

The JFP describes how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet the physical and mental health needs of the population.



In April 2023, we published our first one-year operational plan which forms the first year of the JFP and acts as a delivery mechanism for the ICP Strategy. The plan outlined our operational priorities for 2023/24 for our communities and reflected national targets and actions, against a single collective aim, to reduce the number of Category 2 and 3 ambulance calls.

The plan focused around four areas:

- urgent and emergency care: with a focus on prevention and avoiding hospital admissions
- tackling backlogs: reducing queues and wait times for elective care, cancer, mental health, learning disability and autism services, and NHS dentistry
- general practice: ensuring that residents have appropriate, timely and equitable access to services
- complex individuals: improving access to high-quality and cost-effective care for people with complex needs.

## Our challenges and opportunities

Our services are generally safe and well-led, thanks to our incredible staff. However, we are not complacent and there are many challenges that will affect our ability to continue to deliver high-quality care in future.

We have an **ageing population**. We have seen life expectancies increase, but people are not always living longer in good health. On average, people spend between 16 and 25 years living with one or more long-term conditions before they pass away, while more people are living with complex health and care needs. People in our most deprived areas live with poor health for 12 years more than those living in less deprived communities.

**Demand** for our health and care services has increased across primary care, community health services, social care and

within the voluntary sector. This has been made worse by the COVID-19 pandemic.

Services are still recovering from disruption caused by the pandemic, with huge efforts ongoing to reduce the number of people waiting for treatment and care. Despite the best efforts of our hospital teams, there remains a backlog for diagnostic, elective care and cancer services, while community, mental health, social and primary care services are also managing longer waiting lists. The impact on people's health has not been equal, with some people experiencing long COVID-19 and other harm to their physical and mental health. The full impact of COVID-19 remains to be seen.

People across Staffordshire and Stoke-on-Trent experience **fragmented care** because of avoidable and unfair differences in the types of services that are available in different areas.

Some communities also experience **social exclusion** – this is where people struggle to access support with things like housing, secure employment, or health and care services. These problems are usually linked to other difficulties such as poverty, violence or complex trauma, and need special care.

The health and social care **workforce** challenges need to be addressed to ensure high-quality care can continue to be delivered at all levels and to maintain the wellbeing of staff and the sustainability of services.

**Finances** are a challenge, with health and care organisations being asked to do more with no additional funding. NHS finances are improving but there is a significant financial deficit that must be balanced in future years without impacting the quality of our services.



Strong partnership across our system is the best way to address the issues we face, and the Staffordshire and Stoke-on-Trent Integrated Care Strategy focuses on long-term priorities to prevent ill health, reduce inequalities, and deliver better health and care services for our population.



## Awards

We are proud to have been shortlisted and to have won a number of awards this year. They are covered in more detail throughout this Annual Report, but here is an overview:

- We were the first ICB in the country to be awarded the **Race Equality Code** Quality Mark
- East Staffordshire Primary Care Network won the 'Embedding research award' in the **Clinical Research Network Awards**
- The People Function were highly commended in the **HSJ Digital Awards**, and three other teams were nominated for different categories
- The People Function and Staffordshire Training Hub were highly commended at the **HSJ Partnership Awards**
- The Learning Disability and Autism team and the Homeless Healthcare Service were shortlisted for two **BBC Radio Stoke's Make a Difference Awards**
- The ICS was shortlisted for 'Governance Project of the Year' at the **Chartered Governance Institute of UK and Ireland Awards**
- We were nominated for a **Healthcare Financial Management Association (HFMA) Governance Award** in recognition of our integrated approach to risk management and board assurance
- Pauline Grant, Associate Director, Organisational Development was a finalist in the **International Positive Psychology Association Intervention Design Challenge**.



## Our vision

**The vision for Staffordshire and Stoke-on-Trent ICS Board is: “to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.”**

This means:

- Reducing the demand for health and care services
- Enabling us to improve the quality of our services
- Relieving pressure on our staff
- Enabling us to work within our budgets.

System partners recognise that no one organisation working in isolation can solve the demand pressures that the system is currently facing. Stark health inequality challenges remain across the system and there is an urgent need to improve outcomes for our population while living within our collective resources.

The NHS Long Term Plan (2019) set out key ambitions for the next 10 years. The main commitments are making sure everyone gets the best start in life, delivering world-class care for major health problems, and supporting our population to age well.



The ICB operates within the wider Integrated Care System, and as such is signed up to the ICS vision and purpose.

## Staffordshire and Stoke-on-Trent Integrated Care System

The ICS has worked to agree a set of commitments to our population:

- If you live in Staffordshire or Stoke-on-Trent, your child will have the best possible start in life and will start school ready to learn
- Through local services, we will help you live independently and stay well for longer
- When you need help, you will receive joined-up, timely and accessible care, which will be the best that we can provide.

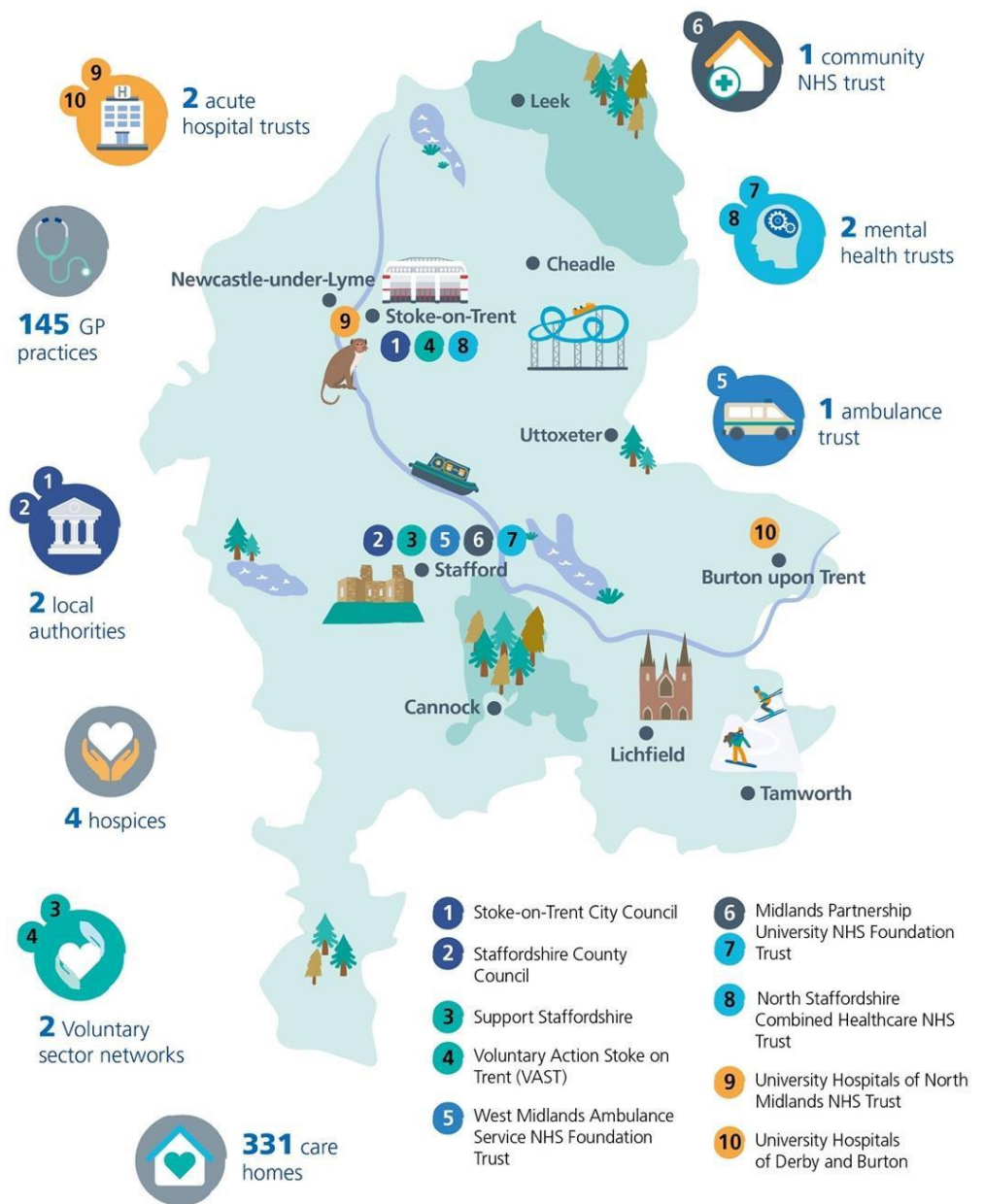
With the broad and inclusive membership of the Integrated Care Partnership, we can address wider factors that influence health, care and social needs. We will deliver this by using smaller, integrated ‘place’ working that will follow our shared approach but have the flexibility to meet the specific needs of different populations in Staffordshire and Stoke-on-Trent.

Close partnerships across the NHS, local authorities, the voluntary, community, faith and social enterprise sector (VCFSE), Healthwatch, hospices, universities and wider public sector organisations are crucial to our approach. This will enable greater influence and action to achieve significant impacts on health and wellbeing.



**Staffordshire and Stoke-on-Trent ICS partners:**

- Seven Integrated Care System portfolios
- Two upper tier local authorities
- Eight district and borough councils
- 25 primary care networks
- 142 GP practices
- Two acute hospital trusts
- Two mental health trusts
- One community health trust.



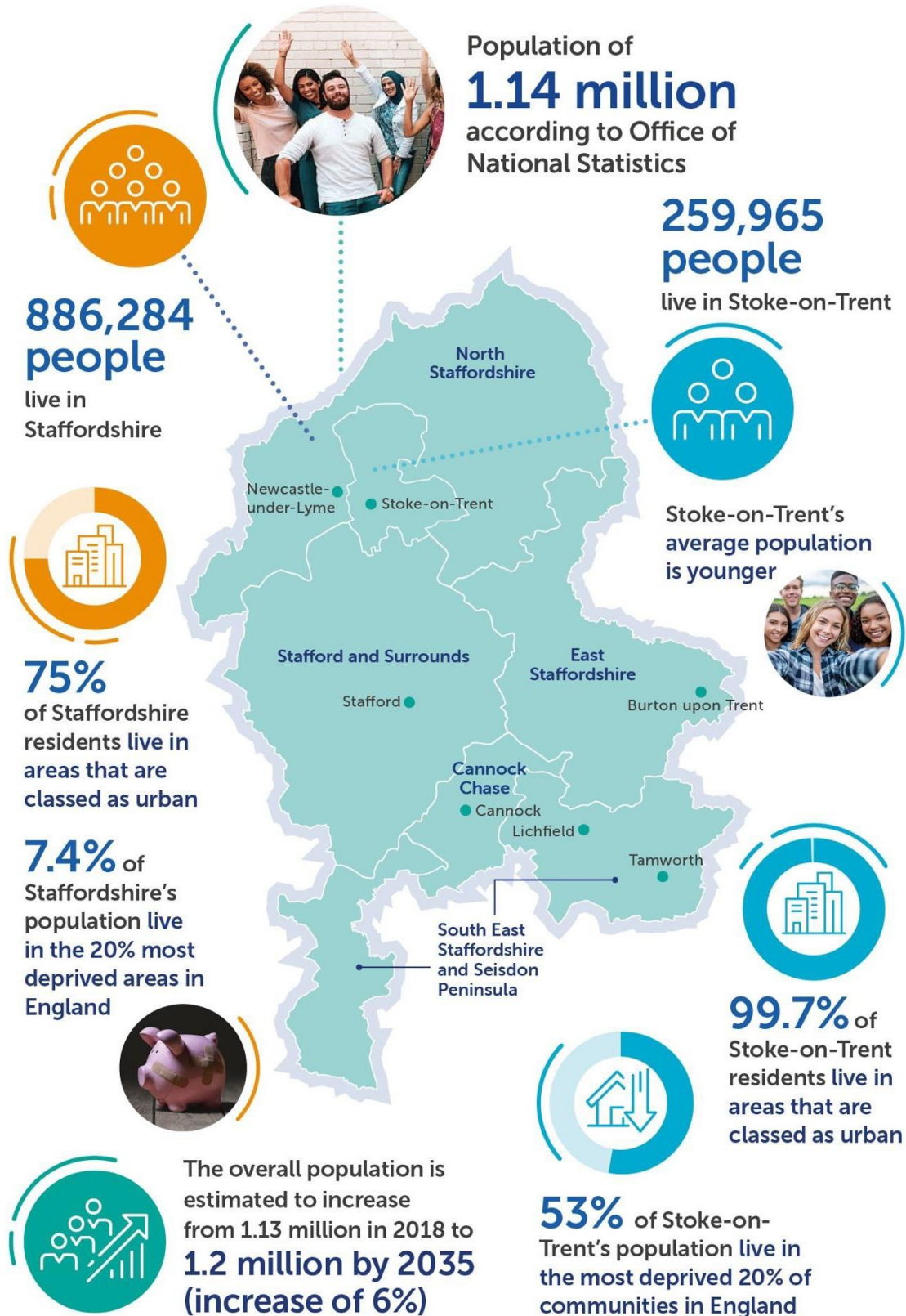
You can read more about the portfolios in the Performance Analysis section of this Annual Report.

We acknowledge the support of all ICS partners in coming together to improve the health and wellbeing of our local population and to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.



## Our population

Staffordshire and Stoke-on-Trent is a diverse healthcare system, comprising both rural and urban areas, as well as extremes of affluence and deprivation.





Other characteristics of our system include:

- Staffordshire has a much higher proportion (25%) of its residents living in rural areas, although most of its population (75%) still lives in areas that are classed as urban. In contrast, almost all (99.7%) of the population of Stoke-on-Trent live in areas that are classed as urban
- Similar to the percentage increase for England, the overall population of Staffordshire and Stoke-on-Trent is estimated to increase from 1.13 million in 2018 to 1.2 million by 2035
- The older population is estimated to see the biggest increase – the population aged 65+ is estimated to grow by 25% by 2035
- Our local population experiences stark social inequality with more than half (53%) of the population of Stoke-on-Trent living in the most deprived 20% of areas in England, while less than one tenth (7.4%) of the population of Staffordshire live in the most deprived 20% of areas of England. However, we do know that high deprivation areas exist within the urban areas of Staffordshire
- In our local population, 92% of people identify as being White British. The next most common ethnic group is the population identifying as Asian or Asian British, representing 4.8% of the population. The higher levels of ethnic minorities are concentrated in urban areas like Stoke-on-Trent and Burton upon Trent
- More people have diabetes, strokes or heart disease than the national average, and obesity is also significantly worse than the national average
- The number of people with long-term conditions is increasing, with more than

half of over-65s having two or more long-term conditions. The diagram on the next page shows the levels of common long-term conditions in 2020 and how this is expected to grow by 2030 if the current trends persist

- People in Stoke-on-Trent have a lower life expectancy than in other parts of the country. More people under the age of 75 die from cancer than the national average
- Deprived and ethnic minority communities are at a greater risk of exposure to COVID-19 and are more likely to have poorer outcomes due to existing poor health and adverse lifestyle factors. The control measures that were implemented during the pandemic such as lockdown, social distancing and changes to routine care have resulted in disproportionately worse economic, social and health impacts on disadvantaged populations.

Services are delivered to our population through primary care networks (PCNs), which are made up of GP practices working together with a range of local providers, including those across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations.

As the ICB, we are the delegated commissioner of general medical services, which means we are responsible for managing the national General Medical Services (GMS) and Personal Medical Services (PMS) contracts with the 142 GP practices in our system.

The GP practices are listed on our website: [Practices in Staffordshire and Stoke-on-Trent](#).



Long-term condition projections in Staffordshire and Stoke-on-Trent for over-65s

2020	2030
76,072	90,459
72,545	84,779
29,813	34,962
16,178	20,427
20,489	24,096
7,428	9,595
4,050	4,775

POPPI v15.0 17 November 2020. [www.poppi.org.uk](http://www.poppi.org.uk). Data sources: Institute of Public Care (IPC) and ONS. Crown copyright 2020.

We also commission healthcare and work with other providers:

- Acute trusts including University Hospitals of North Midlands NHS Trust (UHNM), University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) and The Royal Wolverhampton NHS Trust (RWT)
- Mental health trusts, including Midlands Partnership University NHS Foundation Trust (MPFT) and North Staffordshire Combined Healthcare NHS Trust (NSCHT)
- NHS community trusts, including UHDB and MPFT
- Vocare (urgent care services)

- West Midlands Ambulance Service
- University NHS Foundation Trust (WMAS)
- For the south and east of Staffordshire, there are patients treated at a number of trusts in Derbyshire and the Black Country and West Birmingham
- NHS elective services provided to the local population by non-NHS providers
- Voluntary, community, faith and social enterprise (VCFSE) partners
- A diverse market of nursing, residential home and domiciliary care providers.

We are working closely with our partners and providers to prevent poor health, improve wellbeing, and involve and empower our population.



# Performance Report

This overview provides information about Staffordshire and Stoke-on-Trent ICB including its purpose, the key risks to the achievement of its objectives, and how it has performed during the year.

This overview is designed to provide you with enough information to understand a bit more about our organisation, our purpose, the key risks and challenges to the achievement of our objectives, and how we have performed in the period from 1 April 2023 to 31 March 2024.

## Performance overview

As a statutory body, we recognise the importance of providing assurance to our stakeholders and the public so that they have confidence in our ability to plan and deliver safe, high-quality and sustainable services within the resources that we have available.

### Oversight and assessment

For more information on the NHS Oversight Framework, see [NHS England's website](#).

### Key issues and risks

See the Governance Statement for information about how the ICB manages key issues and risks.

## Financial review

The ICB and the ICS have seen a challenging period financially, due to expenditure partially outside of their control – cost of living increases and the reduction in non-recurrent support resulting in a £90.9 million system deficit. The ICB agreed with system partners that this deficit would be held in the ICB, and provider organisations agreed to deliver a break-even position on their budgets.

The ICB saw pressures in prescribing, continuing healthcare packages to support hospital discharge, and Section 117 in mental health cases. However, the ICS has worked as a collective to identify efficiencies and deliver its financial position.

In terms of continuing healthcare, the System Collaborative has developed a clinically led transformation programme aimed at improving the value the taxpayer and the patient receive from the service.

The programme has focused on improved governance, assurance and decision making with a collaborative approach to reviewing the value and effectiveness of how one-to-one care needs are met.

This programme has delivered significant savings based on projected expenditure within 2023/24.

The ICB has also been working on a Financial Recovery Plan with a key focus on prescribing, streamlining patient care delivery and seeking to receive greater value from their contracts via re-procurement.



## Financial position

Total resources of £2,624.9 million were available for the 2023/24 financial year including income of £39.3 million and £2,585.6 million of allocations from the Department of Health and Social Care. The ICB committed expenditure totalling £2,716.5 million, leaving the ICB with a deficit of £91.6 million.

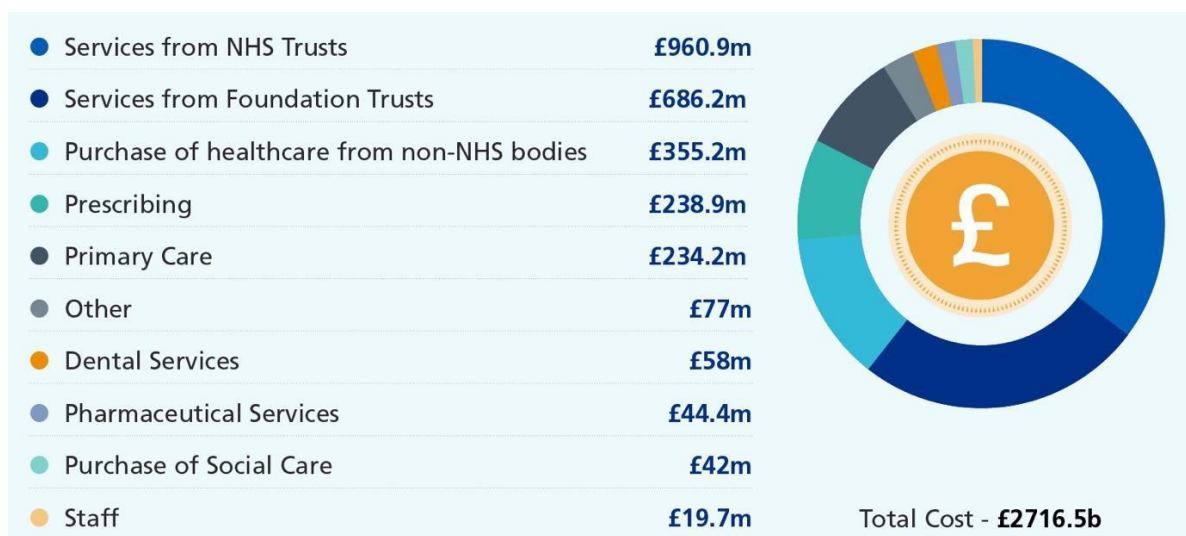
Further details can be found in the Annual Accounts section of this Annual Report.

Considerable work has been undertaken to understand the extent of the financial challenges being faced across the system throughout 2023/24, and the backlog of routine healthcare that has built up. Delivery of high-level transformation has been required to achieve financial efficiencies.

### Gross operating costs by category of expenditure 2023/24

Gross operating costs by category of expenditure	2023/24 £'m
Services from NHS trusts	960.9
Services from foundation trusts	686.2
Purchase of healthcare from non-NHS bodies	355.2
Prescribing	238.9
Primary care	234.2
Other	77.0
Dental services	58.0
Pharmaceutical services	44.4
Purchase of social care	42.0
Staff	19.7
<b>Total</b>	<b>2,716.5</b>

### Gross operating costs by category of expenditure 2023/24





## Mental health spend

All ICBs are expected to increase the proportion of their spend of their overall allocation each year on mental health services. ICBs demonstrate this through the Mental Health Investment Standard (MHIS) each year, which ensures the recurrent mental health spend exceeds a target based on the previous year's spend – plus additional growth. This is reviewed by independent auditors.

The target expenditure on MHIS for 2023/24 was £224.0 million. As the ICB has spent £225.0 million, subject to audit, we have achieved the standard for 2023/24.

For the purposes of MHIS, mental health spend is recurrent spend on mental health services excluding learning disability, autism and dementia. It also excludes spend on Mental Health System Development Funding (SDF) programmes.

As shown in the table below, 9% of the ICB's overall resource allocation ringfenced for patient services was spent on mental health in 2023/24.

Mental Health Investment Standard as a proportion of overall patient services expenditure

Category of expenditure	2023/24 £'m
Mental health spend	225.00
Programme allocation	2,563.60
Mental health spend as a proportion of programme allocation	9%

## Statement of financial position

Traditionally known as the Balance Sheet, this financial statement is generally accepted to be a helpful indication of financial health. The statement reviews the assets, liabilities and equity of an organisation.

There has been an equivalent increase in Trade Receivables and Trade Payables. This has meant that the ICB's Total Assets less Total Liabilities has moved from a net Liability position of £135.7 million as at 31 March 2023 to £140.5 million as at 31 March 2024.

The principal driver of the increases in Trade Receivables is the recognition of under-performance on contracts that the ICB holds with NHS providers outside of Staffordshire and Stoke-on-Trent. There is a time lag to establishing the final position on each of these contracts, which is completing after the close down of the Annual Accounts.

Trade Payables have increased as the ICB is yet to reconcile the final position with NHS providers outside of Staffordshire and Stoke-on-Trent in respect of their Elective Recovery Fund (ERF) performance.



## Statement of financial position

<b>Assets and liabilities</b>	<b>31 March 2023 (£'000)</b>	<b>31 March 2024 (£'000)</b>
<b>Non-current assets:</b>		
• Right-of-use assets	936	643
<b>Total non-current assets</b>	<b>936</b>	<b>643</b>
<b>Current assets:</b>		
• Trade and other receivables	11,560	38,082
• Cash and cash equivalents	1,031	1,424
<b>Total current assets</b>	<b>12,591</b>	<b>39,505</b>
<b>Total assets</b>	<b>13,527</b>	<b>40,148</b>
<b>Current liabilities:</b>		
• Trade and other payables	(143,725)	(175,236)
• Lease liabilities	(330)	(330)
• Provisions	(4,544)	(4,779)
<b>Total current liabilities</b>	<b>(148,599)</b>	<b>(180,345)</b>
<b>Total assets less current liabilities</b>	<b>(135,072)</b>	<b>(140,197)</b>
<b>Non-current liabilities</b>		
• Lease liabilities	(596)	(293)
<b>Total non-current liabilities</b>	<b>(596)</b>	<b>(293)</b>
<b>Total assets less total liabilities</b>	<b>(135,668)</b>	<b>(140,489)</b>
<b>Financed by taxpayers' equity and other reserves</b>		
• General fund	(135,668)	(140,489)
<b>Total equity</b>	<b>(135,668)</b>	<b>(140,489)</b>

## Going concern

We have assessed our status as a going concern. The ICB and our providers across the system have produced a Financial Strategy, in conjunction with our partners in the ICS. We are implementing this with the aim of returning the system to an underlying financial balance and therefore annual financial balance.

This is based on having established an ICB supported by two local Places, a Provider Collaborative, and seven portfolios – which enables the system partners within the health economy to focus on delivering a collaborative Transformation Plan. This has been supported by strengthened system governance measures, including the establishment of a System Finance and Performance Committee which is chaired by a non-executive member and supported by the System Performance Group.

These governance arrangements are ensuring that decisions are made in the interest of all residents of the system, and that partners are making good financial decisions.



A public sector body is assumed to be a going concern when it is expected to continue to provide a service, as evidenced by inclusion of financial provision for that service in published documents.

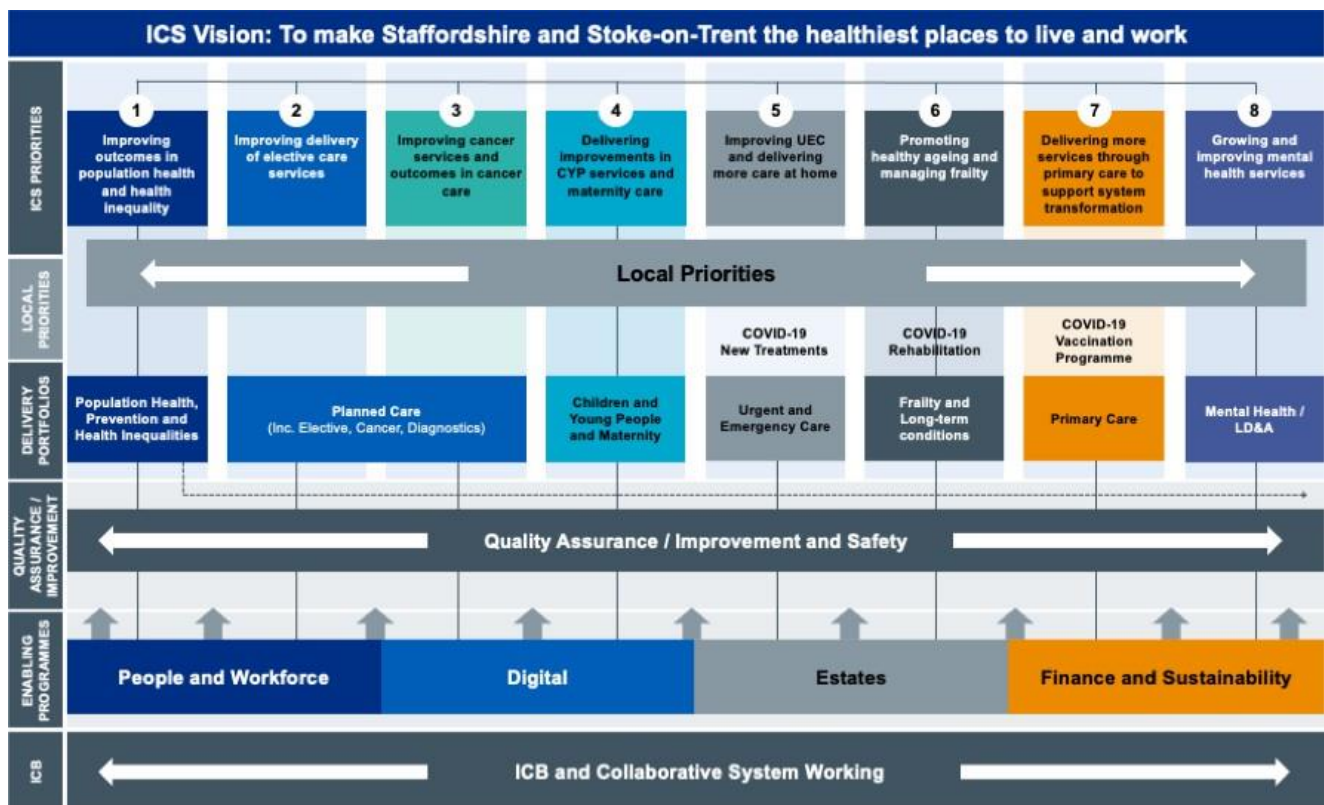
The ICB considers whether or not its services will continue to be provided in determining whether to use the concept of going concern in drawing up its financial statements. If services will continue to be provided, the financial statements are prepared on the going concern basis. The statement of financial position has therefore been drawn up as at 31 March 2024 on a going concern basis.

## Performance analysis

### Our portfolios and priorities

Our seven portfolios are:

- Urgent and emergency care (UEC)
- Planned care (includes elective, cancer and diagnostics)
- End of life, long-term conditions and frailty
- Improving population health
- Primary care
- Mental health, learning disabilities and autism
- Children and young people, maternity and neonates.



As a newly-formed statutory body, we have worked hard to ensure that structures are effective and enable staff across the ICS to be fully focused on delivering for our population. The portfolios cannot be successful if they work in isolation, as many of our actions require involvement from more than one portfolio or partner.



We continue to ensure our portfolios are able to balance the implementation of transformation and redesign with maintaining business as usual. It is vital that we support partnerships of providers in and out of the system (NHS, local authority, Independent Sector) to work together at scale to focus on the delivery of our plans.

Throughout 2023/24, each portfolio successfully developed an agreed dashboard of metrics (measures to track programme progress) and, where identified, outcome measures to support them.

### **Urgent and emergency care (UEC)**

Urgent and emergency care covers acute hospital emergency departments (EDs), NHS 111, ambulance services, community urgent response services and hospital discharge services.

The NHSE Winter Plan 2023/24 outlined the core priorities for integrated care systems, including the two key ambitions for UEC performance:

- 76% of patients to be admitted, transferred, or discharged within four hours by March 2024, with further improvements in 2024/25
- Ambulance response times for Category 2 incidents to be 30 minutes on average during 2023/24.

Our main acute hospital provider is the University Hospitals of North Midlands NHS Trust (UHNM) and for ambulance services is West Midlands Ambulance Service (WMAS). Our population also use services at surrounding hospitals in Burton, Wolverhampton, Birmingham, Dudley, and Walsall. Further information on how these providers are performing against the above national targets can be found in their own annual reports.

Performance against the target to see 76% of patients within four hours has increased by 4% for 2023/24 – achieving 67.25%, with the March 2024 achievement being 70.2% for the month. For Ambulance Category 2 performance, we saw a 39% improvement in response times for the year – down to 41 minutes and 16 seconds, when compared to 2022/23 performance. The number of patients spending 12 hours or longer in EDs also reduced by 9.8% to 8.76% for 2023/24.

In-year, we have seen an increase in demand across UEC services, however performance towards the 76% target has continued to improve across our system. The ICS has developed a specific focused Improvement Plan, built with all system partners, to refresh focus. We will continue to update this plan.

During 2023/24, Category 2 performance saw a significant improvement from the previous winter. However, with increasing demands on our ambulance provider and significant increased pressures within our acute providers, Category 2 performance has remained challenged. This is still a core focus area for improvement in 2024/25, and we continue to work with WMAS to support continuous achievement of this metric.

Our approach to 2023/24 was aligned to the UEC Strategy and the system agreed priority focus areas. The priority areas were an evolution from the Ambulance Handover Delay Plan from 2022/23 with a focus on admission avoidance, non-elective improvement programmes and discharge.



## Admission avoidance

Admission avoidance initiatives heavily focused on increasing alternative pathways within the community, in line with the NHSE Recovery Plan.

The primary provider of these services within UEC is called Acute Care at Home (ACAH). The service is a provider collaborative between UHNM, Midlands Partnership University NHS Foundation Trust (MPFT), University Hospitals of Derby and Burton NHS Trust (UHDB) and The Royal Wolverhampton NHS Trust (RWT).

A single point of access uses health professionals' expertise to coordinate referrals to appropriate community services. ACAH also provides urgent community responses via Community Rapid Intervention Services (CRIS) and Virtual Wards. Referrals to ACAH have seen an increase in-year of between 10% and 30%, despite significant workforce challenges. The ICS people function and system providers have worked together to mitigate these challenges.

During winter, the ICS supported the development and implementation of a 'Call before you Convey' initiative in collaboration between ICSs in the Midlands and WMAS. The ambition was to standardise the navigation of alternative pathways for ambulance crews.

The pilot ran between December 2023 and January 2024, seeing an increase in referrals to ACAH of more than 100% from WMAS at the height of winter. The increase has been maintained after this period.

The ICS will continue to build on this success in 2024/25 with the further development of the single point of access to support further increase of referrals to community pathways.

During 2023/24, we have strengthened our partnership with Staffordshire Fire and Rescue Service (SFRS) to provide a falls response service to patients who do not require medical help but need support to be lifted from the floor after a fall. The service has now provided more than 1,000 responses since it began, helping to reduce pressures and release capacity within our emergency services. It has been extended into the coming year following its significant success.

Virtual Wards provided by our ACAH service provide acute-level care in a patient's usual home. Patients can be stepped up from the community or stepped down from an acute hospital environment to receive ongoing health care and support. The service has developed pathways to open more than 230 Virtual Beds in-year, providing health care to patients who would previously have been supported in an acute hospital environment. Virtual Wards utilisation (the number of beds occupied against open beds) has ranged from 50–70% as an ICS across the year. Expansion of Virtual Wards will continue in 2024/25 to support our patients to remain in a community environment, with a core focus on improving use of the open beds.

In-year, a procurement of NHS 111 services has been completed by 11 ICBs across the Midlands. This aligns with a national expectation that NHS 111 services need to be delivered at scale to provide sustainability and resilience. We look forward to working with our ICB and ICS partners across the Midlands region to standardise access for all our patients.



## Urgent treatment centres (UTCs)

Work continues across the ICS – in alignment with and guided by the UEC Strategy – to provide an urgent care offer that is less complicated and easier for patients to navigate. A key aspect of this is the work relating to the designation of UTCs across the ICS area.

Our current urgent care provision includes minor injury units (MIUs) and walk-in centres (WICs), which have differing opening hours and varying levels of service. The public have told us it is not always clear which is the most appropriate service to use, leading to more attendances at emergency departments, increased pressure on those departments and longer waits for many patients.

Our UTCs will have the same opening hours, offer the same core services and treat patients of all ages across Staffordshire and Stoke-on-Trent, making it clearer for patients what urgent care they can access and when. Patients will also see improvements in services, for example an expansion of X-ray capacity.

A huge amount of preparatory work has been undertaken this financial year to develop ICS-wide proposals for UTC designation with all key provider partners. The next stage will be to begin patient and public engagement as we continue to develop the ICS offer, underpinned by the UEC Strategy.

## Discharge

In-year, the Integrated Discharge Hub (IDH) operated across the UHNM footprint. The IDH follows a provider collaborative approach, with acute, community and mental health NHS trusts working alongside Staffordshire County Council and Stoke-on-Trent City Council, hosted by MPFT. The system also operates a second Transfer of Care Hub supporting

patients in Queen's Hospital, Burton, and our neighbouring acute hospital.

The IDH uses a multi-disciplinary team approach to support patients returning home, making the best use of non-complex pathways and maximising patients' independence with a strength-based approach. Bringing voluntary sector partners on board has been a key focus for both hubs. In 2024, each hub will make use of place-based expertise when patients return home after an acute admission.

During the winter, we built on our success with the SFRS falls response service by developing an additional service to transport patients who are ready for discharge back home. The service helps avoid delays in getting patients home, reduces readmissions, and supports patients who did not have access to support from community networks on discharge.

The service has helped more than 400 patients to get home, and demonstrates the benefits of working with wider system partners. It has been extended into the coming year.

## Winter planning

The ICS sought to build on the planning approach taken for winter 2022/23 when planning for the increased demand expected, forecast, and experienced during winter 2023/24.

The principles of developing and implementing a 'whole system' approach, working with system partners, were at the forefront of the 2023/24 System Winter Plan. To illustrate the extent to which this approach was adopted, all system partners presented the ICS System Winter Plan to their statutory public board meetings (or equivalent) and used the system-wide plan when preparing for and managing the increased periods of demand during the winter months.



The System Escalation Plan has been rewritten, bringing in learning from 2022/23 alongside enhancements to align with the new NHS England Operational Pressures Escalation Levels (OPEL) framework. This work was completed via a series of workshops led by the ICB and well attended by all system partners, ensuring the system has a robust plan to respond to periods of surge and escalation.

Once again, the ICS Leadership Compact underpinned all governance and planning for UEC.

To ensure a thorough review of the Winter Plan and system-wide management of winter pressures, the system will once again host a winter 'lessons learnt' event, including partners from across the system, to support continuous improvement and to inform future planning cycles.

### **System Coordination Centre / operations narrative**

The ICB provides oversight of the ICS through the System Coordination Centre (SCC). The SCC monitors and provides daily operational support to the ICS to provide assurance that performance metrics are on course to improve. Through a central team, the ICB is represented in many provider meetings and chairs twice-daily system calls. This gives the system resilience through the ability to make real-time escalations and mitigations. The SCC leads on the System Escalation Plan and Ambulance Escalation Plan, which include specific actions to respond to pressures in our UEC system as required.

The SCC has clearly supported the ICS, as shown during recent critical incidents and industrial action. The system has worked well to develop plans, avoiding deterioration in performance.

## **Planned care (includes elective, cancer and diagnostics)**

### **Planned care**

Planned care continues to be affected by the significant increase in waiting lists caused by the pause of services during the COVID-19 pandemic. Services have had difficulties in stepping back up to pre-COVID-19 levels due to ongoing challenges – including a high level of urgent medical admissions. These have impacted on bed availability, along with the impact of industrial action and long-wait backlogs for procedures.

During 2023/24, we have been working with providers to expand direct access and self-referrals where GP involvement is not clinically necessary. Expanding direct access and self-referrals empowers patients to take control of their healthcare, streamlines access to services and avoids unnecessary GP appointments.

### **Hearing loss**

A new and easy way for people in Staffordshire and Stoke-on-Trent to get help with their hearing problems was successfully launched in September 2023. People who require NHS-funded hearing assessments and hearing aids can now refer themselves to NHS community audiology services without the need to see a doctor first.

The new self-referral arrangements demonstrate our commitment to accessible healthcare, ensuring that people with hearing issues can quickly and easily access the care they need.

The new arrangements were recognised nationally and shared at an NHS England Communities of Practice event.



## Ophthalmology

An integrated cataract pathway has been implemented across the whole of Staffordshire and Stoke-on-Trent. This supports optometrists to refer patients for a cataract review and ensures patients are offered a choice of surgery provider. It enables patients to receive elements of their care closer to home in the community, reducing unnecessary hospital appointments.

We have formalised the glaucoma pathway to refine suspected glaucoma referrals to the eye hospital. Accredited optometrists can repeat diagnostic tests to confirm the risk of disease and thus improve the accuracy of referrals. This provides patients with rapid access to services closer to home in the community and reduces unnecessary hospital referrals.

## Physiotherapy

The musculoskeletal (MSK) physiotherapy service provides assessment, diagnosis and treatment of adult musculoskeletal conditions. The aim of MSK physiotherapy is to help patients to improve and manage problems that affect their muscles, joints and soft tissues.

Patients who live in east Staffordshire can self-refer themselves for MSK conditions. More than 60% of patients attending this service have self-referred. MPFT – the main provider of community services including MSK physiotherapy for Staffordshire – provides this service in the east. During 2024, MPFT will explore and pilot a different model of self-referral in other areas of Staffordshire and Stoke-on-Trent.

We have been working on implementing new referral processes for the following services:

- direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations
- self-referral routes to falls response services, musculoskeletal services, community podiatry, and wheelchair.

As these services are still being rolled out across the country, and in some areas will not be fully implement until September 2024, it is too early to evaluate the impact the new referral pathways will have. They will be reviewed three months after being fully implemented.

## Weight management

The development of weight management services across the ICS went through its planning phase in 2023. The aim is to implement comprehensive, integrated weight management services that allow various pathways and evidence-based options as appropriate for individual service users. The options may include psychological support, dietary counselling, specialised dietary approaches, physical activity, personal care empowerment, wider multi-disciplinary involvement, and pharmaceutical and surgery interventions.

Obesity is a complex, chronic disease, and people experience relapses. Provision is needed to support patients to progress to and maintain a healthy weight.

SWITCH (Staffordshire and Stoke-on-Trent's Weight-related Interventions Tailored in Care for Health) is the ICS's new weight management service model, which has been launched as a 12-month pilot.



SWITCH adopts a biopsychosocial approach, with pathways tailored to individuals’ needs to help them manage the many factors that can make reaching lifestyle and/or weight goals difficult. The service’s multi-disciplinary team will listen to participants’ views on their strengths and how they would like to achieve their goals, and then offer appropriate assistance in reaching their goals.

Switching ON positives	Switching OFF negatives	Switching UP opportunities (uniquely personal)
<ul style="list-style-type: none"> <li>• Engagement and motivation</li> <li>• Self-efficacy</li> <li>• New behaviours and lifestyle changes</li> <li>• Compassion</li> <li>• Skills and education for care providers and service users</li> </ul>	<ul style="list-style-type: none"> <li>• Ignorance and weight stigma</li> <li>• Assumptions, explicit and implicit bias</li> <li>• Isolation, fear, anxiety, failure</li> <li>• Siloed services</li> </ul>	<ul style="list-style-type: none"> <li>• Peer support</li> <li>• Advocacy</li> <li>• Ambassadors</li> <li>• Making change matter</li> <li>• Growing confidence</li> </ul>

### Diagnostics

The Report of the Independent Review of Diagnostic Services for NHS England (the Richards Report) drives a radical change in the provision of diagnostic services and the models for delivering them. The report includes the concept of community diagnostic centres (CDCs) offering a range of diagnostic services as a diagnostic one-stop-shop so that patients only have to attend once. Primary care have direct access to refer patients to these services.

Previously in Staffordshire and Stoke-on-Trent we worked across three localities – North Staffordshire and Stoke-on-Trent, East and South East Staffordshire, and South West Staffordshire.

Analysis of the potential locations for the new CDCs was developed based on these localities. Population density, transport impacts and existing services were all analysed and considered in order to identify the most suitable locations.

Further analysis included indicators on the Index of Multiple Deprivation (IMD) from the Indices of Deprivation 2019.

From this analysis, it was identified that Stoke-on-Trent was the best location for a CDC in the north of the county. UHNM will be responsible for developing this centre. Through joint working with RWT, Cannock Chase Hospital was identified as the optimum place for a CDC in the south west – under the responsibility of RWT.

For the east and south east of Staffordshire, diagnostic capacity at Queen’s Hospital, Burton, was considered sufficient to supply the local population – with the addition of a secondary CDC in Tamworth at the Sir Robert Peel Hospital under the responsibility of UHDB.

At the end of 2023/24, two of the three CDCs went live – Sir Robert Peel Hospital and Cannock Chase Hospital. It is very early days to assess the impact that the CDCs have started to make.



*Cannock Chase Hospital Community Diagnostic Centre*



*Sir Robert Peel Hospital Community Diagnostic Centre*

## Cancer

During 2023/24, we have led on 15 campaigns that relate to recognising early cancer symptoms and the importance of accessing and attending for routine screening. The campaigns supported early diagnosis by improving the public's awareness of symptoms, which in turn improves the individual's survival time. They focused on:

- bowel cancer
- skin cancer
- cervical cancer
- head and neck cancer
- testicular cancer
- blood cancer
- gynaecological cancer
- targeted lung health checks
- lung cancer
- breast cancer
- cervical screening and human papillomavirus (HPV)
- urological cancer
- upper and lower GI cancer and faecal immunochemical testing (FIT)
- prostate cancer
- ovarian cancer.

The campaigns provided a focus on symptom awareness and screening programmes available. Where relevant, the campaigns were targeted to specific age groups, genders, ethnic groups, and areas of deprivation. All campaigns exceeded the number of contacts that were initially expected.

The campaign on testicular cancer was extremely successful – the engagement levels were double the expected number of contacts. This campaign specifically reached out to the 21–24 year-old age group.



## End of life, long-term conditions and frailty

The ICB has been working with key partners across the system to deliver against its key ambitions and objectives for end of life, long-term conditions and frailty during 2023/24 as outlined in the ICP Strategy and Joint Forward Plan.

Some of the key achievements across all three programmes are highlighted in this section.

### End of life

The Staffordshire and Stoke-on-Trent ICP Strategy follows the life course of citizens from Starting Well through to Ending Well.

High-quality palliative and end of life care is important to ensure patients, their family and carers all have access to appropriate support. The Strategy highlights the need to focus on enabling people to live as well as possible at the end of their life, ensuring they can die with dignity and that care plans reflect their wishes and preferences.

National survey data suggests that most people would prefer to die at home, with few wishing to die in hospital. This highlights a need for an effective integrated care approach centred on personalised care that reduces avoidable emergency admissions and ensures more people can die in their place of choice, experiencing good quality of life at the end of life.

During 2023/24, a number of initiatives have been delivered to support people at the end of their lives:

The Palliative Care Co-ordination Centre (PCCC) (MPFT) and local hospices have co-designed an '**Accelerated Beds**' pathway to support people at the end stage of their life to access hospice beds so their needs can be met in a timely manner and in the most appropriate setting for their needs.

From December 2023 to 21 March 2024, the PCCC has placed 29 patients into local hospice bed provision from the community or from a hospital ward for their final days.

### During January and February 2024:

- **1,571** 'in-hours' calls taken by existing hospice resources
- **122** out-of-hours calls taken by dedicated hospice collaboration provision
- **507** uses of the '0300' number – increasing access for patients and health care professionals
- **1,693** total interactions managing symptoms – offering reassurance away from urgent and emergency care.

Four local hospices have worked collaboratively to provide a **24/7 telephone support line including specialist palliative advice and guidance**. This will support professionals, patients and carers with reassurance and expert advice and aims to support people to remain at home where this is appropriate and reduce pressure on urgent and emergency care.

### Identification of patients who may be in the last 12 months of their life is

important because this gives people the opportunity to be involved in planning for their future care. This could include thinking about the type of care they would or would not like, where they would like to be cared for, and who should be involved in their care. It can also help families and carers with planning for loved ones.



These conversations should include discussion of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) process and plan. It is about creating a personalised recommendation for clinical care in emergency situations where someone is not able to make decisions or express their wishes.

These recommendations are created through conversations between a person, their families, and their health and care professionals to understand what matters to them and what is realistic in terms of their care and treatment.

Locally, an education and training offer for GPs and other primary care professionals on the registration of palliative care patients and the ReSPECT process has been developed and implemented with the support of Staffordshire Training Hub and the PCCC.

In Staffordshire and Stoke-on-Trent, there has been an increase in palliative care registration from 0.55% (July 2023) to 0.71% (February 2024).

The percentage of palliative care patients with a ReSPECT form has also started to slowly increase (39.49% to 43.79%) from 1 July 2023 to 1 February 2024.

### Long-term conditions

Our ambition for long-term conditions (LTCs) across Staffordshire and Stoke-on-Trent in 2023/24 was ‘to enhance person-centred approaches including supported self-management, proactive care, and support for families and carers. These approaches are fundamental and essential components for people living with LTCs, and should result in significant benefits for people, their families, and communities.

During 2023/24, we have been focused on three key long-term conditions aligned to the NHS Long Term Plan – diabetes, respiratory and cardiovascular disease.

During the year, we have undertaken engagement with patients and communities to shape a Staffordshire and Stoke-on-Trent Long-Term Conditions Strategy. The strategy will be completed by the end of March 2024 and will be supported by a clinically-led Delivery Plan.

In the meantime, work has progressed in all three areas:

The diabetes **Path to Remission programme** launched across Staffordshire and Stoke-on-Trent on 1 September 2023. This is a specially formulated diet for three months followed by healthy lifestyle support, for people who are living with Type 2 diabetes and obesity or who are overweight and have been diagnosed under six years. The programme aims to support people into diabetes remission. More than 170 referrals have been received to date.

**Diabetes eight care processes** – we are working with MPFT and primary care to ensure diabetic patients receive their annual eight care checks. These include checks on HbA1c, blood pressure, cholesterol level, kidney function, smoking status, foot surveillance, body mass index and urine.

There have been two well-attended events at Burton Albion Football Club in Burton upon Trent, where checks were carried out along with other diabetes screening. It is planned to organise similar events across the ICB. One patient who gave feedback on the service said: “I was happy, excited and relieved to have my assessments together with my eye-screen appointment, saving me travelling to different places to have them done.”

A **long COVID campaign** has been running from February 2024 across the ICB with the aim of raising awareness of the main symptoms of long COVID and encouraging people who are experiencing the symptoms to seek available support.



The campaign message is: ‘Recognise, Reach Out, Recover’.

### Frailty

The ICB and its partners have been delivering against the key objectives outlined in the Healthy Ageing and Managing Frailty in Older People Strategy 2021, covering healthy ageing, mild, moderate and severe frailty, and falls.

### Mild frailty

The ICB is developing a web application to support healthy ageing. Called ‘My Health, My Way’, the web application aims to create a digital self-management tool that can be used by people at risk of becoming frail to support their health and wellbeing. It will launch in June 2024.

There are 10 pilot practices engaged across Staffordshire and Stoke-on-Trent and the pilot will include approximately 5,000 patients. If it is successful, GPs and other community providers will be able to refer patients to gain access to the web application.

This project is being developed with the support of the community service provider MPFT, patient representative groups and others.

### Moderate frailty

Two services are being delivered across Staffordshire and Stoke-on-Trent – the Facilitation of Admission Avoidance in the north and the Staying Well service in the south. Both have the following aims:

- Proactive early identification of people with moderate levels of frailty
- Enhancing the patient pathway by effectively managing patients in the best setting
- Supplying fast, prompt access to assessment, treatment, and care
- Preventing or delaying the progression of frailty from moderate to severe.

While there are different services in the north and south of the county, they are working together to share learning, resources and training. They are also carrying out follow-ups with patients at three months and six months to understand the impact that each service is having on physical activity, loneliness, wellbeing, and people’s understanding of their condition and medications.

Recent events delivered by the Staying Well service have seen between 150 and 450 patients attend, and included other specialities within MPFT, the voluntary sector and the council to raise awareness of their service.





## Severe frailty

During 2023/24, MPFT have been working with primary care colleagues to proactively identify, assess and support patients who are identified as severely frail, to support people to age well and slow down the progression of frailty. This approach aligns to national guidance around proactive care.

There are six pilot practices, covering a population of 75,000 people, collaborating with community teams to proactively identify patients who are severely frail and carry out Comprehensive Geriatric Assessment (CGA) assessment and support planning. In total, 1,043 people have been identified as severely frail across the six practices, with 150 people considered to benefit from assessment and support planning. Outcomes may include surveillance, patient-initiated follow-up, follow-up, or referrals into other core services.

The pilot will continue into 2024/25. Insights from staff and patients will be used to decide what has the most impact for patients and how we offer this to more patients across Staffordshire and Stoke-on-Trent.



## Falls

The ICB is working with MPFT and other partners across health, education, and technology to pilot new falls prevention methods, such as:

- A Koku pilot is underway with promising feedback. Koku is an app to help reduce high risk of falls and physical decline in older people by providing home-based digital exercise programmes and community-based group sessions led by Saltbox
- Strength and balance exercise classes for people who have had a non-injurious fall
- Falls assistant – a web-based platform which holds health information about falls prevention and provides users with an opportunity to self-assess their risk level
- The Community Specialist Falls Team are working with hospital partners across Staffordshire and Stoke-on-Trent to ensure that people who are aged 65 and over and have fallen are being referred from A&E to the specialist fall service for an intervention which makes it less likely the patient will need to go to A&E again. More than 60 referrals have been received by the Specialist Falls Service from A&E departments between December 2023 and March 2024.



## Improving population health

### Health inequalities

As covered in the 'Our population' section earlier, Staffordshire and Stoke-on-Trent is a diverse area, with a number of factors influencing health inequalities.

#### The demographic profile of Staffordshire and Stoke-on-Trent:

- Ethnic minorities: 141,574
- Gypsy or Irish Traveller: 905
- Disabled: 219,357
- Gender identity different to sex registered at birth: 3,917
- LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning and other sexual orientations): 23,174
- Same-sex marriage: 2,487
- Households where nobody has English as a main language: 13,604
- Supported asylum seekers: 2,387
- People who have previously served in regular UK armed forces: 31,858
- Domestic abuse-related crimes for Staffordshire Police Force Area (2022/23): 23,697
- Rough sleepers on a single night: 53
- Households with initial assessment of homelessness circumstances and needs: 949.

### Integrated Care Partnership (ICP) Strategy

The Integrated Care Partnership is a statutory committee jointly convened by our two upper tier local authorities (UTLAs) and the NHS, bringing together a broad range of organisations with an interest in improving the health and wellbeing of the population of Staffordshire and Stoke-on-Trent.

The primary duty of the ICP is to produce and oversee the delivery of a strategy to address the health, wellbeing and social care needs of our residents. This strategy should, in turn, drive the work of the ICB and system partners.

The Strategy for Staffordshire and Stoke-on-Trent was approved in June 2023, and takes a life course approach, focusing our work as partners on the holistic needs of residents throughout each of the stages of their lives.

Each life stage has outcomes that we will work together to improve – see the diagram on the next page.






Read the full [ICP Strategy](#) on our website.

The strategy hasn't yet been in place for a full year, and this period has been turbulent for the ICB and its partners, who have faced significant financial challenges, structural reorganisation, workforce issues including industrial action, and one of the most difficult winters that the system has ever known.

Despite this, we have seen examples of these challenges being met through collaboration and partnership, with progress made to deliver the ICP Strategy.



Our life course approach to improving health and wellbeing







Stage	Approach
<p><b>Start Well</b></p> 	<ul style="list-style-type: none"> <li>• Reducing infant mortality</li> <li>• Ensuring children achieve good development during early life and are ready for school.</li> </ul>
<p><b>Grow Well</b></p> 	<ul style="list-style-type: none"> <li>• Improving mental health and wellbeing in children and young people and families</li> <li>• Improving educational attainment and aspiration.</li> </ul>
<p><b>Live Well</b></p> 	<ul style="list-style-type: none"> <li>• Improving access to good employment and housing for vulnerable people in our communities</li> <li>• Increasing prevention of premature mortality from cardiovascular disease, respiratory disease, alcohol harm and suicide.</li> </ul>
<p><b>Age Well</b></p> 	<ul style="list-style-type: none"> <li>• Increasing the number of over-65s living active, connected, and independent lives in the community</li> <li>• Reducing harm from falls and preventable emergency admissions to hospital for over-65s.</li> </ul>
<p><b>End Well</b></p> 	<ul style="list-style-type: none"> <li>• Offering personalised, high-quality end of life care for people and carers</li> <li>• Reducing preventable emergency hospital admissions at the end of life.</li> </ul>





The strategy also describes how we will work differently to influence health and wellbeing for residents through our 5 Ps.

The 5 Ps for improving health and wellbeing

5Ps	Description
<p><b>People and communities</b></p> 	<p>Working with people and communities to empower them to build healthy, supportive and thriving neighbourhoods</p>
<p><b>Personalised care</b></p> 	<p>Holistic, integrated care designed around personal needs and preferences</p>
<p><b>Personal responsibility</b></p> 	<p>Working with individuals to empower them to make healthy choices and manage their health and wellbeing as an active partner</p>
<p><b>Prevention and health inequalities</b></p> 	<p>Promoting healthy decision making, optimising health and wellbeing, and ensuring fair and equal access for all</p>
<p><b>Productivity</b></p> 	<p>Making the best use of resources and targeting those in greatest need, or with greatest ability to benefit</p>
<p><b>Underpinned by Population Health Management (PHM)</b></p> 	<p>Improving health outcomes through intelligent decision making.</p>



## Health Inequalities Strategy

To support the ICP Strategy, we have developed a system Health Inequalities Strategy which is due to be published in June 2024.

A workshop was held in January 2024 which shaped the way to developing a collaboratively written strategy – galvanising all partners into collective action to tackle health inequalities.

From this meeting we have developed the ambition, values, goals and a work programme that we can all build our teams around.

### The ambition and values that came out of this session were:

“Our ambition is to **work together** with people, families and communities in Staffordshire and Stoke-on-Trent to ensure **everyone** has the opportunity to have **healthy, safe** and **prosperous** lives with **fair** access, **improved** experience and **better** outcomes for all.”

We are: Supportive - Inclusive - Collaborative – Empowering



Build on what works and don't re-invent the wheel



Reducing health inequality is central to everything we do as an ICS



Listen, engage and act with our communities



Invest in the VCFSE as our trusted delivery partners



Underpinned by population health and the 5 Ps

Through the development process, we clearly heard the importance of working with communities as experts in their health and wellbeing, and with the VCFSE as trusted community partners. This will inform our work in the coming year to develop these relationships.

### What do we mean by places and communities?

#### Place – our strategic partnership footprint

- Staffordshire
- Stoke-on-Trent

#### Localities – our planning footprint

- Four localities in Stoke-on-Trent
- Eight districts and boroughs in Staffordshire

#### Communities – our delivery footprint

- Villages, wards, parishes
- What people associate with.



**As part of the session in January, we also identified more than 70 priorities and began theming them under four strategic objectives:**

1. To work across our locality footprint to support healthy communities
2. To build on the wider determinants of health
3. To support healthier lifestyle choices and behaviours
4. To create joined-up health and care teams.

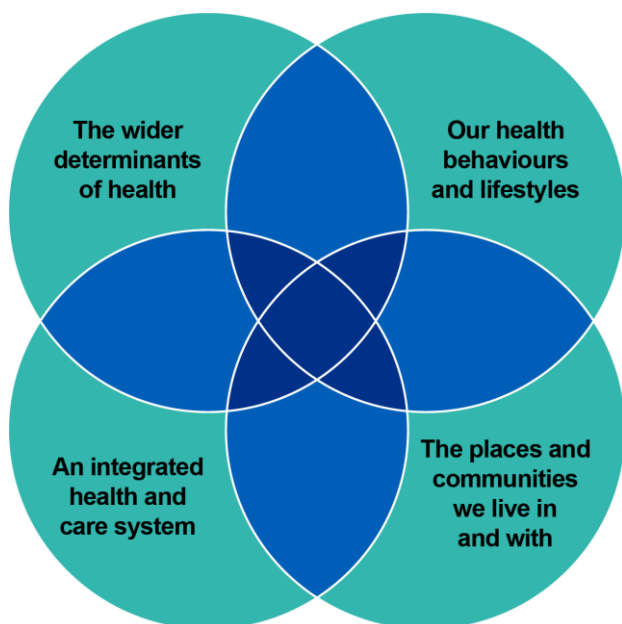
### Model of care

#### The building blocks for good health:

- The wider determinants of health
- Our lifestyles and behaviours
- Healthy communities
- Integrated health and care.

Improving population health requires action on all four of the building blocks and, crucially, the interfaces and overlaps between them.

We will adopt this approach and work collaboratively to ensure we are greater than the sum of our parts.



### Health and inequalities

The ICB is a member of Staffordshire Health and Wellbeing Board which brings together local organisations to improve health and wellbeing and ensure fair access to good quality health and care services.

The Health and Wellbeing Board meets to understand local needs, agree priorities and promote joint working between the NHS, Staffordshire County Council and other partners, including commissioning services together where possible.

The Health and Wellbeing Board plays a role in integration of health and social care through leadership and facilitation of relationships, as well as oversight of the Better Care Fund.

Examples of the ICB contribution to the Health and Wellbeing Board in 2023/24 include:

- Presentation and discussion of the Joint Forward Plan
- Contributing to the four workstreams that underpin the Joint Health and Wellbeing Strategy:
  - Ageing Well
  - Healthy Weight
  - Health in Early Life
  - Good Mental Health
- Joint commissioning with Staffordshire County Council through the Better Care Fund, which is regularly reported to the Board.

This information has been developed in conjunction with the Health and Wellbeing Board and was agreed to be included in this year's Annual Report.



## Core20PLUS5

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system levels. The approach defines a target population – the ‘Core20PLUS’ – and identifies five clinical areas of focus requiring accelerated improvement.

The Core20 component refers to the proportion of our residents who are among the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD). This applies to 53% of residents in Stoke-on-Trent, and 7% of residents in Staffordshire.

In partnership with Support Staffordshire, we have implemented the Core20PLUS5 Connectors programme in Cannock Chase, supporting marginalised communities to access blood pressure checks and engage with cancer diagnostic services.

Marginalised communities in Stoke-on-Trent are being engaged in health prevention through the Health Champions programme delivered by Voluntary Action Stoke-on-Trent (VAST).

PLUS populations can be identified at a local level and should represent inclusion groups and those with protected characteristics or other factors that make them particularly vulnerable to health inequalities. In 2023/24, Staffordshire and Stoke-on-Trent chose ‘vulnerable populations’ as our PLUS Group.

## Veterans

It is widely recognised that veterans often struggle to access and navigate health services appropriately. In response, the ICB and UHNM have jointly funded an 18-month pilot of a support worker from the Defence Medical Welfare Service embedded at UHNM to support veterans through their secondary care experience.

## Asylum seekers/resettled migrants

We have supported asylum seekers and resettled migrants during 2023/24, including families and single males as well as unaccompanied minors. The number of beds commissioned varied over time, peaking at approximately 1,350 (August 2023) – although there are no firm figures about how many individuals used these beds.

Three local hotels are actively supporting asylum seekers at the moment, with around 500 individuals placed. The majority have been accommodated within our most deprived wards, adding an additional layer of complexity and potential disadvantage – reduced access to primary care, poorer educational and employment opportunities and higher rates of crime.

A true multi-organisational partnership approach has been needed to support them – including primary and community care, mental health and secondary care, public health and local authorities as well as the voluntary, community, faith and social enterprise sector (VCFSE).

## Those at risk of serious violence






A multi-organisational task group has been set up. Through this Violence Reduction Alliance, we are hosting a Serious Violence Project Coordinator to bring focus to and action to support this vulnerable group.

## Women at risk of having, or who have had, one or more children removed from their care

With Stoke-on-Trent City Council, we have jointly funded the PAUSE programme which works with these women individually to make positive sustainable changes.



### The five areas for focus for adults

Area	Description
<b>Maternity</b> 	Ensuring continuity of carer for women from minority ethnic communities and from the most deprived groups.
<b>Mental health</b> 	Ensuring annual physical health checks for those with severe mental illness.
<b>Chronic respiratory disease</b> 	Increasing uptake of COVID-19, flu and pneumonia vaccines in patients with chronic obstructive pulmonary disease (COPD) to reduce infective exacerbations and admissions to hospital as a result.
<b>Cancer</b> 	Diagnosing 75% of cancers at Stage 1 or 2 by 2028.
<b>Hypertension</b> 	Reducing risk of myocardial infarction and stroke.

### How we are delivering the ‘five’ of the Core20PLUS5 for adults

#### Maternity

We have implemented the ‘Saving babies’ lives’ programme. Staffordshire and Stoke-on-Trent Local Maternity and Neonatal System (LMNS) have developed an Equity and Equality Action Plan.

#### Mental health

5,793 Severe Mental Illness annual health checks were carried out – 75% of those who were eligible. This is 15% more than last year, but slightly below our 2023/24 target of 6,268.

#### COPD

Comprehensive multi-component approach undertaken to identify and engage low-uptake groups for COVID-19 and flu vaccination through community engagement supported by local authority partners, primary care nurse facilitators, general practice protected learning time sessions, CSU communications and engagement channels and the Targeted Vaccination team.

#### Cancer

Initial discussions have been held with NHS England screening and immunisation leads, public health partners, and trust cancer screening leads, facilitated by ICB Public Health, with the aim of forming an ICS Screening Inequalities group ahead of the screening function being delegated by NHS England. We are currently in the process of forming the partnership and approach.

#### Hypertension

Initiatives have included:






- Core20 Connectors project in Cannock for screening in the community
- Quality Improvement Framework (QIF) – incentivising treating blood pressure to target in general practice
- North Staffs Technology Enabled Care Services (TECS) training
- Pharmacy hypertension screening
- Innovation for Healthcare Inequalities Programme (InHIP) bid in relation to lipid optimisation – targeting the most deprived PCNs.



## Core20PLUS5 CYP

### The five areas for focus for children and young people

Our Core20PLUS5 work included completion of an evidence pack on health inequalities in children and young people across the five clinical areas of focus.

Area	Description
 <p><b>Asthma</b></p>	Addressing over-reliance on reliever medications and decreasing the number of asthma attacks.
 <p><b>Epilepsy</b></p>	Increasing access to epilepsy specialist nurses and ensuring access in the first year of care for those with a learning disability or autism.
 <p><b>Diabetes</b></p>	<p>Increasing access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds.</p> <p>Increasing proportion of those with Type 2 diabetes receiving recommended NICE care processes.</p>
 <p><b>Oral health</b></p>	Reducing tooth extractions due to decay for children aged 10 years and under admitted as inpatients in hospital.
 <p><b>Mental health</b></p>	Improving access rates to children and young people's mental health services for 0–17 year-olds.

### What the evidence pack told us

The evidence pack covered metrics on prevalence, hospital admissions and mortality. National data derived from the Office for Health Improvement and Disparities (OHID) was used for benchmarking purposes (i.e. to determine how the ICB and its upper tier local authorities compare to either England, the West Midlands region or statistical neighbours).

Meanwhile, local data – derived from primary and secondary care sources – was used to complete analysis on health inequalities by age, sex, ethnicity and deprivation.

Some key findings include:

- **Asthma** prevalence and emergency admissions related to asthma were found to be significantly higher in children from more deprived neighbourhoods and in children from ethnic minority groups
- Emergency admissions due to **epilepsy** were significantly higher in children from more deprived neighbourhoods
- Emergency admissions due to **diabetes** were significantly higher in children from the Core20 (20% of most deprived communities nationally)
- Hospital admissions for **tooth decay** were significantly higher in children from the most deprived quintile
- Recorded prevalence of **mental health** conditions and depression was significantly lower for boys, while hospital admissions for mental health conditions were significantly higher for girls.



## How we are delivering the ‘five’ of the Core20PLUS5 for children and young people

### Asthma

- Asthma Friendly Schools wave 1 concluded, expression of interest issued for wave 2 in November
- 60 funded Tier 4 Advancing Asthma placements were made available to healthcare professionals to upskill – there is an expectation they will become Asthma Champions who will disseminate learning to peers
- Pilot asthma nurse post-ED clinic running at UHNM to support post-attack reviews of patients who attended ED but were not admitted
- Asthma pathways and guidelines in development –expected to be finalised in the new year
- Working through upper tier local authorities to target their Warmer Homes and Beat the Cold initiatives towards children with asthma.

### Epilepsy

Epilepsy Bundle of Care published and first Project Group meeting took place in December 2023 involving both acute trusts (UHNM and UHDB).

### Diabetes

Recruited to both youth worker pilot posts – they started work in December 2023 and inductions are underway.

### Oral health

The delegated commissioning function for oral health has been transferred to the ICB.

The focus has been on reducing tooth extractions due to decay for children aged 10 years and under admitted as inpatients in hospital.

### Mental health

- Mapping of local preventative offer broken down into age groups: 0–5, primary and secondary
- Mental health in schools – waves 7 and 8 fully implemented
- Complex children and young people mental health crisis response pathway workshop held in September 2023.

## Our plans and deliverables reflect the NHS England operational planning guidance national inequalities priorities

### 1. Restore services inclusively

- UHNM Elective Recovery Plan
- Population Health Management dashboard has been developed, which uses regression analysis to identify inequalities in elective care waiting lists with increased accuracy and statistical testing
- Through engagement with clinical leads, we have identified that this provides real value to teams managing waiting lists and will enable the Senior Responsible Officer (SRO) to have better understanding of the profile of health inequalities in elective care at system, trust and departmental levels.

### 2. Mitigate against digital exclusion

This is delivered through the Digital Transformation Programme:

- All system partners have digital inclusion strategies and work programmes in place. These include targeted action on digital exclusion by both local authorities to support improvements in connectivity, accessibility and digital skills
- Our NHS providers co-design digital solutions, ensuring they are inclusive and no one is left behind while remaining responsive to new needs.



### 3. Ensure datasets are complete and timely

- The Digital Transformation programme is working in partnership with our PHM colleagues to ensure that the data and intelligence infrastructure, through our Intelligence Strategy, improves the quality of data recording and use
- We are performing above the England average for recording ethnicity.

### 4. Accelerate preventative programmes

Weight management:

- Clinical and managerial lead identified from all provider trusts to be part of Clinical Collaborative Forum
- We were selected as one of four pilot sites to run a digital weight self-referral pilot programme over three months. As part of the NHS Digital Weight Management Programme, it will support adults living with obesity in Staffordshire and Stoke-on-Trent. Through a small-scale, time-limited opening of the existing technical pathway, the feasibility test aims to understand demand and measure the effectiveness of communication strategies to reach and engage those experiencing health inequalities.

Tobacco:

- Staffordshire and Stoke-on-Trent inpatient tobacco services were fully established on 31 March 2023
- Community pharmacy processes are now in place to increase patient choice as they are discharged, along with local authority partner stop smoking services to provide support and report data about successful quit attempts
- Tobacco steering group continue to support and share learning across partner organisations.

### 5. Strengthen leadership and accountability

- ICS Health Inequalities Strategy to be published June 2024
- Identified executive-level SRO for Health Inequalities (HI) for the ICB and all providers
- Dedicated HI delivery team at ICB level
- HI lead in each PCN – with network meetings in place
- Core20PLUS5 Ambassadors
- Core20PLUS5 Connectors in Staffordshire and Community Champions in Stoke-on-Trent
- Clear governance through Improving Population Health Portfolio Board, which includes representatives from all ICS partner organisations
- Underpinned by ICP Strategy – HI and prevention are key themes
- Health Inequalities Leaders Board convened by Staffordshire County Council – attended by ICB
- Developing financial framework to invest HI funding into identifying local community priorities to generate measurable change
- Regular reporting to the Quality and Safety Committee who are accountable for proactive and needs-based community services (BAF 3) and reducing health inequalities (BAF 4).

### Statement on information on inequalities

As part of our response to NHS England's Statement on Information on Health Inequalities (duty under section 13SA of the NHS Act 2006), we have published a separate report on health inequalities.

This provides more detailed information on health inequalities within the ICB, covering multiple indicators across 10 domains.



The report covers indicators that are aligned to the five priority areas for addressing healthcare inequalities set out in the 2023/24 priorities and operational planning guidance, and the Core20PLUS5 approach for adults, children and young people.

The [Health Inequalities Report](#) is available on our website.

### Award nomination: BBC Radio Stoke's Make a Difference Awards

Two specialist NHS teams in Staffordshire and Stoke-on-Trent were shortlisted as finalists in BBC Radio Stoke's Make a Difference Awards in May 2023.

The Learning Disability and Autism team were shortlisted in the 'Together' category for the work they have done with parents to try and help young people with autism or a learning disability stay out of hospital and in their own home.

The Homeless Healthcare Service work across Stoke-on-Trent and Newcastle-under-Lyme to support homeless people who are not registered with a GP. They were shortlisted as a finalist in the 'Community group' category.



## Primary care

The ICB has a Five-Year GP Strategy that aims to improve access to general practice and ensure we are delivering sustainable, high-quality services.

The Fuller Stocktake Report (2022) provides a renewed focus on:

- streamlining access to care and advice
- providing more proactive, personalised care from a multi-disciplinary team of professionals
- helping people stay well for longer.

Across Staffordshire and Stoke-on-Trent, our local strategy is being delivered by the following programmes of work:

- 1. Access** – Improving the time it takes to see the most appropriate clinician, tackling 'the 8am rush' and ensuring you have an outcome from your first phone call
- 2. Digital** – Ensuring our GP practices have the most up to date technology to deliver efficient care to our patients
- 3. Organisational development** – ensuring the changing workforce within practices are given the time and space to develop and work together across the larger footprints which are primary care networks (PCNs)
- 4. Workforce** – Who you see at your local GP practice
- 5. Quality and prevention** – Ensuring the care and services you receive are of the highest quality
- 6. Commissioning** – The ICB commissions Local Enhanced Services across our practices to help patients be seen and treated closer to home; our aim is to ensure these services are universal for our whole population
- 7. Estates** – Ensuring the buildings our GPs work in are fit for purpose.



This report will now look at what we have achieved in this last year in more detail.

### Access and digital technology

Access to general practice remains one of the highest priorities for us and our communities and we want to continuously improve patient satisfaction.

The ICB has written a System Level Access Improvement Plan (SLAIP) which has been multifaceted in its approach and has seen substantial development since its launch. The plan aligns to the four national ambitions:

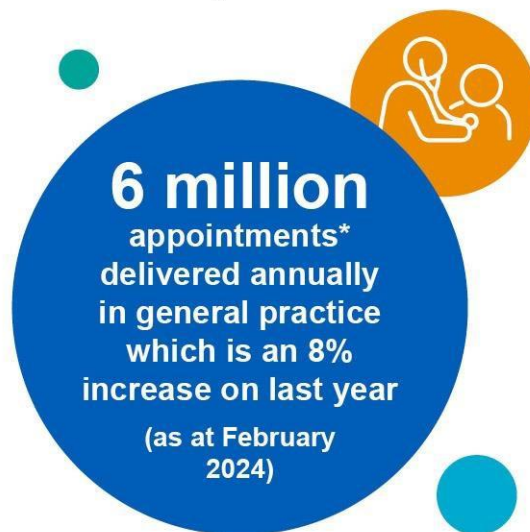
- **Empowering people** by rolling out tools to monitor their own health and expand services offered by community pharmacy
- **Building modern general practices** so patients know on the day how their request will be handled
- **Cutting bureaucracy** to give practice teams time to focus on patients' clinical needs
- **Building capacity.**

The **National General Practice Patient Survey** results for 2023 show an increased number of positive ratings for four out of five of the key questions compared to 2022 results. This contrasts with the national trend, which predominantly decreased.

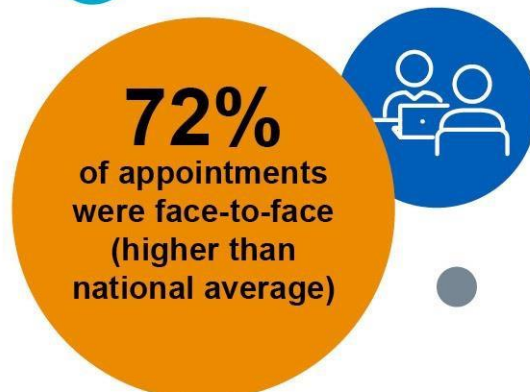
**25 PCN Access Improvement Plans** have been developed and were assured by the ICB and NHS England in July 2023. The plans focus on key areas to support improved patient experience of general practice – patient experience, access and demand management, and accuracy of recording in appointment books.

PCNs will work collaboratively to deliver their plans and work to improve the collection and understanding of their activity data.

Key facts: Primary care



\*80,000 of the 6 million were additional appointments delivered by practices and PCN hubs to support high demand during winter and Easter to further support access to general practice.





All GP practices are required to give their patients **online access to information about them** as it is added to their GP health record. We are one of only two ICBs to have 95% of practices live so far.

There have been five **Digital Inclusion Pilot projects** with PCNs to help staff enable and encourage greater access to online digital tools to support patients with their own health needs and choices.

21,000 consultations were undertaken in the **Community Pharmacist Consultation Service (CPCS)** in 2023/24. In the first eight weeks since launching on 31 January 2024, an additional 6,000 referrals were made to **Pharmacy First** – improving access for patients with low acuity conditions.

Following a rigorous selection process, five pharmacies have been identified as **independent prescribing pathfinder sites**. This is a unique opportunity for community pharmacy to redesign current pathways and play an increasing role in delivering clinical services in primary care. The programme will go live in 2024/25.

255 staff have been trained in **Care Navigation** to provide co-ordinated, person-centred care. Helping people get the right support, at the right time will help manage a wide range of needs.

78 practices are using **FibriCheck** – a tool which monitors heart rhythm to detect and manage atrial fibrillation (AF). It has saved 1,182 ECG appointments at a cost of £46,000 (equivalent to 23,640 healthcare assistant appointments, based on being 10 minutes each). It has also identified 101 AF cases – which potentially avoided a stroke (an estimated saving of £4.6 million in Year 1 and £2.5 million in subsequent years), and identified 393 other cardiac arrhythmias earlier.

### Our achievements include:

- Continuing to support PCNs and practices to develop and implement their **access models** – including training for care navigation, digital solutions and capacity support
- Developing a **Consensus Agreement** to facilitate effective working between primary and secondary care organisations to reduce the administrative burden for GP practices.

We are also **empowering patients** to take control of their own health through initiatives such as:

- Using **pathways for patients to self-refer** including musculoskeletal, podiatry, audiology for older people, weight management, wheelchair services, community equipment services and falls services
- 100% of practices now use **digital telephony systems**, and 95% of practices can now offer their patients the ability to book routine appointments and other digital pathways such as online triage, text messaging and video consultations. Benefits include better and safer patient experience, practice efficiency (especially during periods of high and peak demand) and supporting the growth in telephone consultations.
- Using the **Pharmacy First service** – where pharmacists can supply prescription-only medicines (where clinically appropriate) to treat seven common health conditions without the need for the patient to visit a GP.



We will continue to work closely with all stakeholders to ensure we take the necessary steps in reducing the pressures on general practice and tackling ‘**the 8am rush**’.

### Organisational development (OD)

Organisational development work has been ongoing, and the foundation to support PCNs and the primary care team to deliver and embed the General Practice Five-Year Strategy.

Through needs assessments, workshop time, team development sessions, coaching and facilitation, we have been able to deliver:

- Clarity and purpose in the development of elements of the Primary Care Strategy, for example workforce, access, Operational Delivery Group
- The introduction of change management approaches
- Leadership development across a number of PCNs
- Support to general practice and the ICB in developing their relationship with stakeholders
- Development of communication skills and style
- Support to individuals and to teams in relationship and team development
- Opportunities for teams to strive toward high performance and accountability leadership.

### Workforce

A Primary Care Workforce Implementation Group is in place, with multi-disciplinary representation from practices, PCNs, system, Staffordshire training hub and regional partners.

The group is developing a Primary Care Workforce Local Delivery Plan in response to the NHS Long-Term Workforce Plan – focusing on the three elements of ‘train, retain and reform’.

It will consider both the clinical and non-clinical roles in general practice and the additional roles in PCNs.

- Through the **PCN Directed Enhanced Scheme**, we have recruited to 616 whole-time equivalent Additional Role Reimbursement Scheme (ARRS) posts – including roles such as first contact physiotherapists, mental health nurse specialists, advanced nurse practitioners, and paramedics
- In partnership with the Staffordshire Training Hub, we have implemented a suite of local schemes to recruit and retain our local workforce. The **General Practice Nurse Foundation School** was launched in September 2023 to support excellence in general practice nurse training. In the first year, 15 newly-qualified nurses were recruited into primary care. Clinical champions have developed and implemented six schemes to retain the local GP workforce. We are currently supporting 19 GPs on the National GP Retention Scheme, supporting them to stay within general practice, when they might otherwise have left the profession
- The ICB has introduced **health and wellbeing initiatives for staff** to help empower and retain staff. Examples include the Wellbeing Hub offering tailored workshops and support, Wellbeing Ambassadors who signpost colleagues to resources, and use of the Vivup service to improve staff’s physical, financial and mental health.



### Award win: Clinical Research Network Awards

East Staffordshire Primary Care Network (PCN) celebrated winning the ‘Embedding research award’ in December 2023. The Clinical Research Network Awards recognise and celebrate the work and achievements of those involved in delivering research from across the system.

East Staffordshire PCN is made up of all 18 GP practices in East Staffordshire and covers 150,000 patients, with a focus on local patient care. The PCN appointed a research manager to enable efficient regional-level identification of participants for research, and to set up research structures and frameworks within the PCN.



### Quality and prevention

All 25 PCNs are working on plans to tackle health inequalities in their neighbourhoods by engaging with their system and community partners to drive improvements in health outcomes.

- 657,155 **COVID and flu vaccinations** were given in autumn/winter in total in Staffordshire and Stoke-on-Trent – of which 398,420 vaccinations were given by general practice or PCNs (61%)

- More than 5,000 (82.3%) **people with a learning disability had an annual health check** this year (194 more than last year) – these checks can improve people’s health by spotting problems earlier
- 5,793 (75%) **people with serious mental illness had a physical health check** this year (735 more than last year) – these checks can find health problems earlier so treatment can be provided or patients can be supported to stay well
- All practices funded to have at least three ‘friendly’ schemes. Practices mainly focused on: Dementia Friendly, Daffodil Standards for end of life care, and support for veterans and their families. These frameworks provide evidence-based frameworks to support patients and provide accessible healthcare
- The ICB has been collaborating closely with Caja, a consultancy based at Keele University, aimed at **revolutionising patient communication and interaction** within GP practices. Caja’s expertise in behavioural science has been instrumental in reshaping how GP practices engage with patients – positively influencing their choices and ultimately improving outcomes. Practice staff received a practical toolkit to help them to increase uptake in cervical screening and bowel cancer screening, along with training, projects and informative online sessions.

### Commissioning

We commission 32 Local Enhanced Services (LES) across the 142 GP practices. These are optional services that practices choose to deliver. Our aim is to ensure that all services are universally available to our patients, so we have developed a ‘Universal Offer’ Framework.



Services within this framework are offered to all GP practices, and include:

- Phlebotomy
- Simple wound care
- ECG diagnostics
- Coil fitting for heavy bleeding
- Long-Term Condition Quality Improvement Framework.

By commissioning these services (the above list is not exhaustive), our patients are able to be seen at their local GP practice rather than having to travel to a hospital setting, which means they are often seen much quicker and by a clinician they know.

We have recently undertaken a review of the services to ensure that they remain equitable for patients, deliver value for money and are of high quality.

### **Estates**

In support of providing safe and accessible premises for patient care and staff, the team has approved a sum of more than £630,000 investment via Premises Improvement Grants in 2023/24. This supports projects such as extensions to premises to provide additional clinical rooms and includes funding of approximately £31,000 for security enhancements.

### **Where are we now? Where do we want to be? How do we get there?**

To progress with answering these questions, the team have worked with all 25 PCNs to produce locally relevant clinical and strategic estate plans. These form the bedrock of our continuing work with our system partners to maximise the use of our estate and provide the capacity to cope with future demand. The plans will ensure that priorities for each PCN can be established.

In ongoing work with our local authority partners and the development industry, £1 million of Section 106 funding was secured in 2023/24 to support estate development (to be informed by the PCNs' strategic estate plans) and to ensure appropriate mitigation for expected growth in local housing.

Service Development Funding (SDF) supports the delivery of the NHS Long Term Plan commitments such as developing digital services and multi-disciplinary teams, and in 2023/24, £4.3 million of funding has been invested.

### **Wider primary care services – pharmacy, dental and optometry**

Following the transfer of delegated commissioning responsibilities to ICBs for pharmacy, dentistry and optometry in April 2023, work has been ongoing to embed the transitional arrangements as well as driving forward on national and local priorities and ambitions.

The national Dental Recovery Plan was published on 7 February 2024. This aims to improve access to NHS dentistry by focusing on prevention, access and workforce. The ICB is working closely with local providers to implement the national plan locally as part of a West Midlands Dental Strategy and a local ICB Implementation Plan in the upcoming year for the benefit of our local population.

Pharmacies are also expanding their services to support patient access. The Pharmacy First scheme was launched on 31 January 2024. Through this scheme, patients can now get prescription-only medication, where needed, for seven common conditions directly from their local pharmacy, without the need for a GP appointment or prescription.



## Mental health, learning disabilities and autism (MHLDA)

The ICS aims to work in an integrated, collaborative way to ensure that mental health is given equal priority with physical health and that everyone receives the help and support they need closer to their home and family. Our comprehensive mental health programme has delivered many improvements across Staffordshire and Stoke-on-Trent. It has received extremely positive feedback both regionally and nationally for coordination and performance throughout 2023/24.

Assurance is provided through the Staffordshire and Stoke-on-Trent ICS Mental Health, Learning Disability and Autism Portfolio Board – which consists of representatives from across the ICS including the voluntary sector and a patient representative.

The Chief Executive Officer (CEO) Sponsor is Dr Buki Adeyemo, Chief Executive of North Staffordshire Combined Healthcare NHS Trust (NSCHT). The Senior Responsible Officer (SRO) for the portfolio is Ben Richards, Chief Operating Officer and Chief Executive of NSCHT.

### Mental health

The NHS Long Term Plan has made a commitment to improve and widen access to care for children and adults needing mental health support. The plan will deliver expansion in mental health care, with an increased number of adults being able to access talking therapies for common disorders and better support being offered to children and young people.

Much has already been achieved for mental health across Staffordshire and Stoke-on-Trent:

**Dementia diagnosis rates** remain consistently above the national target of

66.7% and were 71.9% at the end of February 2024. This is among the highest diagnosis rate in the Midlands region and an increase on the 2022/23 diagnosis rate (69.9%). The Alzheimer's Society continues to work closely with PCNs to raise awareness of dementia and encourage patients to come forward for diagnosis.

During 2023, **Mental Health Support Teams (MHST)** coverage was further expanded with a Wave 10 team launched in South Staffordshire, provided by MPFT. The ICB was successful in obtaining further MHST funding for Wave 12, and so planning is underway with NSCHT to launch expansion teams in Stoke-on-Trent and North Staffordshire in January 2025.

The Staffordshire and Stoke-on-Trent Local Transformation Plan (LTP) for **Children and Young People's Mental Health** was approved in October 2015 and has been subject to annual refresh in line with NHS England guidance. This refreshed version was published in October 2023, and provides an update on the progress and challenges associated with improving Child and Adolescent Mental Health Services (CAMHS) in 2023/24 and provides a forward view into 2024/25.

This Local Transformation Plan covers the whole of Staffordshire and Stoke-on-Trent ICB, Staffordshire County Council and Stoke-on-Trent City Council. There are common priorities, but as different localities are starting from different baselines, there are some differences in investments and progress made.

Our aim will be to ensure that services are responsive to local needs and that there is equitable provision across the whole area.



Previous Long-Term Plans were based on the Stoke-on-Trent and Staffordshire Children and Young People's Emotional Health and Wellbeing Strategy 2018–23, which has come to the end of its term. Rather than create a separate strategy and LTP, this 2023 refresh will act as the overarching strategy and plan for children's and young people's mental health.

The **UEC and crisis support** programme incorporates all the mental health UEC/crisis projects that form part of the MHLDA Portfolio. This programme is in its infancy, as several projects are either at scoping stage or in early mobilisation. However, we have four core working areas:

### **NHS 111 Mental Health**

As per the LTP ambition and further solidified in the UEC Recovery Plan – comprehensive crisis pathways must be developed to ensure 100% coverage of 24/7 age-appropriate crisis care, via NHS 111, by April 2024. Both mental health providers have confirmed that they are ready for launch and the ICB has provided additional investment to meet the expected increase in demand. However, the launch date itself is controlled by NHS England.

### **Ambulance response to mental health**

Mental Health Response Vehicles (MHRVs) are a new all-age, first-line response service from West Midlands Ambulance Service. They will provide enhanced assessment and care to those patients presenting via 999 or NHS 111, using a new national specification of mental health vehicle. The service launched in Staffordshire and Stoke-on-Trent on 4 December 2023.

### **Key facts: Mental health**

- **42%** more women accessed specialist community perinatal mental health services (compared to last year)
- **5,793** Severe Mental Illness annual health checks were carried out – 75% of those who were eligible. This is 15% more than last year, but slightly below our target of 6,268
- More than **21,500** adults with anxiety or depression have had a first contact with NHS Talking Therapy Services (since April 2023)
- **72%** of the people aged 65 and over whom we could statistically expect to have dementia, are on a GP Dementia Register
- More than **13,400** adults (18+) with mental health problems have had at least two contacts with community mental health services in the last 12 months
- More than **13,400** children (under 18) with mental health problems have had at least one contact with community mental health services in the last 12 months.

### **Right Care, Right Person (RCRP)**

The aim is for people to receive support from the right person, with the right skills, training and experience to best meet their needs. This will be delivered in a phased approach. Concern for Welfare (Phase 1) is live, and the next phase is planned to start in May 2024. A system-wide Health Tactical Group has been formed to support escalation and onboarding of phases through 2024.



## Inpatient Quality Transformation Programme

ICBs are required to develop a three-year plan to localise and realign adult inpatient services with a draft plan to be developed by March 2024 and a final published plan by June 2024.

As with other services, staffing and capacity issues have affected patient access. Targeted recruitment is underway at our two core mental health providers. We are working with NHS and voluntary sector partners to look at creative ways to increase capacity and improve patient uptake of services.

## Learning disabilities, autism and Down's syndrome

The Staffordshire and Stoke-on-Trent population of people with a learning disability, autism, or Down's syndrome is diverse in its needs. Inequality can take many forms and has many impacts on health and wellbeing – to which all organisations in the system need to respond.

The national ambitions set out in the NHS planning guidance 2023/24 were to:

- Increase the rate of annual health checks for people aged 14+ on a GP Learning Disability Register (LD Register) towards the 75% ambition in 2023/24
- Continue to improve the accuracy of GP Learning Disability Registers
- Reduce reliance on inpatient care for both adults and children with a learning disability and in particular autism
- Meet the needs of people with Down's syndrome (as per the Down's Syndrome Act 2022).

## Key facts: Learning disabilities, autism and Down's syndrome

- **4%** more people on a GP Learning Disability (LD) Register
- **215** people are on the Dynamic Support Register
- More than **3,200** people get social care support from Staffordshire or Stoke-on-Trent local authority
- **70%** of people on an LD Register have had an annual health check
- **95%** of our staff who work in health and social care have completed the Oliver McGowan e-learning, with an average of 88% completion across the ICS
- Reducing the number of people in an inpatient bed remains challenging.

Partners across the system continue to work hard to raise the profile of learning disabilities, autism, and Down's syndrome. They have developed a programme of workstreams to improve accessibility and inclusion. The practical ambitions of the system are underpinned by Oliver McGowan training and a Communications Strategy.

The main objective of the **Oliver McGowan mandatory training** is to improve the skills and knowledge of health and social care staff to provide safe, compassionate, and informed care to people with a learning disability and autistic people. This is done by ensuring that they receive training appropriate for their role on learning disability and autism.

The ICS has used additional funding received from NHS England to support the provision of **Experts by Experience** and **'Train the Trainer'** resources.



The aim of this approach is to provide a sustainable support infrastructure that can continue after the additional funding ceases. This work is being undertaken in partnership with ASIST, a local provider which provides support for people with a sensory impairment and for people who have an autism spectrum disorder.

Our **Communications Plan** will deliver the ‘Small Changes’ campaign and support the delivery of the Oliver McGowan training. The plan also supports the delivery of priorities such as improving annual health check uptake, and implementing the Down’s Syndrome Policy.

We are asking everyone in the health service to pledge to make a small change in their professional life to support those with a learning disability and autism.



**Case study: The Small Changes campaign – co-produced with people who have lived experience of a learning disability or autism**

A priority for the Learning Disability and Autism portfolio is that access to services for people with a learning disability and autistic people, needs to be increased. One way that access can be increased is if services are able to make reasonable adjustments. Reasonable adjustments can take many different forms, from longer appointments or quieter environments for appointments, to providing materials in different formats.



To encourage health and social care staff to consider the reasonable adjustments they can make, the portfolio worked with the ICB’s Communications team to develop a campaign. It was important that this campaign’s look, feel, and messaging reflected the reasonable adjustments people with lived experience of a learning disability or autism needed, and that it was articulated in a way that was authentic to them.

To include their voice in the campaign, the Communications team ran multiple online sessions attended by local people with lived experience, their families, carers, and local support groups. In the sessions we heard their stories, and discussed ideas for campaign taglines, imagery and colours. Bright rainbow colours were preferred, and it was decided that the words at the beginning and end of a tagline, were the key words. This feedback was brought together to create the ‘Small Changes’ campaign, which encourages staff to ‘discover the power of small changes’.

The [Small Changes webpage](#) and promotional materials have since been created and shared widely across the system.



### Mental health performance dashboard

The mental health, learning disabilities and autism (MHLDA) portfolio continues to monitor objectives and has seen improvements in a number of areas. We will prioritise areas where further developments have been identified, in order to enhance our service provision.

Objective	Currency	RAG rating against	Q1	Q2	Q3	Q4	Year to date
Improve access to MH support for CYP by increasing the number of CYP aged under 18 supported through NHS funded MH services	Rolling 12 months	Annual target 17,648	14,490	13,810	13,440	14,360	14,360
Increase the number of adults and older adults accessing NHS Talking Therapies	Monthly activity	Annual target 30,318	5,890	6,790	6,650	6,275	25,605
5% year-on-year increase in the number of adults supported by community mental health services	Rolling 12 months	Annual target 12,678	12,990	13,290	13,430	12,680	12,680
Recover the dementia diagnosis rate to 66.7% (percentage diagnosed)	Monthly snapshot	National target 66.7%	71.2%	72.2%	72.2%	72.4%	72.4%
Improve access to perinatal mental health services	Year to date	Annual target 1,216	470	620	780	990	990



## Children and young people, maternity and neonates

### Children and young people

The good health of children and young people (CYP) is crucial to the future wellbeing and prosperity across Staffordshire and Stoke-on-Trent. This needs to start at the earliest opportunity, from pregnancy and early years, and continue through childhood and as children grow into adulthood. We are committed to delivering better health outcomes for children and young people in our community; we want to see children, young people and families supported to start, grow, and live well.

If we are to listen to our young people and support them to ‘start well’ and ‘grow well’ to fulfil their potential, we know that things needs to change. The shaping and delivery of our offer for children and young people cannot be developed in isolation and requires a huge partnership effort including local authorities and other public services.

In support of this change and to meet our aspiration to ensure children and young people have the best start in life and the best health, the CYP Programme Board developed a strategic framework called ‘Getting the Right Start’.

This is a real opportunity to approach and solve our challenges collectively, with shared ambition and commitment to improve the health and wellbeing of our children and young people.

Our vision and priority areas of focus for 2023–28 were launched on 6 November 2023. A copy of the framework and access to the slides from the day is available on our [Children and young people](#) webpage.



### Successes and progress with priority areas

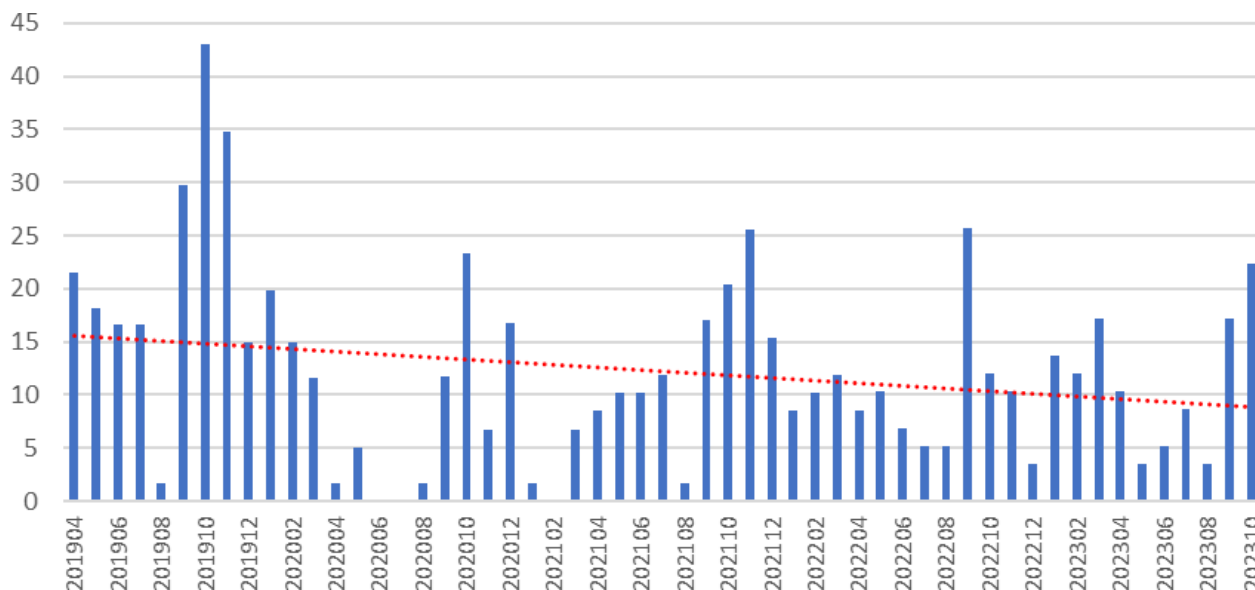
#### National Asthma Bundle of Care

- The ICS continues to see rates of emergency admissions for asthma decrease (see the charts on the following pages)
- After the successful implementation of wave 1 of the Asthma Friendly Schools programme during Q1, we launched wave 2 in Q4 with an additional 23 primary schools
- To support and improve asthma management, in June 2023 a Community Asthma Nurse reviewed all Royal Stoke ED attendances where the patient was not admitted
- To support consistency of care across all system partners for asthma during Q4, we have developed guidelines and pathways of care
- To upskill our workforce we have embarked on a training and capabilities programme, with 60 places secured in advanced asthma training, offered to primary and secondary care clinicians.

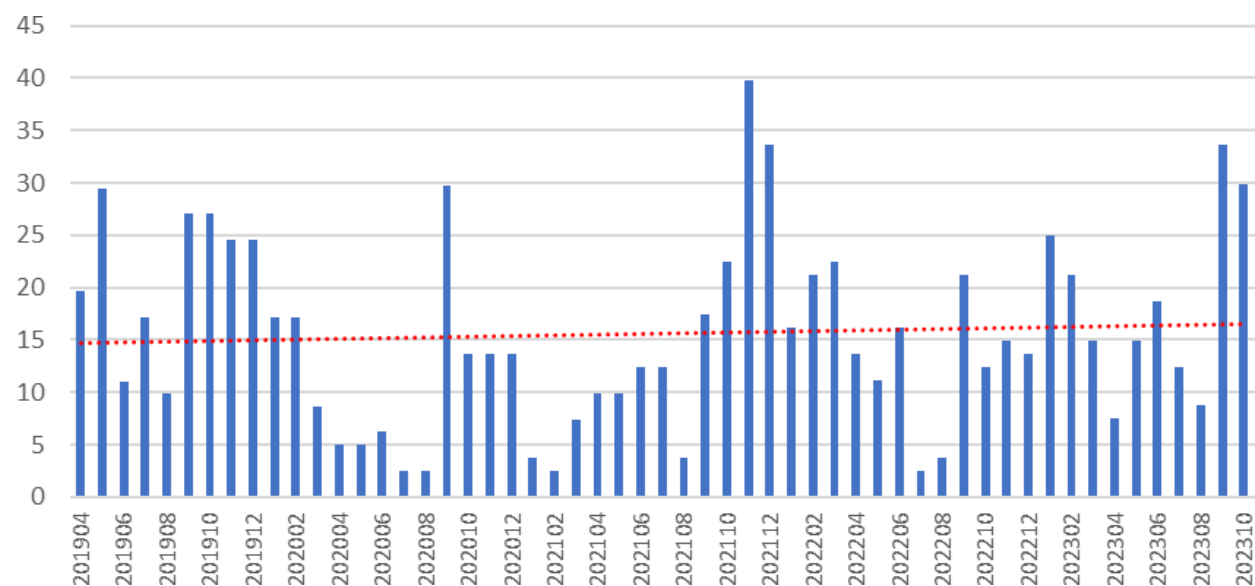


*Note: The red dotted line on each of the following charts represents a linear trend across the period. A linear trendline shows that a metric is increasing or decreasing at a steady rate, as can be seen on each chart.*

Emergency admissions with an asthma diagnosis (0–4 years) – rate (100,000)

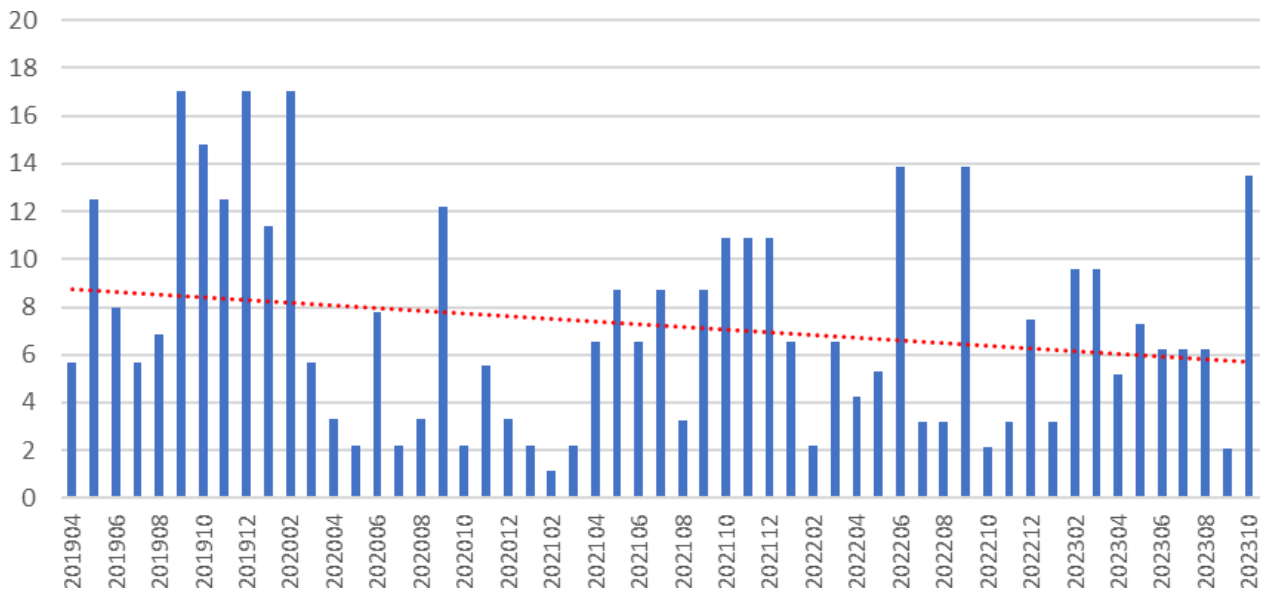


Emergency admissions with an asthma diagnosis (5–10 years) – rate (100,000)

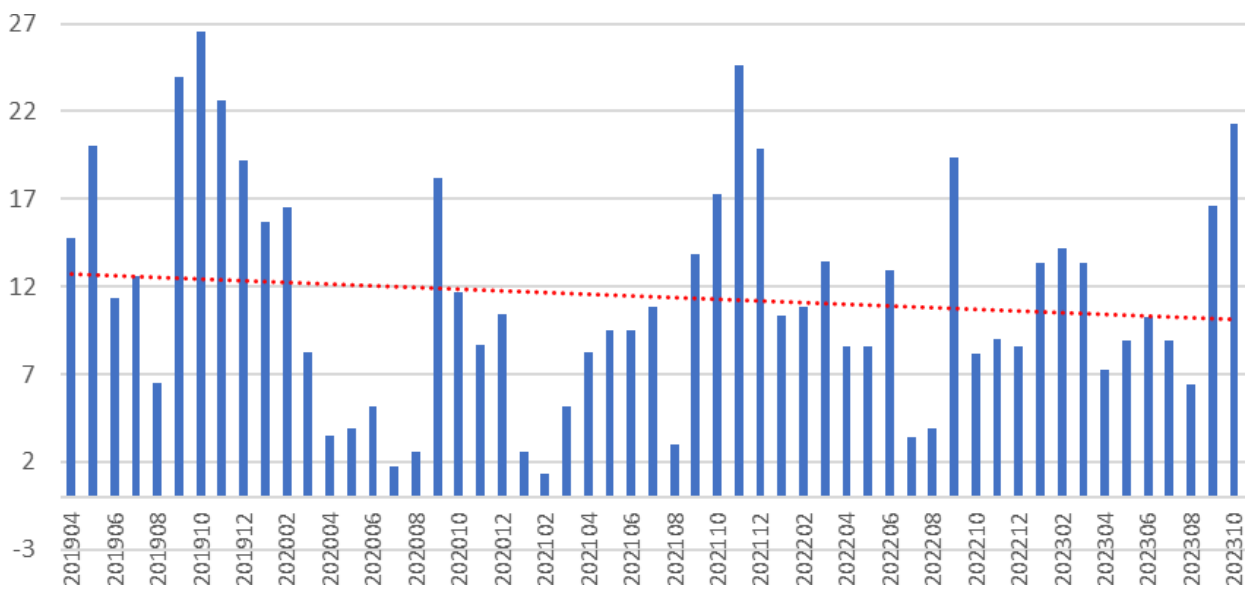




Emergency admissions with an asthma diagnosis (11–17 years) – rate (100,000)



Emergency admissions with an asthma diagnosis (<18 years) – rate (100,000)

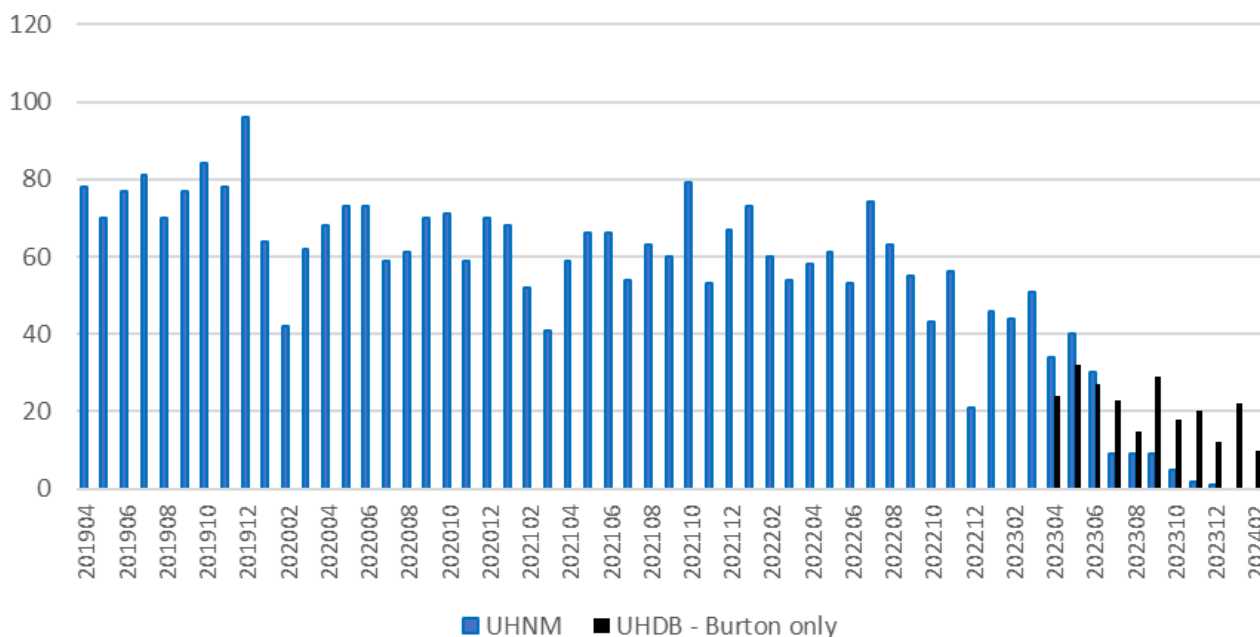




### Infant mortality

- The ICS continues to see a reduction in the number of mums smoking during pregnancy. Current figures for smoking at the time of delivery (SATOD) indicate Stoke-on-Trent at 13.9% and Staffordshire at 9.9%. These improvements move us closer to the England average of 8.8%.

Number of women smoking at time of delivery at UHNM and UHDB (2019/20 to 2023/24)



- During January 2024, the group launched a #Drymester campaign about Foetal Alcohol Spectrum Disorders (FASD) to inspire and support parents to go alcohol-free when pregnant or planning a pregnancy.

### Emotional health and wellbeing

- The Staffordshire and Stoke-on-Trent Local Transformation Plan (LTP) for Children and Young People’s Mental Health was published in October 2023. This refresh was co-produced with system partners
- The system agrees that this workstream will focus on care-experienced children and young people, prevention (developing a prevention offer to maximise the number of CYP who are thriving), crisis, and access (improving and simplifying access to services so that more young people can get the help they need, when they need it).

### Complex needs

- The ICS is working to improve the experiences of ‘complex’ children and young people where standard procedures and usual practice do not meet their needs
- Work is underway with the ‘Care Leaders’ to explore how to best meet the needs of these children and young people. Fortunately, they are low in numbers – however, they are high in cost, their outcomes are poor and they are most likely to need adult services in the future.



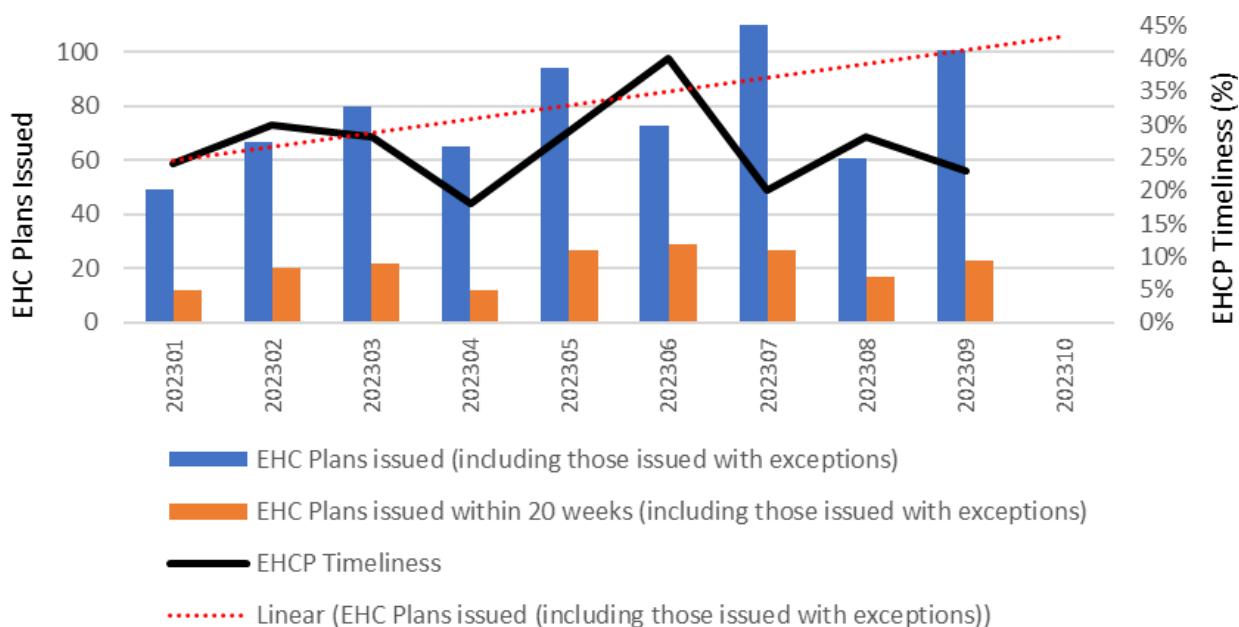
### Palliative care and end of life

- The ICS secured national funding to address the lack of parity and equity in commissioning arrangements between adults’ and children’s and young people’s palliative and end of life (EOL) care
- These funds enabled us to implement specialised, high-quality palliative care services to provide clinical knowledge and support to children and families facing very difficult life decisions. These posts follow the child across every setting, to reduce duplication and the emotional harm to parents of having to repeatedly tell their story.

### Special educational needs and disabilities (SEND)

- In the last 12 months, we have introduced a SEND health assurance board to oversee the challenges and risks of our statutory work for our children and young people with SEND
- We commenced a joint SEND provider post across MPFT and the ICB, with workforce training a key focus to ensure we continue to embed our statutory duties
- In January 2024, an inspection with Stoke-on-Trent City Council identified areas for improvement that we already understood to be a risk, such as autism diagnostics and support
- We continue to work with Staffordshire County Council on its Accelerated Progress Plan and 2024 SEND improvements.

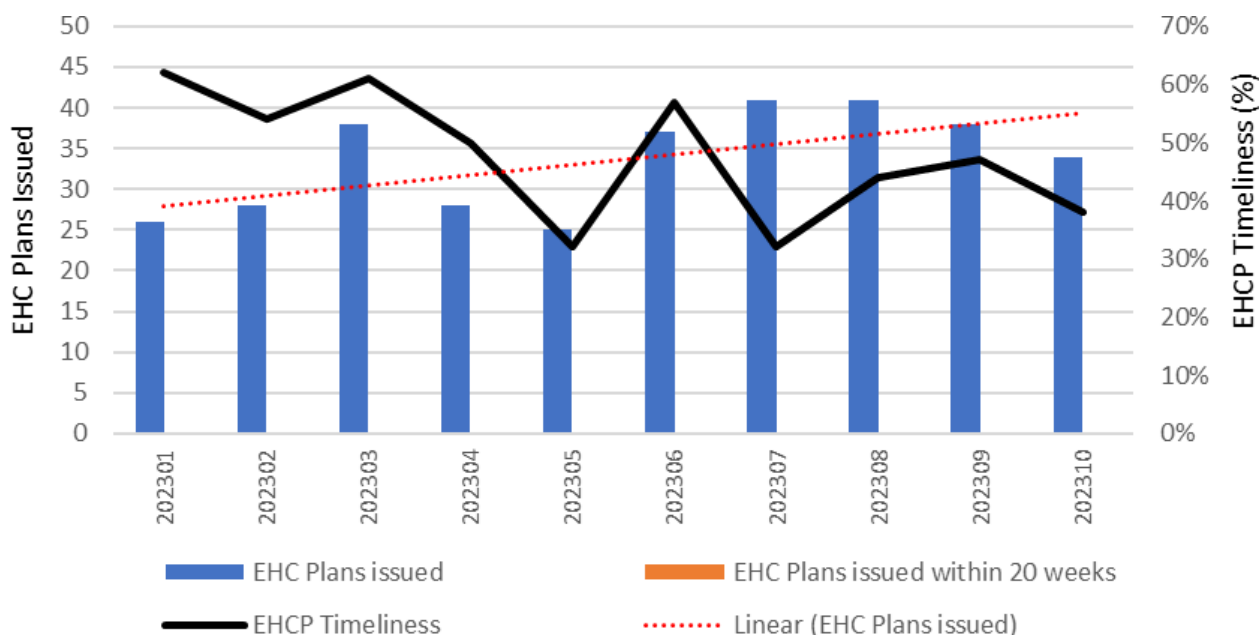
Timeliness of Education, Health and Care (EHC) plans issued for SEND – Staffordshire local authority (January to October 2023)



Note: The red dotted line represents a linear trend across the period. On this chart, the linear trendline shows that a metric is increasing at a steady rate.



### Timeliness of EHC plans issued for SEND – Stoke-on-Trent local authority (January to October 2023)



*Note: The red dotted line represents a linear trend across the period. On this chart, the linear trendline shows that a metric is increasing at a steady rate.*

### Co-production

With support from the Staffordshire Council for Voluntary Youth Services (SCVYS), the Staffordshire Co-production Promise was launched on 3 October 2023. The aim of this programme is to support improvements both in professional practice and the experiences of people and families requiring support.



For more information, view the [video](#), [toolkit](#) and [pledge](#).

### Safeguarding and looked-after children

The Safeguarding team continues to be an integral part of both statutory safeguarding partnerships in line with the duties of the Staffordshire and Stoke-on-Trent ICB. The Safeguarding team has maintained a strategic function through leadership and partnership, carrying out statutory duties, monitoring compliance and competence through contracts, and reinforcing the message that safeguarding is everyone’s business.

Priorities over the past year have been:

- Representing the ICB in many statutory safeguarding review processes such as Rapid Reviews, Child Safeguarding Practice Reviews (CSPR), Child Death Overview Panel (CDOP) and Child Death Reviews (CDR), Domestic Homicide Reviews (DHR), Safeguarding Adult Reviews (SAR) and Multi-Agency Learning Reviews (MALR)



- Having a focus on primary care with the joint safeguarding self-assurance tool (JSAT) and further developing One Health and Care
- Maintaining our Serious Violence Duty – the ICS was rated compliant with duty requirements. Delivery for this has been through the Violence Reduction Alliance, Violence Reduction Strategy (2024–29) and Delivery Plan
- Developing the ICB Domestic Abuse and Serious Violence staff policy and Domestic Abuse Ambassadors. In addition to this, we have contributed to a local long-term strategic priority Domestic Abuse Strategy and pan-Staffordshire Domestic Abuse Action Plan (2021–24) and worked with primary care on notifications of high-risk domestic abuse cases heard at the Multi-Agency Risk Assessment Conference (MARAC)
- Engaging with the consultation process on Stable Homes, Built on Love 2023 and Working Together to Safeguard Children 2023 as part of the children’s reforms.

During the past year, the provider collaborative for safeguarding has been developed, our vision for which is to bring together all NHS organisations to provide one health safeguarding service for Staffordshire and Stoke-on-Trent.

This will ensure that all NHS providers are offering the same standard and quality of safeguarding service to all those that use our services including our workforce, and that health is represented as a whole health economy at partnership level.

This will enhance the way we work together as a health system in relation to safeguarding.

We have seen some benefits already, such as:

- Mutual aid for staffing resources between NSCHT, UHNM and the ICB
- Reviewing policies and quality dashboards for consistency and appropriateness
- Continuation of the work around access to training for all staff in all health organisations via a new digital training platform
- Reviewing how we work with our local authority colleagues to improve how health advice for safeguarding is accessed.

The Prevent Health forum has been set up, chaired by the Deputy Designated Nurse for Safeguarding Adults. This enables the ICB to represent all health providers at both Staffordshire and Stoke-on-Trent Prevent Boards and for a joint health response to be given to the Boards for assurance that all our health services are complying with our statutory duties. This work will sit in the provider collaborative in the next year.

### **Health and wellbeing of looked-after children**

The team has been working hard with our provider and local authority colleagues to improve processes for looked-after children and there is now:

- Agreement to a system-wide approach to calculating Initial Health Assessment (IHA) compliance using statutory guidance (consistency across partners)
- Development of a system-wide dataset and dashboard for children in care (to identify what is working well and any challenges or risks).



In accordance with legislation and statutory guidance, every child looked after by the local authority should have an Initial Health Assessment within 20 working days of coming into care and a Review Health Assessment at least once every six months before a child's fifth birthday, and at least once every 12 months after the child's fifth birthday. The compliance for timeliness of both Initial and Review Health Assessments is outside of statutory timescales. This has been identified as a risk for the ICB, and a Recovery Plan is in place to address this risk.

### **Child Death Overview Panel (CDOP)**

Child death review partners (local authority and ICB) are responsible for conducting child death reviews when a child dies, in any circumstances.

The ICB's identified leads for this process have recently contributed to a local campaign for Safer Sleep resources. Funding was sought to produce local resources to reinforce messages that are already being shared by health and social care professionals in Staffordshire and Stoke-on-Trent. This included a video which can be used directly with families and displayed on screens in GP practices and hospital clinic waiting areas. Still video displays can also be used on digital screens. The video provides a pictorial reference to support parents to keep babies safe.

There are also social media and printable resources with the important key messages about Safer Sleep. They provide clear, factual advice for parents to help tackle barriers to them adopting safe measures.

## **Maternity and neonates**

### **Local Maternity and Neonatal System (LMNS)**

The LMNS Board continues to monitor all aspects of maternity quality and safety, including services provided out of area and the findings from all matters incorporated into the work of the LMNS Board.

Workforce challenges have been a key area of focus for all those delivering maternity and neonatal services. These challenges resulted in the temporary closure of the **Freestanding Midwife-led Birth Units (FMBUs) and homebirth services** in March 2020 during the COVID-19 pandemic.

The ICB, in collaboration with Derby and Derbyshire ICB and both UHNM and UHDB, is adhering to NHS England's Assurance process to review the FMBUs and future provision.

Homebirth services are to reopen to new bookings from 1 April 2024. Following a number of recruitment initiatives, both locally and internationally, both UHNM and UHDB have reported a significantly reduced vacancy rate and have been commended by NHS England for the work they have done. Both continue to strive to meet Birthrate Plus standards.

### **Care Quality Commission (CQC) inspections**

During 2023, both UHNM and UHDB were subject to CQC inspections, in June and August respectively. Both trusts saw their services downgraded and section 29a notices served, citing a number of key actions. UHDB had already voluntarily joined the Maternity System Support Programme (MSSP), which aims to help achieve sustained improvement in the five CQC domains.

Several workstreams were identified as needing support.



UHDB are overseen by Derbyshire LMNS, resulting in close working with Derby and Derbyshire on progress. UHNM did not join the MSSP, so a six-monthly assurance process was established instead. This started in August 2024, and saw the Trust meeting with NHS England, the ICB, CQC and Healthwatch once a month to share their progress against the CQC's identified actions. Areas identified included induction of labour (IOL) breaches, timely triage and adult safeguarding training. UHNM have been commended for the improvements made with a Quality Review planned for April 2024.

### **Neonatal mortality**

A number of actions were taken by the ICB and UHNM following the publication of the MBRRACE UK report in March 2023, which reported on data on neonatal mortality from 2021. The report showed the ICB, in particular Stoke-on-Trent, and UHNM as some of the poorest performing areas in the country. Having reviewed 31 cases, UHNM have reported no emerging themes.

Mechanisms are in place for ICB staff to work closely with neonatal consultants at UHNM who are also working closely with colleagues in partner organisations in the ICS to reduce the number of infant deaths, of which neonates account for half. The Trust monitors all deaths very carefully and reports an improved position from 2021 to the present.

### **Quality assurance and improvement**

In March 2023, NHS England published the Three-Year Delivery Plan for Maternity and Neonatal Services. This sets out the requirements for ICBs, trusts and NHS England under four themes – listening to women with compassion, workforce, safety, and personalisation.

Since that time, a governance review of the LMNS structure has resulted in the monthly Quality and Safety Oversight Forum (QSOF) having a split agenda – Quality Assurance and Quality Improvement – with the latter reviewing activities under one of the themes per month. Increasingly, reports traditionally reviewed under Quality Assurance will be aligned to each theme and discussed in the second half of the meeting, i.e. Maternity and Neonatal Voices Partnership feedback under Theme 1 for listening to women, and training reports under Theme 2 for workforce. Progress against the plan is reported into the LMNS Board.

Building on the work to implement a Maternity Escalation process in 2022/23, SHREWD (a tool used to provide strategic and operational whole-system visibility) is being used to provide an oversight of maternity and neonatal services. This has started with data from UHNM and has been extended to include data from Queen's Hospital, Burton. Initially the Operational Pressures Escalation Levels (OPEL) status is being input manually from the daily regional sitrep shared with the ICB.

Once the IT processes are in place to capture fields aligned to those in the sitrep, there is an expectation that SHREWD will be automated and provide a live situational report showing numbers of beds, cots and staff, as well as occupancy and potential IOL breaches.

The regional Maternity team are working closely with the ICB, who are expected to be the first to display the service in this way and ultimately support a robust response to increased escalation levels, as needed.



## Maternity and Neonatal Independent Senior Advocate (MNISA)

In early 2023, we were successful in our bid to host a MNISA as part of a new NHS England pilot. This was a direct consequence of the Ockenden Report following the investigation into maternity services at the Shrewsbury and Telford NHS Trust. The role aims to provide support to women and families who have been affected by a significant health complication or bereavement following an episode of maternity or neonatal care and are navigating investigation processes. Feedback about these events will in turn provide an opportunity for learning and reflection and a chance to transform maternity and neonatal services.

Following a pause in the programme, the Staffordshire and Stoke-on-Trent ICB MNISA was selected as one of two MNISAs to sit on the national steering group, giving an opportunity to influence and shape the development of this role. A Green Light document submitted to NHS England has now been approved supporting the MNISA to implement this much needed role.

## Maternity and Neonatal Voices Partnership (MVNP)

The MNVP continues to work to amplify the voice of families and drive forward change and improvements. During 2023, the LMNS were successful in appointing an MNVP Chair and seven Maternity and Neonatal Champions, supporting regular monthly engagement with local families as well as the facility for increased continuous feedback, particularly with seldom heard communities.

The MNVP works with local families and service providers with the aim of ensuring appropriate engagement, from initial discussion to identifying and implementing solutions, and finally communicating this through a 'You Said, We Did' format.

The MNVP seeks to hear what families are saying as well as giving them reassurance and information, for example about actions being taken to implement NICE guidelines. The MNVP provides a real opportunity to apply a more joined-up approach, collaborating and promoting the work that is being done for the benefit of local families. This is a progressive and exciting development, as seen with the recent production of a video featuring MNVP members which explains what to expect when you attend the Maternity Assessment Unit (MAU). Further videos are planned.

## Improving quality

We continue to work collaboratively with partners across the ICS to deliver our statutory duties in respect of securing continuous improvement in the quality of services.

Our [Quality Strategy](#), co-produced by the ICB and NHS partners, has been designed to complement the overarching ambitions of the ICS priorities and the ICS Joint Forward Plan – with quality and safety being the 'golden thread' running throughout.

The strategy describes our quality aims for next three years, supports our delivery of the [NHS Patient Safety Strategy](#) and [NHS IMPACT](#) (Improving Patient Care Together), outlines our quality risk response following the National Quality Board guidance, and is underpinned by our Delivery Plan.

The [Patient Safety Incident Response Framework](#) was implemented across the ICS on 1 December 2023. All partners have received accredited oversight and/or investigator training to support improving patient safety through a systems approach.



Monthly touchpoints and bi-annual, system-wide learning events are in place to maximise learning and improvement from patient safety incidents.

All NHS partners in the ICS undertook the NHS IMPACT baseline assessment and continue to use the NHS IMPACT self-assessment framework to guide plans on embedding improvement. The ICS Continuous Quality Improvement sub-group routinely shares organisational updates on development work linked to NHS IMPACT, and has begun to explore areas of collaboration at an ICS level. Partners from the ICS are part of a national peer support programme to support systems to learn from each other about successes and explore opportunities to accelerate system-wide adoption.

The ICS recognises the essential role all partners have in providing oversight of the quality of care given, and in creating and sustaining a culture of openness, learning and continuous improvement. Our System Quality Group is now well established and routinely involves wider partners including the CQC, Healthwatch organisations, and NHS England. It provides a forum to facilitate engagement, intelligence sharing, learning and quality improvement across the ICS.

As a commissioner of services, the ICB balances this collaborative approach with the requirement to assure ourselves and others of the quality of our provider organisations and their ability to provide safe, high-quality healthcare to our population.

### **Patient involvement**

The ICB undertakes significant and extensive engagement work, through our activities outlined on our [Consultation and engagement](#) webpage. Our engagement on public insights and patient experiences is ascertained through the ongoing work of

our People's Panel and People and Communities Assembly, as discussed later in this Annual Report.

### **Patient choice**

The ICB continues to uphold the NHS Constitutional right to offer full choice in line with local and national Choice Policy through our activities outlined on our [Contracting and Procurement](#) webpage.

### **Using the latest digital technology**

We continue to use the latest digital technology to deliver new models of health and care across Staffordshire and Stoke-on-Trent, supporting the transformation of local services through our Digital Programme activities – as outlined on our [Digital Programme](#) webpage.

This way, we ensure that the power of digital innovations helps people to live healthier lives, manage their own health and wellbeing and reduce the demand on local services.

### **Research**

Research and research governance continue to shape all aspects of our strategy development and implementation, as currently evidenced through the Technical Annexes to our [2023/24 Operational Plan](#) and in our [Joint Forward Plan 2023-28](#).

### **Regard of wider impact of decisions**

In 2023 we launched new corporate stationery and templates. These ensure that any document going to an ICB Committee or Board meeting shows that due regard has been given to the potential impacts of the proposals. They assure decision-makers that their statutory duties are followed in all decision-making processes.

Evidence of the use of these templates can be seen in our [Board Meetings](#).



## Education and training

In 2023 we continued with our comprehensive staff learning and development approach. This approach is aligned to our business needs, our system approach, and the national People Plan. Our offer included statutory and mandatory training, training in Unconscious Bias and Invisible Disabilities, continued roll-out of the Oliver McGowan mandatory training, development workshops in personal health and wellbeing, access to apprenticeship opportunities and learning opportunities through our learning partners The Knowledge Academy.

## Examples of improving quality with local partners and people

ICS partners came together in autumn 2023 to establish an **All Age Continuing Care (AACC)** Collaborative with the aim of applying collective intelligence, resources, leadership, and ownership to:

- improve patient, service user and family experience by ensuring patients receive timely care appropriate to their needs, delivering high-quality outcomes
- ensure safe, effective, and appropriate application of the NHS National Continuing Healthcare (CHC) Framework that ensures adherence to the ICB's statutory duties.

The collaborative has developed **six key workstream areas** of priority for delivery in 2023/24:

- Market management
- Governance, policies and protocols
- Service specification redesign
- End of life
- Data quality
- Reviews (backlog and continuous observations).

The **learning disability and autism host commissioner** guidance ensures that, while the responsibility of oversight of each person's care is held by the placing commissioner (which may not be the local system), the local ICB should be the host commissioner to ensure oversight and monitoring of the care provided to local patients.

We are proud to have been invited by NHS England to share our experience and participate in the development of a Midlands Regional Procedure in the event of the urgent closure of an independent specialist hospital. The guidance will ensure that any emergency closures are person-centred, demonstrate clear advocacy where patients' voices are heard, and that everyone is informed – especially patients and families. The guidance is progressing through NHS England's approval process.

**Incomplete complex hospital discharges** have been a challenge in the urgent care pathway for several years. In 2023, a continuous quality improvement project was formed to understand the reasons why these occurred. The project brought the partners together to problem solve – with the aim of reducing the percentage of incomplete discharges in the pathway.

Incomplete discharges were reduced and improvements have been sustained. There is now a reduced lead time within track and triage, and participants stated that being involved in the work had given them a better understanding of each other's roles and of the complex discharge pathways.

Learning from the project has been shared with partners in Staffordshire and Stoke-on-Trent and also with neighbouring systems.



Our [Quality Impact Assessment \(QIA\) Policy](#) outlines how we will consider all likely effects of decision making in relation to the quality of service and the principles for system partnership working.

This collaborative approach supported the QIAs underpinning the decision-making business case for **Inpatient services for adults and older adults experiencing severe mental illness or dementia living in south east Staffordshire.**

## Environmental matters

### Delivering a Net Zero NHS

Our vision is to achieve net zero healthcare within Staffordshire and Stoke-on-Trent ICS, in line with [Delivering a Net Zero NHS](#) – which is now issued as statutory guidance.

#### This sets out two targets:

- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, and aim to reach an 80% reduction by 2028–32
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, and aim to reach an 80% reduction by 2036–39.

In 2023/24, the ICS developed a strategic Delivery Plan which looks at our overall system arrangements, including our governance and leadership.

The ICS Green Delivery Plan provides a framework to embed social value and sustainability principles and priorities, so that they become a part of the day-to-day activities carried out across the ICS, and enable the ICS to meet its overarching Green Plan objectives.

The ICS Green Delivery Plan is themed and aligned to the nine areas of focus as set out in the Greener NHS programme, to ensure a clear emphasis on social value and reducing health inequalities. These are detailed on the following pages.

The ICS has been assessed by the regional Green team as a ‘maturing system’ against the system maturity matrix self-assessment. Areas where we need to focus are aligned to our ICS Delivery Plan, and working groups are in place to progress our priorities. The groups are made up of system partners (ICB, NHS providers, local authorities, and VCFSE organisations) who will work together to plan and deliver objectives and monitor benefits and impacts.

Building on progress over the last year, we are now looking to focus on the following areas aligned to the national guidance.





## Nine areas of focus

We want to develop greener health and social care systems, which deliver high-quality services and improve the health and wellbeing of the population, by addressing the nine areas of focus set out in the national guidance listed below.

### 1. Workforce and system leadership

Building awareness of our Net Zero targets and obligations through education and training of our workforce, and broadening involvement to include VCFSE partners.

#### Carbon Literacy training

Carbon Literacy is an awareness of the carbon costs and impacts of everyday activities and the ability and motivation to reduce emissions, on an individual, community and organisational basis.

Carbon Literacy enables everyone to identify how they can reduce their workplace emissions. The NHS contributes 4% of the country's greenhouse gas emissions and can pioneer a shift towards sustainable, net zero healthcare provision.

This transition can have a positive ripple effect on society and the economy by fostering a low-carbon culture – by implementing innovative carbon reduction strategies, promoting public health interventions, encouraging active travel, advocating for healthier lifestyles, and improving environmental conditions.

Within the ICB we currently have nine accredited carbon literate staff. Five people in primary care have undergone Carbon Literacy training (accreditation pending).

A module on 'Building a Net Zero NHS' has been added to mandatory training for ICB staff, going live from 1 April 2024.

We have added a route to Carbon Literacy accreditation to the ICB training prospectus for the coming year.

### 2. Sustainable models of care

Developing a plan to support all staff within primary care with sustainability and looking to adopt and embed the Green ED framework.

### 3. Digital transformation

We are beginning to quantify the carbon impact of remote monitoring schemes – starting with Virtual Wards.

### 4. Travel and transport

We are reviewing the national Net Zero Travel and Transport Strategy and developing an ICS action plan.

This will include the coordination of system-wide travel surveys and target setting on low emission vehicle (LEV), ultra-low emission vehicle (ULEV) and zero emission vehicle (ZEV) targets.

### 5. Estates and facilities

Progress heat decarbonisation planning and assess future readiness for low carbon heating within the system. Having baselined the existing infrastructure and opportunity to install solar panels across our estate, we will be developing an Implementation Plan to expand this.

### 6. Medicines

We are continuing our work to reduce nitrous oxide emissions and emissions from inhalers against our 2019/20 baseline.



### Inhaler emissions

The ICS has agreed a target to reduce emissions from inhalers by 22% in 2023/24 against a 2019/20 baseline, by rolling out the principles of high-quality low-carbon respiratory care.

Work is underway with PCNs to review patients with high usage of Short-Acting Beta Agonist (SABA), targeting reduction with a number of strategies including:

- additional training from a consultant nurse
- review of prescribing guidelines
- encouraging the return of inhalers for appropriate disposal/recycling
- encouraging the use of dry powder inhalers (DPI) with dose-counters and other lower carbon alternatives over metered dose inhalers (MDI) using integrated prescribing support software.

The overall carbon equivalent emissions (tCO<sub>2</sub>e) baseline for 2019/20 was 24,901 tCO<sub>2</sub>e according to the Greener NHS Dashboard. The latest available data we have is for April to November 2023, and shows a figure of 12,015 tCO<sub>2</sub>e. The April to November 2019 figure was 15,946 tCO<sub>2</sub>e for total emissions.

This means we are currently 3,931 tCO<sub>2</sub>e lower than our 2019/20 baseline at present – a 24.65% reduction, so we are on course to exceed our headline target.

### Emissions (tCO<sub>2</sub>e) from inhalers supplied

Year	2019/20	2023/24
April	1,886	1,430
May	2,036	1,545
June	1,900	1,580
July	1,974	1,464
August	2,048	1,470
September	1,966	1,459
October	2,102	1,530
November	2,034	1,537
<b>Year to date</b>	<b>15,946</b>	<b>12,015</b>

**2023/24 versus 2019/20:  
-3,931 (-24.65%)**

### 7. Supply chain and procurement

All new procurements will conform to Procurement Policy Note (PPN) 06/21 requirements and require carbon reduction plans. We will look to embed sustainability impact assessments.

### 8. Food and nutrition

We will meet or exceed targets outlined in the ICS Green Plan.

### 9. Adaptation

We will produce an Adaptation Plan including an assessment of risks, identification of impacts, and identification of adaptation solutions for adjusting our systems and infrastructure so we can continue to operate effectively in response to climate change.



## Dashboard

Our system Green Plan dashboard, aligned to the nine areas of focus, allows regular reporting and oversight of progress.

### Medicines (2023/24 baseline)

Measure		YTD	Target	2019/20	ICB	MPFT	NSCHT	UHNM	ICS
Reduce proportion of desflurane to all volatile gases used in surgery*	R	Mar	2% or less by volume	11.17%	n/a	n/a	n/a	1.93%	1.93%
Reduce emissions from nitrous oxide and mixed nitrous oxide products	R	Mar	by 16% on 19/20	2,629	n/a	48	n/a	2,013	2,062
Reduce overall emissions from inhalers	R	Mar	by 22% on 19/20	24,901	17,943	n/a	n/a	n/a	17,943
Supporting the prescription of non-salbutamol DPI or SMI when clinically appropriate for patients aged 12 or over	R	Mar	46.44% of all non-SABA are DPI/ SMI	42.46%	38.97%	n/a	n/a	n/a	38.97%
Supporting the prescription of lower carbon salbutamol inhalers (lower carbon MDIs or DPIs)	R	Mar	15.5 kg CO <sub>2</sub> e (avg. per SABA)	25	16.9	n/a	n/a	n/a	16.9

Continue to support good disease management through the regular prescribing of ICS inhalers and reduction in SABA overreliance, inhaler technique checks and adherence.\* As of August 2023, UHNM ceased using Desflurane, having used up all existing stocks over April to July.

### Estates and facilities (2023/24 baseline)

Measure			Target	Baseline	ICB	MPFT	NSCHT	UHNM	ICS
Align with NHS NZ Building Standard, and NHS Estates NZ Carbon Delivery plan	R								
Readiness assessment for low carbon heating systems	R								
Exploit all funding opportunities supporting estates decarbonisation, including:*	R								
100% of electricity from renewable sources		Q4 23-24	100%		Yes	Yes	Yes	Yes	100%

\* Public Sector Decarbonisation Scheme (PSDS), Low Carbon Skills Fund (LCSF), the Green Heat Network Fund, the Boiler Upgrade Scheme (BUS) and other locally-identified funds.

R=Regional priority



Digital (2023/24 baseline)

Measure		YTD	Target	Baseline	ICB	MPFT	NSCHT	UHNM	ICS
Virtual contacts (%) - General Practice		Mar			25%	n/a	n/a	n/a	25%
Virtual contacts (%) - Community Health		Mar			n/a	27%	n/a	n/a	27%
Virtual contacts (%) - Mental Health		Mar			n/a	39%	42%	n/a	41%
Virtual contacts (%) - Outpatients		Mar			n/a	20%	17%	17%	16%

Percentage of consultations/ care contacts (excluding emails, texts, message board, missing, unknown, other) that are non face to face (telephone, video, instant messaging, chat room). Community and Mental Health services published datasets are only available for MPFT as a whole.

Travel and transport (2023/24 baseline)

Measure			Target	Baseline	ICB	MPFT	NSCHT	UHNM	ICS
Staff travel survey within the last 24 months	R	Q4 23-24	100%		No	Yes	Yes	Yes	75%
Deliver at least one SMART sustainable travel objective, in collaboration with LA's	R		1						
Owned and leased fleet is made up of at least 90% Low Emission Vehicles	R		90%						
Proportion of the fleet - Ultra-Low Emissions (ULEV) and Zero Emission Vehicles (ZEV)	R		11%						
3 or more of the following schemes/interventions in place to support modal shift*	R	Q4 23-24	100%		n/a	Yes	Yes	Yes	100%

\* Salary sacrifice cycle-to-work, discounted public transport, buses between 2 plus sites, P&R, cycle training, 3rd party car club, sustainable travel options inc. within staff induction, staff webpage promoting sustainable travel options, only ULEV/ZEV available for salary sacrifice.

Food and nutrition (2023/24 baseline)

Measure			Target	Baseline	ICB	MPFT	NSCHT	UHNM	ICS
Volume of food waste monitored		Q4 23-24	100%		n/a	Yes	Yes	Yes	100%
A digital meal ordering system in place		Q4 23-24	100%		n/a	Yes	No	Yes	67%
Healthier/ lower carbon meal options available		Q4 23-24	100%		n/a	Yes	Yes	Yes	100%

R=Regional priority



Net zero (NZ) clinical transformation (2023/24 baseline)

Measure			Target	Baseline	ICB	MPFT	NSCHT	UHNM	ICS
Measure carbon impact of virtual wards	R								

\* System to choose at least one of the following workstreams: develop a detailed plan for each system to support all staff in Primary Care, Embed the GreenED framework, Measure the carbon impact of Virtual Wards, Agree appropriate Net Zero Carbon Toolkit (NZCT) deliverables.

Procurement and supply chain (2023/24 baseline)

Measure			Target	Baseline	ICB	MPFT	NSCHT	UHNM	ICS
New NHS procurements where relevant & proportional inc. a min. 10% NZ and SV weighting	R	Mar	100%		71%	100%		29%	79%
New procurements > £5 M per annum inc. the CRP requirement aligning with PPN 06/21	R	Q4 23-24	100%		n/a	n/a	n/a	No	0%
Be ready for implementation of the 2024 NZ Supplier Roadmap requirements	R								
Walking aid reuse scheme in operation	R	Q4 23-24			n/a	Yes	n/a	Yes	100%

NZ = Net Zero; SV = Social Value; CRP = Carbon Reduction Plan

Workforce and leadership (2023/24 baseline)

Measure			Target	Baseline	ICB	MPFT	NSCHT	UHNM	ICS
Each system to cascade communications about training and events/ attend as appropriate	R	Q4	Yes		Yes	Yes	Yes	Yes	100%
Each system to identify 3 members of senior leadership in each org. for region to focus on training	R								
Carbon literacy training (certified candidates)		Mar			9	32	15	12	68
Green champions		Mar			13	124	30	300	467
Every Trust to ensure a board member is responsible for their NZ targets and their Green Plan		Q4	Yes		Yes	Yes	Yes	Yes	100%

Adaptation (2023/24 baseline)

Measure			Target	Baseline	ICB	MPFT	NSCHT	UHNM	ICS
Nominated lead accountable for adaptation planning and management		Q4 23-24	Yes		Yes	Yes	Yes	No	75%
Long term climate change adaptation plan		Q4 23-24	Yes		No	Yes	No	No	25%

R=Regional priority



**We are currently building a network of Green Champions**

They will lead by example in adopting sustainable habits, share ideas for improving sustainability, and help put those ideas into practice.





## Patient experience

The System Quality Group receives a quarterly Patient Experience Report, as well as an Annual Patient Experience Report, which includes an overview of the key themes and trends in patient feedback. These reports also include an overview of actions taken by providers in response to patient and public complaints, MPs' letters, Patient Advice and Liaison (PALS) contacts and those complaints received directly by the ICB.

### Annual complaints analysis

All patients who are unhappy about a service that is funded, or provided, by the NHS have a right to make a complaint. The ICB actively encourages patients and their families to complain when they are not satisfied and where they feel something has gone wrong in relation to the service, care or treatment they receive.

Residents within Staffordshire and Stoke-on-Trent ICB area access a range of services including local hospitals, health centres and services in their own homes, and can choose who they make their complaint to. People can complain directly to the provider of their care, or to the commissioner, in this case the ICB.

From 1 July 2023, NHS England delegated responsibility to ICBs to deal with complaints and PALS enquiries relating to primary care services. This includes GPs, pharmacies, ophthalmic services and dental services. Formal complaints relating to these services can follow the same process, in that patients can direct their complaint to the provider or the commissioner.

Where patients choose the commissioner, all formal complaints are handled by the West Midlands Regional Complaints Hub, who will liaise with the patient, arrange for an investigation to take place and ultimately provide the ICB with a response which will be reviewed and signed off by the Chief Executive Officer before being returned to the Regional Hub for sharing with the patient.

This change of process has seen a dramatic increase in the number of contacts received by the ICB since implementation on 1 July 2023, as is evidenced in the activity tables below.

Number of contacts received 2023/24

Type of contact	Q1	Q2	Q3	Q4	Total
Complaints	44	152	184	212	<b>592</b>
MP letters	45	56	30	47	<b>178</b>
Compliments	-	1	1	5	<b>7</b>
PALS	288	465	585	505	<b>1,843</b>
<b>Total</b>	<b>377</b>	<b>674</b>	<b>800</b>	<b>769</b>	<b>2,620</b>



## Themes and trends

The services with the highest amount of feedback during this year are detailed below:

### General practice (872)

Issues raised related to difficulty accessing services and appointments, problems accessing medication, general care and treatment provided, and the attitude of staff. There were also some specific issues regarding particular practices due to closure, which required letters to be sent to all patients – which generated a number of enquiries.

### University Hospitals of North Midlands (362)

Complaints regarding this service relate to all aspects of secondary care, as well as A&E and outpatient treatment. Issues relate

to waiting times for appointments and/or treatment, concerns regarding the general standard of care provided and clinical care and treatment given.

### Dentists (169)

The majority of issues involved patients having difficulty finding a local NHS dentist, with this subject making up the majority of enquiries. Concerns were also raised about dental care and treatment as well as patients being removed from the practice list without notice or perceived just cause.

### Complaint outcomes

The following table shows the outcome of complaints closed during the year 2023/24. This is for cases closed, as opposed to cases received, during this reporting period.

Number of complaints received 2023/24

Type of contact	Q1	Q2	Q3	Q4	Total
Already investigated elsewhere	3	5	7	10	25
Not upheld	8	12	17	9	46
Partially upheld	5	18	8	9	40
Upheld	3	6	3	7	19
Passed to provider	1	31	39	21	92
Passed to regional Complaints team	-	22	28	27	77
Information provided	1	7	9	6	23
No consent	1	5	7	3	16
No further contact from enquirer	3	2	8	21	34
Withdrawn	-	4	4	3	11
NHS England legacy complaint	-	9	11	30	50
Out of scope	-	1	2	2	5
No further action/unable to proceed	-	14	22	13	49
Out of area	-	-	1	-	1
Resolved informally	-	-	3	1	4
<b>Total</b>	<b>25</b>	<b>136</b>	<b>169</b>	<b>162</b>	<b>492</b>



## Lessons learned from complaints and PALS

Complaints are viewed positively by the ICB, as they provide us with the opportunity to continually review and improve services and processes to ensure we meet the needs of our population. Complaint responses tell the patient (or their representative) about changes or improvements that have been made and lessons learned as a direct outcome of the concerns being raised.

## Parliamentary and Health Service Ombudsman

Where a complainant remains dissatisfied following the ICB's attempts to resolve the issues raised, the second stage of the NHS Complaints Regulations enables people to refer their complaint for independent review by the Parliamentary and Health Service Ombudsman (PHSO).

The PHSO will contact the ICB initially to request a copy of the complaint and the final response. Where this meets their criteria for consideration, the complaint file will be shared and an initial review undertaken before the PHSO decides whether to complete an investigation. Where this is the case, all relevant clinical/medical records and information pertinent to the complaint are shared. On completion, the PHSO will declare whether the complaint is upheld, in which case they will make recommendations to be completed to conclude the case.

## Patient stories

- Following a complaint about inability to obtain appointments at a local GP practice, the new practice manager had recognised the need to change the appointment system. **From January 2024, an increased number of 'on the day' appointment slots were created for patients requiring a same-day appointment.**
- A patient attended for a scan appointment, but the sonographer was not present. The investigation found that the sonographer was unwell, but the absence reporting procedure had not been followed. **The process was amended and the updated process shared with staff to ensure they could follow it in future and make appropriate arrangements. An additional phone number was provided to enable staff to make contact outside of normal working hours.**
- An audiology patient raised concern following an appointment with the service after it was identified that he had a perforated eardrum. **The audiology provider reviewed the process for managing patients with perforations, and changed it to ensure that GP referrals for patients with perforations were not accepted.**



## Engaging people and communities

### Strategic transformation and service change programmes

#### Meeting our statutory duty to involve the public

Our [Working with People and Communities Strategy](#) supports the ICB to deliver its statutory duty to involve people and communities in the planning, development and delivery of NHS services. This includes the 2022 statutory guidance for working with people and communities, which supports effective partnership working to improve services and meet the public involvement legal duties.

To fulfil the public involvement duty, ICBs must 'make arrangements' to ensure that people to whom services are being or may be provided and their carers or representatives are involved when commissioning services for NHS patients.

This duty is outlined in section 14Z45 of the NHS Act 2006 (amended by the Health and Care Act 2022) and the arrangements must provide for the public to be involved in:

- the planning of services
- the development and consideration of proposals for changes which, if implemented, would have an impact on the manner or range of services
- decisions which, when implemented, would have such an impact.

In demonstrating how we have discharged our duty to involve the public, it is appropriate to recognise that the legislation covers engagement with the public through to a full public consultation. We also have a specific duty to comply with the 2018 NHS England guidance 'Planning, assuring and delivering service change for patients' (PADS), which:

- Provides a clear path for commissioners and providers to follow from inception to

implementation, including effective public involvement

- Sets out how new proposals for change are tested through independent review and assurance by NHS England, considering the framework of Procurement, Patient Choice and Competition Regulations
- Includes key considerations for commissioners and their partners in designing service change including reconfiguration.

Since January 2024, we are required to notify the Secretary of State of 'notifiable reconfigurations' or proposed changes that would trigger a formal consultation. Anyone concerned about the adequacy of the process that has been undertaken, or who feels that a decision has not been made in the best interest of the health service in the area, can ask the Secretary of State to intervene if they can demonstrate they have first tried to resolve their concerns locally.

#### How we have discharged our duty in relation to public involvement

##### Assisted conception services

In December 2023, the ICB Board approved a recommendation to implement a draft interim aligned assisted conception policy across Staffordshire and Stoke-on-Trent. The decision was made following a robust process, which assured the Board that all statutory duties had been met, including the requirement for involvement with relevant stakeholders.

[Patient and public involvement](#) to support the development of long-term proposals for assisted conception services was initially launched in January 2020, as part of a Clinical Policy Alignment programme, which aimed to harmonise the eligibility criteria for five clinical areas across Staffordshire and Stoke-on-Trent.



The Women's Health Strategy (WHS) was released while we were developing the proposals for assisted conception services. The WHS indicated that a review of fertility provision across the UK will be undertaken, and there is an expectation that revised NICE guidance will be published in November 2024.

Taking the WHS into account, the ICB Board agreed to separate assisted conception from the wider clinical policy alignment programme and pause further work on the long-term proposals until further guidance is released. The ICB Board also approved a recommendation to develop an interim aligned assisted conception policy while we wait for further directives following the national review. An aligned policy was needed because the ICB was working to three different assisted conception policies dependent on where patients lived.

Following approval of the recommendation, the project team worked with clinicians to review the current policies and developed a draft interim aligned policy for assisted conception services. Patient and public views were sought through an involvement exercise that was in line with the ICB's duty to involve and built on the earlier involvement between 2020 and 2022.

As part of the involvement, key groups with protected characteristics were identified and proactively targeted. They were asked to comment on whether there was anything that hadn't already been taken into consideration from previous involvement and whether they could suggest mitigations for any issues they foresaw with the draft interim aligned policy. The [report of findings](#) was considered during a technical event in May 2023 where the group was also asked to consider whether any further involvement activity was required.

A series of working groups and technical events were convened in June and July 2023 to review and refine the policy proposals, taking into consideration the recommendations from the clinical prioritisation process, the recommendations from the previous options appraisal process and the feedback received through the involvement. This work was within the agreed scope of aligning criteria that differed within the existing policies and not implementing new criteria. An equality impact assessment was completed, which recognised the positive impact of aligning criteria and eliminating variation across Staffordshire and Stoke-on-Trent.

The assessment noted the need for further review in some areas but recognised that the scope of the work was to align criteria that differed, and a review of the entire policy would be undertaken when the updated NICE guidance is received, and any national directives are issued.

### **Inpatient mental health services**

In December, the ICB decided on a long-term solution for inpatient mental health services previously provided at the George Bryan Centre in Tamworth. Patients had been moved to St George's Hospital in Stafford as a temporary solution following a fire which destroyed the West Wing in 2019, and the decision to make the temporary change permanent, supported by an enhanced community service offer, was made following a consultation with local patients, carers, staff, interested groups and partners.

Building on previous involvement activity undertaken in 2019 and then again in 2021, following a pause in the programme due to COVID-19, a pre-consultation business case was considered in January 2023 and the ICB Board decided to proceed to a six-week public consultation.



The [formal consultation](#) ran from 9 February to 23 March 2023 and was planned and delivered in line with national guidance, good practice and the statutory 'Duty to Involve', underpinned by the Gunning principles.

Throughout the consultation we worked closely with the Staffordshire County Council Health and Care Overview and Scrutiny Committee (OSC), which has membership from each of the county's borough and district councils, including elected members who have direct experience of health services. Although the committee did not deem this proposal substantial service change, and therefore did not want to be directly consulted, it was made clear that committee members could contribute to the consultation on an individual basis.

### **Tackling system priorities and service reconfiguration in partnership with people and communities**

To ensure the consultation enabled a robust dialogue with an extensive range of stakeholders, we commissioned Support Staffordshire to work alongside the ICB, MPFT and NHS Midlands and Lancashire Commissioning Support Unit (ML) to undertake surveys, drop-in sessions and face-to-face meetings.

A midpoint review identified communities that were underrepresented or had not been reached to comment on the proposal and, to address these gaps, Support Staffordshire targeted specific groups, such as people experiencing homelessness, asylum seekers and refugees, and people identifying as lesbian, gay, bisexual, transgender, queer/questioning and other (LGBTQ+).

We then commissioned ML, on behalf of MPFT, to coordinate the independent

analysis of the feedback and produce a full and a summary [report of findings](#).

One of the main concerns identified from the feedback received was in relation to travel and transport and the effect the proposed change would have on the ability of patients and their family or carers to travel to a more distant site. There were also concerns about family or carers without their own transport wanting to visit at times when public transport may not be available and the negative impact on patients if they did not have visitors because of these difficulties.

In response to the feedback, MPFT amended the Standard Operating Procedure (SOP) they had developed to help those affected by the proposal to include support with travelling costs for a time-limited period. MPFT also offered additional support in relation to visiting, such as being flexible about visiting times to make it easier for those who use public transport and supporting 'virtual visiting' by making sure patients and visitors had access to devices like tablets so that families could stay in touch through video calls. It was agreed that this support would be monitored, to assess the true impact of the additional travel for this small cohort, and to enable MPFT to develop further mitigations, as necessary.

### **How we assure ourselves we are meeting our legal duty**

Assurance about how we are meeting our legal duties to involve people and communities, including carers and representatives of people receiving a service, is provided to the ICB Board through relevant committees, including the Quality and Safety Committee, and also monitored by the [People and Communities Assembly](#), which acts as an advisory board to the ICB. Chaired by our Non-Executive Chair, the Assembly holds us to account for our statutory duty to engage.



It also ensures we meet the requirements of the Public Sector Equality Duty to eliminate discrimination, advance equality of opportunity and foster good relations between different people.

We have a robust, regular schedule of internal meetings to monitor and measure the discharge of our duties, and we regularly attend external meetings facilitated by ICS partners (for example county, city, and district and borough councils) to demonstrate our compliance with our duties. External oversight, monitoring and management are achieved through frequent and planned meetings and discussions with NHS England partners.

### Involving people and communities at every stage and feeding back to them about how this has influenced activities and decisions

Involvement plans are developed, reviewed, and updated throughout programmes of work to ensure that those affected, or likely to be affected, and those with an interest in the service under discussion, have been supported to join in the involvement activity.

In planning and preparing for involvement activity, the ICB carries out extensive stakeholder mapping to understand who stakeholders are, if and to what extent they would be impacted by any change to service provision, and any barriers which may exist to their participation in involvement activity.

The ICB has a transparent process to document how involvement activity has informed decision making and the decision-making rationale. This includes updates and reports to internal and public-facing meetings facilitated by both the ICB and local partners such as the county council, or district and borough councils.

Documentation of involvement activity includes:

- Reports of findings developed and reviewed internally as part of the decision-making process
- Presentation and consideration of the reports at public meetings of the ICB Board
- Discussion about the reports during public board meetings, which are live streamed so the public can see how feedback has been given conscientious consideration, including receiving questions from Board members and members of the public
- Publication of the reports of findings on our website, promoted through stakeholder updates and briefings, and media releases.

### Ensuring people and communities have an active role in decision making and governance

#### Making information accessible

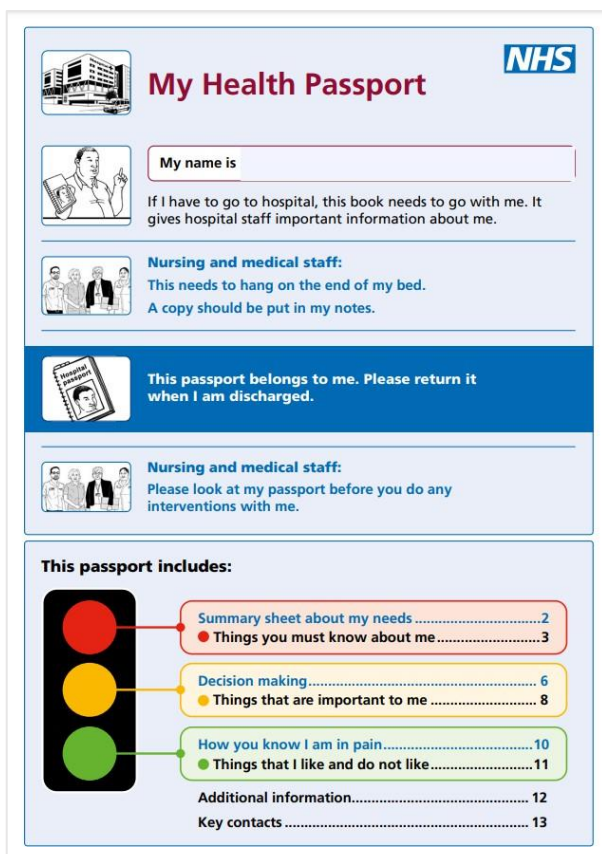
It is important that information about ICB plans is easy to understand and produced in accessible formats such as easy read or translated into other languages.



Summary versions of lengthy documents, such as our [Joint Forward Plan](#), make it easier for the public to digest often complex information. This is also the case with videos and animations, which we used during our consultation on [inpatient mental health services](#).



The same principles can be applied for public information so that it is clear and easy to understand, for example, taking steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. Our [‘Guide to local health and care services’](#) was translated into 14 different languages on the basis of feedback from the teams supporting asylum seekers and refugees in different parts of the county.



Our [Health Passport](#), which was developed to support people living with a learning disability and/or autism, tells staff about a person’s needs such as medication, personal details and how they would like to communicate. We have a dedicated section on our website (see the link above) with useful resources such as an animation to explain why the Health Passport is important and easy read versions that can be shared by staff, family members or carers.

### Community engagement to shape our Joint Forward Plan

The ambitions and priorities set out in our Joint Forward Plan (JFP) were informed by understanding the needs of our population through a combination of existing information, such as Joint Strategic Needs Assessments, and engagement with residents and communities.

Intelligence from partners across the system gave us a solid foundation, but we knew that conversations needed to continue if we are to achieve our collective vision of making Staffordshire and Stoke-on-Trent the healthiest places to live and work.

### Learning from what works and building on the assets of all health and care partners – networks, relationships and activity in local places

Our approach to working with people and communities around the JFP was to support further development of the plan as it evolved and to have more bespoke discussions around the priorities for each of the portfolio areas. Both aspects included opportunities to carry out broader engagement but also the need for a more targeted approach, tailored to meet the needs of a particular community or demographic.

Following the publication of our JFP, we sought further feedback on the priorities that had been identified by each of the portfolios. This was done through an online survey that was promoted through the People and Communities Assembly, the VCSE Alliance (voluntary, community and social enterprise) and our community stakeholder database.



The survey was promoted on digital channels such as the websites and social media. Feedback from the survey was shared with each portfolio to review and reflect on in their individual plans. We have also undertaken bespoke engagement, including working with people with learning disabilities and autism, carers and patient representatives and those living with long-term conditions.

Targeted engagement has helped to shape a system-wide [Small Changes campaign](#), which aims to highlight the reasonable adjustments that services or communities could make to support people with learning disabilities and autism to live healthier, more independent lives. Initially focusing on healthcare, people with lived experience provided us with practical examples of small changes that would help them, such as longer appointment times and clearer communication, and these were developed into campaign assets that could be shared with professionals. We also identified autism champions, already making small changes in their services, and invited staff to make pledges about the reasonable adjustments they could make within their own areas of work. Turn to page 50 for a case study about Small Changes.

This year we worked with Staffordshire County Council to engage with adult and young carers to develop a joint, all-age Carers' Strategy for the county. Through face-to-face focus groups, a survey and attendance at community groups supporting carers, priorities were developed including the need for better identification of carers, improved information, advice and guidance, and supporting carers to feel recognised and valued for the work they do. We worked with Staffordshire Together for Carers to target young carers specifically, building on the trusted relationships they have already established, and are continuing to work

with carers to co-produce a more detailed action plan that will support delivery of the strategies, in both Staffordshire and Stoke-on-Trent, and to identify the areas that would make the biggest difference to carers and their families.

The ICB's draft Long-Term Conditions Strategy has been developed through involvement activity with people living with long-term conditions, their carers or relatives and friends, NHS staff and other professionals who support them. Engagement activity involved an online survey, which was launched on 18 December 2023 and closed on 21 February 2024. This was also supported by two online events to allow clinical and medical leads from the End of life, Long-term conditions and Frailty portfolio to hear from people living with long-term conditions and professionals supporting those people about their views and experiences.

These events took place in January 2024. A total of 196 people responded to the online survey about long-term conditions, and a total of 30 people attended the three workshops. Some people completed the survey and attended one or more workshop events to participate in the discussion.

### **Developing a community approach to improving health and wellbeing outcomes**

If we are to effectively improve the health and wellbeing of our residents, we need to look beyond health and care services to understand the barriers and opportunities to live a healthier life. We know that access to healthcare services only accounts for around 20% of health outcomes across Staffordshire and Stoke-on-Trent. The other 80% are influenced by other factors, such as education, housing, and the choices we make.



We recognise that there can be significant variation in the needs of the population, and also that the way that wider determinants affect people is likely to differ according to where they live. As a result, we are shifting to a more tailored and targeted approach to improving health and wellbeing outcomes, that is sensitive to the diverse populations we serve, including our approach to working with people and communities.

Working at a more local level allows us to focus on smaller populations and provides greater flexibility to find tailored solutions to challenges in partnership with the local authorities, the VCFSE sector and the communities themselves. It enables us to work with what is already known by partner organisations, including issues related to the wider determinants of health, and to build on existing networks and relationships to reach out to people where they are, listening to what matters to them.

### **Understanding your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working**

To develop a more tailored approach to improving health and wellbeing outcomes, we are building an infrastructure around the eight districts and boroughs across Staffordshire and the four localities in Stoke-on-Trent. Within each area, we will co-design a unique set of priorities based on the health and social care needs of the community – using population health management data as well as local intelligence about the experiences and aspirations of people who use (and do not use) health and care services.

Intelligence will be shared with other programmes of work such as provider collaboratives and the ICB portfolios and enabling functions, as well as with local

authorities to shape their Prevention and Community Strategy agendas. We will maintain a strong focus on prevention and supporting people to gain control of their own health and wellbeing and have clear approaches to using this information and insight to inform decision making and quality governance.

Working with people and communities in a smaller geographical area enables us to test our intelligence and to gain a more detailed understanding of the local opportunities for people to live a healthier life, and any barriers they face. It helps us to identify the priorities that matter to residents and to shift the relationship we have with communities to one where people are treated as active partners in the community, rather than as passive recipients of services.

We are developing a community engagement framework to support this new way of working, centred on listening to diverse communities and making good use of their knowledge, commitment and resources to improve access, experience and health outcomes. Using community-centred approaches, such as the approach of Core20PLUS5, we are identifying population groups that may be experiencing health inequalities and working with them to co-create community-centred solutions that address the barriers they face.

### **Using community-centred approaches that empower people and communities, making connections to what works already**

We have been working with key partners to develop the approach and infrastructure to support it, including aims and objectives, through existing meetings and governance structures and shared intelligence.



We have identified key community engagement stakeholders, across partner organisations and the VCFSE, to map engagement activities already being undertaken, to review data that has already been collected, and to identify opportunities for joint working.

To gain a better understanding of communities at a local level we have used existing data to create demographic profiles for each area, including communication and engagement requirements such as the language spoken locally and information about how people would like to be engaged. Using local intelligence, we have mapped existing and potential channels to communicate or engage with different demographics or communities, as well as identifying gaps, and are currently reviewing these with the ICB's People and Communities Assembly.

### **Reducing health inequalities**

Underpinning the work to take a more community-centred approach to improving health and wellbeing outcomes, is the development of our Inequalities Strategy. The focus of the strategy is to make sure communities, including patients, carers and the wider public, have the right building blocks in place to tackle inequalities, including the predeterminants of health and wellbeing.

A system-wide workshop was held to start engagement around developing the strategy, including partner organisations from across the ICS, representatives from the VCSE Alliance and community representatives.

There has been targeted engagement to develop the strategy further. We have identified resources to empower communities to act as equal partners and to support active participation from people who experience health inequalities and poorer health outcomes.

### **Building relationships based on trust, especially with marginalised groups and those affected by inequalities**

#### **People and Communities Assembly**

Our People and Communities Assembly acts as a critical friend and advises us on our approach to involvement and engagement, including targeted engagement with seldom heard communities.

The Assembly is not an engagement forum but works with the ICB to share insight and learning from communities about how they would like to be engaged, and advises on how communication can be adapted for often excluded groups, such as the deaf community.

It directs us to recognise the differing needs of the population and reminds us not to make assumptions about how best to involve people, but to ask them and to build on what is already there, using existing knowledge, relationships, experience, and local assets.

The Assembly is chaired by our Non-Executive Chair who is responsible for championing the public voice at Board level, as well as promoting our work on health inequalities, public engagement, and insight. It brings together a range of public and community representatives from across Staffordshire and Stoke-on-Trent as well as establishing links with community engagement leads within partner organisations and forums such as Healthwatch, VCSE Alliance forums and Community Champions.



## Having a range of ways for people and communities to take part in health and care services

### People's Panel

Our online [People's Panel](#) is one of the ICB's regular channels for communicating with the public. Established in 2019, the panel now has more than 1,500 members who represent our communities. The People's Panel is managed by a third-party organisation which promotes and recruits to the panel and seeks views from members about health and care services to support decision making on service change and design.

Over the last year, we have increased the People's Panel membership through a variety of methods, including:

- Paid-for Facebook adverts
- Promoting the panel using posters and leaflets in GP practices across Staffordshire and Stoke-on-Trent. Some GP surgeries are also advertising the panel via their own websites and social media channels. GPs are asked to share information with their Patient Participation Groups (PPGs)
- Advertising the panel at local supermarkets with a roller banner and leaflet campaign
- Attending fresher fairs at Keele and Stafford Universities to encourage sign up from a younger audience
- Recruiting at local hospitals using a roller banner, leaflet stand and a member of staff to promote the panel
- Scheduling a Royal Mail leaflet delivery campaign to approximately 7,000 homes in two local authority areas.

Enhancing our People's Panel remains integral to our Working with People and Communities Strategy. A separate strategy has been created to identify ways in which we can improve the panel and develop it as a system-wide tool for online engagement.

The strategy aims to support recruitment and retention of panellists, identify any demographic gaps and aid targeted recruitment to fill them.

This year we aim to enhance the People's Panel by developing a sub-group of Ambassadors who could meet as focus groups to discuss service areas in more detail. They could also support recruitment by sharing their own reasons for joining the Panel in promotional materials.

As part of our work plan for 2024/25, we will further develop our panel to allow involvement in a wider range of activities at both local and system levels, including:

- Developing a detailed plan for future surveys with partners (NHS, trusts, primary care, councils, VCFSE groups and Healthwatch) which align to the ICB's priorities
- Working with the newly recruited Ambassadors to understand what service areas members are more interested in, and using this to develop surveys and gather feedback
- Continuing to increase our membership through a variety of channels and increase uptake across seldom heard groups.

### Collaboratively working with the VCSE Alliance

Our Working with People and Communities Strategy recognises and values the benefits of a community-focused approach and building on existing relationships and best practice already being delivered by partners and communities.



To support this, we have established a strong and equal partnership with our local [VCSE Alliance](#), which is now fully up and running, supported by a Memorandum of Understanding.

Working with our VCSE Alliance gives the ICB a greater understanding of the different voluntary, community and social enterprise organisations in Staffordshire and Stoke-on-Trent and how the ICB and its partners can connect with them. It also raises awareness about the contributions that organisations and groups can make to improve the health and wellbeing of the population, and helps to ensure they are included in the co-production of solutions.

Links with the sector have been further strengthened this year with VCSE representatives now appointed to each of the ICB portfolio boards. Healthy Community forums in north, south and east Staffordshire are meeting regularly with good attendance and active engagement from a wide range of community and statutory partners.

The VCSE Alliance continues to support the ICB in proactively reaching out and involving seldom heard groups such as deprived communities, carers, children and young people, ethnic minority communities, people with disabilities and sensory impairments, homeless people and travelling communities.

We are continuing to commission Community Health Champions in Stoke-on-Trent to communicate important messages to targeted groups and to tailor communications and engagement more effectively with communities that are often not reached through traditional approaches. Funding has also been secured to strengthen the VCSE Alliance structure with a dedicated communications function from April 2024.

### **Case study: Community Health Champions**

Community Health Champions supported women from the Sudanese community to meet with health colleagues to discuss the importance of breast care, using an interpreter. Language and cultural factors were considered in planning the event, including the use of imagery that wouldn't compromise their customs around modesty.

The session was successful with positive feedback, so much so that a second awareness session was held focused on children's health and wellbeing. A third is also being planned to explore concerns around how to support children with special educational needs and disabilities (SEND) that were raised during the second session.

We have strengthened our partnership with Community Connectors in Staffordshire who take a place-based approach to supporting personalised care. The Let's Talk Staffordshire platform provides a direct communication channel to the connectors and a way to share key health messages that they can then deliver to the communities they are supporting.

Working closely with Staffordshire Council of Voluntary Youth Services (SCVYS) to strengthen our engagement with children and young people, this year we supported the development of a co-production charter that will set out our local approach to working with children, young people and families.



### Award win: Race Equality Code

Staffordshire and Stoke-on-Trent ICB is the first in the country to be awarded the Quality Mark by RSM, a leading provider of audit, tax and consulting services.

This Code, and its Accountability Framework, is designed to provide organisations from all sectors and of all sizes with the opportunity to address a very specific challenge – how to deal with race inequality in the boardroom and Senior Leadership Team.

It is not only a combination of current best practice and thinking around addressing the challenges organisations face in this area, but its unique drivers provide the refreshing, sometimes radical and uncomfortable solutions needed to create lasting and transformational change.



### Vaccinations

COVID-19 and flu vaccinations have continued to be delivered by general practice (via PCNs), community pharmacies and NHS trusts throughout 2023/24.

During the autumn, **371,329 seasonal flu doses** were administered in Staffordshire and Stoke-on-Trent. We were able to co-administer flu and COVID-19 vaccinations for the autumn campaign, which enabled people to get vaccinated for both at the same time.

The COVID-19 Targeted Vaccination team were also able to offer flu vaccinations at their clinics from late 2023 to improve the vaccination rates in low uptake cohorts. The success of this will lead to improved healthcare provision in planned clinics.

This has resulted in improved vaccination uptake rates for both primary courses and booster doses in the targeted communities. Dedicated clinics have been held for under-18s, and vaccinations have been provided in primary, secondary and special schools to improve vaccination rates in these groups.



**375,921 COVID-19 vaccinations** have been given this year by local vaccination sites for seasonal booster campaigns in spring and autumn – together with continued access to evergreen primary care doses. The Staffordshire and Stoke-on-Trent system has achieved above the national average for all cohorts for all phases of the COVID-19 vaccination programme – one of only three systems in the Midlands region to achieve this.

To address and prevent inequalities in vaccine uptake across demographic and geographic populations, a Targeted Vaccination team has worked to improve access to COVID-19 vaccinations.

Vaccination data is reviewed at the Vaccine Equalities Group to identify areas of focus based on ethnicity or geographical data, and targeted clinics have been arranged where need is greatest. The Targeted Vaccination team held clinics at a variety of locations including large employer sites, religious and community centres, homeless shelters, and community lounges to provide vaccinations close to communities.

### Asylum seekers

For asylum seekers living in Staffordshire and Stoke-on-Trent, the ICB has led on supporting all health requirements for these vulnerable people. Initial health checks have been undertaken for residents within contingency hotels prior to GP registration, and all subsequent health needs are managed equitably by the registered GP practice.

For those who are dispersed into other accommodation, services support all health needs and ongoing management of health issues. There is a continued focus to ensure that all vulnerable migrant individuals are identified on arrival and supported to ensure that their health needs are met in the short and longer term.

### Emergency Preparedness, Resilience and Response (EPRR)

The NHS is required to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care.

Legislation including 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.

Staffordshire and Stoke-on-Trent ICB are defined as Category 1 responders under the CCA 2004, and are required to discharge the relevant duties as set out in the Act. These duties, among others, are assessed within the NHS England core standards for EPRR annual assurance process. In 2023, the ICB were confirmed as being substantially compliant against these standards, with good plans in place to maintain substantial compliance and enhance resilience across Staffordshire and Stoke-on-Trent ICS going forwards.

For 2024, the self-assessment report will be submitted at the end of August 2024 and will be reported on in the 2024/25 Annual Report following a 'confirm and challenge' assessment with NHS England.

The EPRR focus areas across 2023/24 for the ICB were:

- to enhance EPRR risk assessment and management processes
- to establish robust business continuity management frameworks across the organisation
- continued training of our on-call teams.



Across the training and exercise domain, our training is aligned to the national occupational standards for EPRR – ensuring our teams remain in a strong position to respond to any incident. We have seen an excellent uptake in our training offer this year.

Sharing in the drive to identify areas for collaboration across the system, EPRR teams came together to share expertise, learning and collaboration opportunities at the start of 2024 to explore our joint EPRR priorities and build a system approach to our arrangements. Staffordshire and Stoke-on-Trent ICB remain an active partner in system and local resilience forum EPRR activities, leading the health input to multi-agency arrangements, working closely with partners to ensure robust and resilient arrangements are in place.

Industrial action across several unions representing NHS workers has been at the forefront of EPRR activity from November 2022 to present. The ICB have played a key role in the system’s delivery and coordination of ongoing industrial action response, with well tested system plans and arrangements in place to enable business continuity, service delivery, and patient safety during periods of action. During 2023/24, the system has responded to thirteen periods of action.

The ICB responded to numerous incidents of varying scale and nature this year – demonstrating the ability of the ICB and ICS to respond to incidents while delivering the ICB EPRR portfolio to a substantially compliant level. As ever, learning from incidents is key, and this process is embedded throughout EPRR structures to enable arrangements to be adapted, as necessary.





# Accountability Report

Peter Axon  
 Chief Executive Officer  
 Staffordshire and Stoke-on-Trent ICB  
 20 June 2024

The **Accountability Report** describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

- The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 April 2023 to 31 March 2024, including membership and organisation of our governance structures and how they supported the achievement of our objectives
- The **Remuneration and Staff Report** describes our remuneration policies for executive and non-executive directors (NEDs), including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies
- The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

In July 2022, Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) became a statutory organisation, taking the delegated responsibilities from the clinical commissioning groups (CCGs).

During the financial year 2023/24, the population's health has been at the forefront of all the ICB's commissioning decisions, ensuring high-quality services for its patients. We have continued to work to ensure that there were sufficient structures and processes in place for the ICB to operate.

Our role as an ICB is to help bring partners together to integrate our approach to improving health and care services for our local population. We have made positive strides towards this goal during the last year, with much more still to do.

With the development of the 2023/24 one-year Operational Plan, we have been able to set out our key priorities as a system and how we will measure our success.

Working with all our partners across the system, we can improve the lives of people living in Staffordshire and Stoke-on-Trent, now and in the future.





## Corporate Governance Report

The Corporate Governance Report explains the composition and organisation of the ICB's governance structures and how they support achievements.

### Scope of responsibility

As Chief Executive Officer, I have responsibility for maintaining a sound system of internal control that supports the policies, aims and objectives of Staffordshire and Stoke-on-Trent Integrated Care Board. I am also responsible for safeguarding the public funds and assets in accordance with the ICB's Constitution and regulations assigned to me.

I am responsible for ensuring that public money is spent prudently and in the best interest of the population of Staffordshire and Stoke-on-Trent.

### System of internal control

The system of internal control is designed to manage risk to a reasonable level, although the ICB recognises that not all risk can be eliminated. It also provides assurance to the Audit Committee that although risks cannot always be eliminated, they are being managed efficiently. The system of internal control is an ongoing process and aligns to the aims and objectives of the ICB.

### Capacity to handle risk

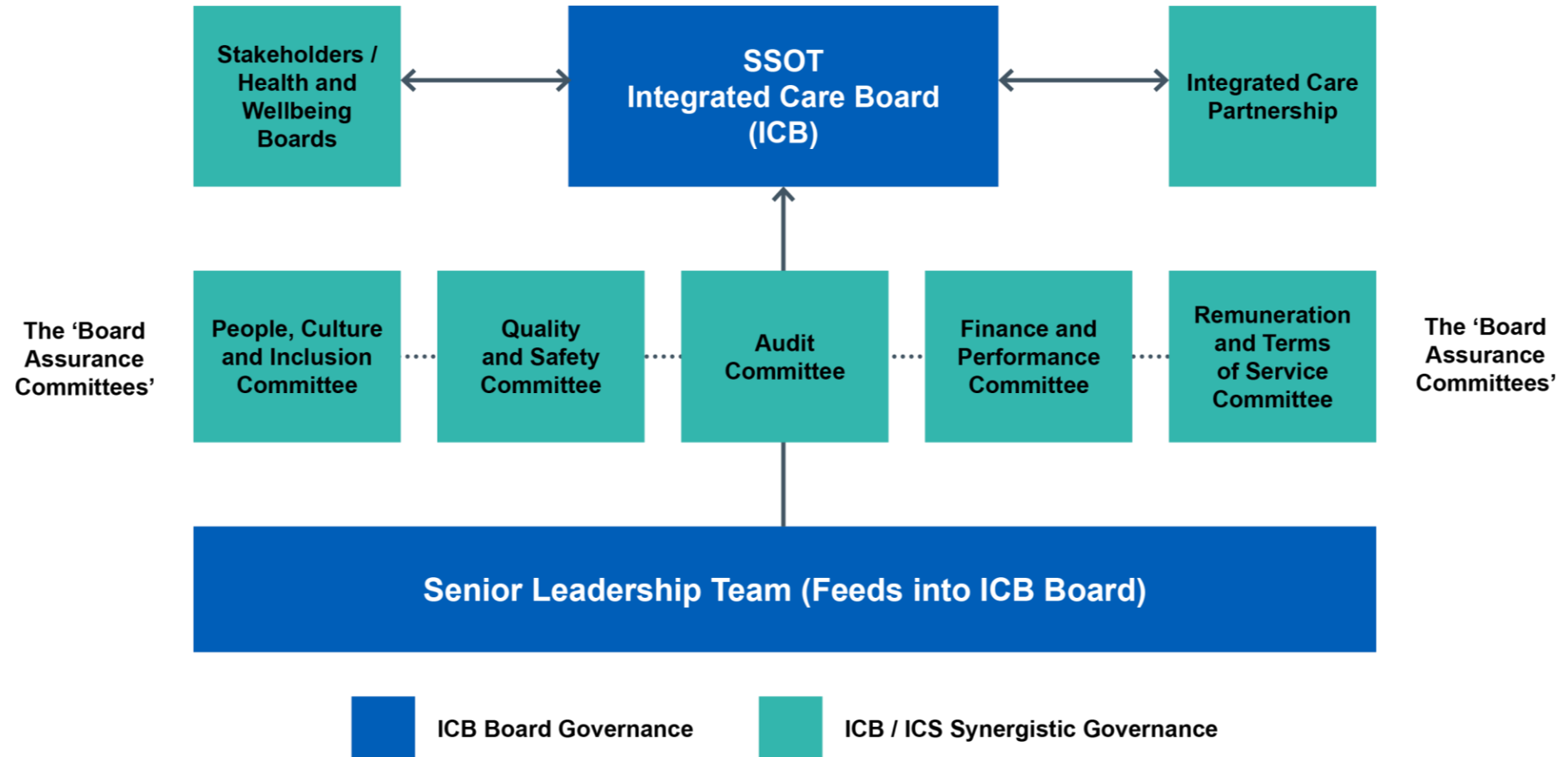
The Board has established the following governance arrangements for risk management:

- **Chief Executive:** The Accountable Officer takes Board-level responsibility for governance, including risk management, and has overall responsibility for maintaining an effective risk management system and for meeting all statutory requirements. Together with the Board members, they have responsibility for setting the organisation's strategic aims and objectives
- **ICB Board:** The Board and Chief Executive ensure that the risk management arrangements are implemented, monitored and reviewed, and meet all legal and regulatory requirements. The Board receives highlight reports from the Chair of the Audit Committee, Chair of the Finance and Performance Committee and Chair of the Quality and Safety Committee on the ICB's risk control measures
- **Audit Committee:** Monitors the effectiveness of the risk management arrangements (operational, non-clinical and financial) on behalf of the Board
- **Quality and Safety Committee:** A sub-committee of the Board. It has responsibility for managing, mitigating and monitoring risks in relation to quality and safety
- **Finance and Performance:** A key meeting for providing accountability on quality, operational performance, workforce and finance from the directorates. It ensures that quality and governance and financial and operational performance are effectively managed and controlled.



The ICB has set up five committees through which it delegates its function and responsibilities. They are shown in the diagram below.

ICB Committee structure for Board assurance





Our staff have been organised to work either on specific delivery portfolios or into directorates that provide underpinning support across the organisation.

 <b>Peter Axon</b> Chief Executive			
<b>1 Chair and 4 Non-Executive Directors</b>			
<b>Transformation</b>	<b>Nursing and Therapies</b>	<b>Delivery</b>	<b>Corporate Governance</b>
 <b>Chris Bird</b> Chief Transformation Officer	 <b>Heather Johnstone</b> Chief Nursing and Therapies Officer	 <b>Phil Smith</b> Chief Delivery Officer	 <b>Tracey Shewan</b> Director of Corporate Governance
<ul style="list-style-type: none"> <li>• End of Life, Long-Term Conditions and Frailty</li> <li>• Mental Health</li> <li>• Strategic Transformation</li> <li>• Integration (including Place)</li> <li>• Children and Young People</li> <li>• Personalised Healthcare Management</li> </ul>	<ul style="list-style-type: none"> <li>• Quality Assurance</li> <li>• Quality Improvement</li> <li>• Safeguarding</li> <li>• Professional Nursing and Therapies Leadership</li> <li>• Patient Safety</li> <li>• Serious Incidents</li> <li>• Infection Prevention Control</li> <li>• Maternity</li> <li>• Caldicott Guardian</li> <li>• Continuing Health Care</li> </ul>	<ul style="list-style-type: none"> <li>• Urgent and Emergency Care</li> <li>• Planned Care</li> <li>• Choice and Referral</li> <li>• Emergency Preparedness Resilience and Response</li> </ul>	<ul style="list-style-type: none"> <li>• Corporate Governance and Risk</li> <li>• Corporate services</li> <li>• ICB administration</li> <li>• Legal, Compliance and Data Protection</li> <li>• Special Projects</li> <li>• Communications and Involvement</li> <li>• Voluntary, Community and Social Enterprise</li> <li>• Freedom to Speak Up</li> <li>• Staff Engagement</li> <li>• Information Governance</li> </ul>
<b>Finance Planning and Intelligence</b>	<b>Medical and Professional Leadership</b>	<b>People Function</b>	<b>Digital</b>
 <b>Paul Brown</b> Chief Finance Officer	 <b>Dr Paul Edmondson-Jones MBE</b> Chief Medical Officer	 <b>Mish Irvine</b> Chief People Officer	 <b>Chris Ibell</b> Chief Digital Officer
<ul style="list-style-type: none"> <li>• Finance</li> <li>• Planning</li> <li>• Programme Management Office / Transformation Delivery Unit</li> <li>• Contracts and Procurements</li> <li>• Performance/Reporting Management</li> <li>• Senior Information Risk Owner</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical and Professional Leadership</li> <li>• Public Health Screening, Vaccinations, Immunisations</li> <li>• Primary Care</li> <li>• Medicines Management</li> <li>• Population Health Management</li> <li>• Prevention and Inequality</li> <li>• Research and Innovation</li> <li>• System Strategy</li> <li>• Clinical Priorities Advisory Group / Individual Funding Requests</li> </ul>	<ul style="list-style-type: none"> <li>• Human Resources</li> <li>• Organisational Development</li> <li>• Training and Development</li> <li>• Recruitment</li> <li>• Special Projects</li> <li>• Inclusion</li> <li>• Coaching</li> <li>• Delivery of System People Plan including:                             <ul style="list-style-type: none"> <li>• ICS People Function</li> <li>• System OD Plan/ Talent and Leadership/ Inclusion</li> <li>• ICS People Hub</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Digital Transformation</li> <li>• Solutions Architect</li> </ul>
<b>CSU support services:</b>			
<ul style="list-style-type: none"> <li>• Primary Care Digital</li> <li>• Data Quality Facilitation</li> <li>• Registration Authority</li> <li>• Funded Care</li> </ul>	<ul style="list-style-type: none"> <li>• Regional Capacity Management Team</li> <li>• Design/Media</li> <li>• Information Governance</li> <li>• Procurement</li> </ul>	<ul style="list-style-type: none"> <li>• Data Processing</li> <li>• Human Resource Support</li> <li>• Employment Services</li> <li>• Digital Leadership and Management Support</li> </ul>	<ul style="list-style-type: none"> <li>• Chief Technology Officer Support</li> <li>• Digital Transformation</li> </ul>



## Composition of Integrated Care Board

Name	Position	Date joining the committee*	Date leaving the committee*
Mr David Pearson	Non-Executive Director and Interim Chair		
Mrs Julie Houlder	Non-Executive Director		
Mrs Josephine Spencer	Non-Executive Director		
Mr Shokat Lal	Non-Executive Director		
Ms Megan Nurse	Non-Executive Director		
Mr Peter Axon	Chief Executive Officer		
Mrs Alex Brett	Chief People Officer		September 2023
Ms Mish Irvine	Chief People Officer (Interim)	October 2023	
Mr Chris Ibell	Chief Digital Officer		
Mrs Heather Johnstone	Interim Chief Nursing and Therapies Officer		
Mr Paul Brown	Chief Finance Officer		
Mrs Sally Young	Director of Corporate Governance		June 2023
Mrs Tracey Shewan	Director of Corporate Governance	June 2023	
Dr Paul Edmondson-Jones	Chief Medical Officer		
Mr Chris Bird	Interim Chief Transformation Officer		
Mr Phil Smith	Chief Delivery Officer		
Mr Jon Rouse	Stoke-on-Trent City Council, Partner Member		
Mr Jack Aw	Primary Care, Partner Member		
Mr Neil Carr	Physical Health MPFT, Partner Member		
Dr Buki Adeyemo	Mental Health NSCHT, Partner Member		
Dr Paddy Hannigan	Primary Care, Partner Member		
Mrs Tracey Bullock	UHNM, Partner Member		
Mr John Henderson	Staffordshire County Council, Partner Member		

\* Dates will only be included if there has been a change in-year.



## Membership of the Board Committees

### Audit Committee

Name	Position	Date joining the committee*	Date leaving the committee*
Mrs Julie Houlder	Non-Executive Director and Audit Committee Chair		
Ms Megan Nurse	Non-Executive Director and Audit Committee Vice Chair		
Mrs Josephine Spencer**	Non-Executive Director		

\* Dates will only be included if there has been a change in-year

\*\* While four Non-Executive Members of the Board will be members of the Audit Committee, the expectation is that the Chair of the Remuneration Committee and the Chair of the Quality and Safety Committee will not routinely attend the Audit Committee and will not be subject to the usual requirement to attend 70% of meetings.

### Remuneration Committee

Name	Position	Date joining the committee*	Date leaving the committee*
Mr Peter Axon	Chief Executive		
Ms Megan Nurse	Non-Executive Director		
Mrs Julie Houlder	Non-Executive Director		
Mr Shokat Lal	Non-Executive Director and Chair		
Mrs Josephine Spencer	Non-Executive Director		
Mrs Sally Young	Director of Corporate Governance		June 2023
Mrs Tracey Shewan	Director of Corporate Governance	June 2023	
Mrs Alex Brett	Non-Executive Director		September 2023
Ms Mish Irvine	Non-Executive Director	October 2023	

\* Dates will only be included if there has been a change in-year.



## Quality and Safety Committee

Name	Position	Date joining the committee*	Date leaving the committee*
Mrs Josephine Spencer	Non-Executive Director and Chair		
Ms Megan Nurse	Non-Executive Director and Vice-Chair		
Mrs Heather Johnstone	Chief Nursing and Therapies Officer		
Dr Steve Fawcett	Clinical Director		
Dr Rachel Gallyot	Clinical Director		
Mrs Sarah Jeffery	Deputy Director of Primary Care		
Dr Paul Edmondson-Jones	Chief Medical Officer		
Mrs Lynn Tolley	Interim Nursing and Quality Director		
Mrs Sally Young	Director of Corporate Governance		June 2023
Mrs Tracey Shewan	Director of Corporate Governance	June 2023	
Mr Paul Winter	Deputy Director of Corporate Governance		
Ms Liz Locket	Executive Director of Quality and Clinical Performance, MPFT		
Mr Steven Martin	Associate Chief Nurse, MPFT		
Mr Ian Turner	Deputy Chief Nurse, MPFT		
Ms Donna Bird	Interim Chief Nurse, UHDB		
Ms Ann Marie Rile	Chief Nurse, UHNM		
Mr Scott Malton	Deputy Chief Nurse		
Mr Kenny Laing	Executive Director Nursing and Quality, NSCHT		
Ms Bridget Cameron	Assistant Director, Stoke-on-Trent City Council		
Dr Richard Harling	Director Adult Social Care, Staffordshire County Council		
Mr Andrew Jepps	Assistance Director Adult Social Care, Staffordshire County Council		
Mr Simon Fogell	Chief Executive, Healthwatch		
Ms Julie McCabe	Deputy Director Nursing and Quality, NHS England		
Ms Cheryl Sheratt	Assistant Director of Nursing and Quality, NHS England		
Mrs Karen Richardson	Hospitals, CQC		
Ms Leanne Clews	Head of Quality and Commissioning, Health Education England		

\* Dates will only be included if there has been a change in-year.



## Finance and Performance Committee

Name	Position	Date joining the committee*	Date leaving the committee*
Ms Megan Nurse	Non-Executive Director and Chair		
Mrs Josephine Spencer	Non-Executive Director and Vice Chair		
Mr Paul Brown	Chief Finance Officer		
Mr Phil Smith	Chief Delivery Officer		
Mr Chris Bird	Chief Transformation Officer		
Mrs Sally Young	Director of Governance		June 2023
Mrs Tracey Shewan	Director of Governance	June 2023	
Dr Paul Edmondson-Jones	Chief Medical Officer		
Mrs Heather Johnstone	Chief Nursing and Therapies Officer		
Mr Mark Oldham	Chief Finance Officer, UHNM		
Mr Paul Bytheway	Chief Operating Officer, UHNM		
Mr Chris Sands	Chief Finance Officer, MPFT		
Mr Steve Grange	Director of Commercial Development, MPFT		
Mr Eric Gardiner	Director of Finance and Performance, NSCHT		
Ms Alison McCaul	Deputy Director of Finance, UHDB		
Mr James Green	Interim Director of Finance, RWT		
Mrs Lisa Healing	VCFSE Rep, VAST		
Mr Alan Shakespeare	Strategic Finance Business Partner, Staffordshire County Council		
Mr Rob Salmon	County Treasurer, Staffordshire County Council		
Mr Nick Edmonds	Director of Strategy, Stoke-on-Trent City Council		
Mr Eric Talbot	Statutory and Financial Accounting, Stoke-on-Trent City Council		

\* Dates will only be included if there has been a change in-year.



## People, Culture and Inclusion Committee

Name	Position	Date joining the committee*	Date leaving the committee*
Mr Shokat Lal	Non-Executive Director and Chair		
Mrs Julie Houlder	Non-Executive Director		
Mrs Alex Brett	Chief People Officer, ICB		September 2023
Ms Mish Irvine	Chief People Officer (Interim)	October 2023	
Mrs Sally Young	Director of Corporate Governance, ICB		June 2023
Mrs Tracey Shewan	Director of Corporate Governance, ICB	June 2023	
Dr Paul Edmondson-Jones	Chief Medical Officer, ICB		
Mrs Heather Johnstone	Chief Nursing and Therapies Officer, ICB		
Ms Sarah Jeffrey	Deputy Director of Primary Care, ICB		
Mrs Denise Baker	Derby University		
Ms Charlotte Bennett	VAST		
Ms Lisa Bridger	Staffordshire City Council		
Ms Helen Conway	Staffordshire and Stoke-on-Trent ICP		
Ms Rebecca Crowther	UHNM		
Mr Paul Draycott	NSCHT		
Mr Kaine Davidson	MPFT		
Ms Ann Ewans	Staffordshire University		
Ms Sarah Getley	Staffordshire County Council		
Ms Sheena Gibson	Staffordshire Training Hub		
Ms Jane Haire	UHNM		
Mr Andrew Jepps	Staffordshire County Council		
Mr Baz Kaur	NSCHT		
Ms Rachel McKeown	MPFT		
Mr Paul Meredith	Staffordshire Training Hub		

\* Dates will only be included if there has been a change in-year.



## Register of Interests

Details of company directorships and other significant interests held by members of the ICB that may conflict with their management responsibilities are available on our [Publications and policies](#) webpage, along with information on how these conflicts can be managed.

## Personal data related incidents

Please see the Governance Statement for more information.

## Modern Slavery Act

We fully support the government's objectives to eradicate modern slavery and human trafficking. Our [Slavery and Human Trafficking Statement](#) is published on our website.

## Statement of Accountable Officer's Responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each ICB to prepare, for each financial year, a statement of accounts in the form and on the basis set out in the Accounts Direction.

The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Staffordshire and Stoke-on-Trent ICB and of its income and expenditure, statement of financial position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts
- prepare the accounts on a going concern basis
- confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each ICB shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed Mr Peter Axon to be the Accountable Officer of Staffordshire and Stoke-on-Trent ICB.



The responsibilities of an Accountable Officer are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

These include responsibilities for:

- the propriety and regularity of the public finances for which the Accountable Officer is answerable
- keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the ICB and enable them to ensure that the accounts comply with the requirements of the Accounts Direction)
- safeguarding Staffordshire and Stoke-on-Trent ICB's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that Staffordshire and Stoke-on-Trent ICB's auditors are aware of that information.

A Section 30 letter was issued by external auditors to the Secretary of State as the ICB had reported a deficit of £91.6 million in its financial statements for the period ending 31 March 2024. This has resulted in the ICB overspending its revenue resource limit for the year to 31 March 2024 by the £91.6 million. As a result, the ICB has taken a course of action that is unlawful and has caused a loss. The external auditors are required to refer this matter to the Secretary of State.

So far as I am aware, there is no relevant audit information of which the auditors are unaware.

20 June 2024

## Governance statement

Staffordshire and Stoke-on-Trent ICB is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

The ICB's statutory functions are set out under the National Health Service Act 2006 (as amended).

The ICB's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 April 2023 and 31 March 2024, the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the National Health Service Act 2006 (as amended).

### Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the ICB's policies, aims and objectives, while safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money.

I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the ICB's Accountable Officer Appointment Letter.



I am responsible for ensuring that the ICB is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the ICB as set out in this governance statement.

### **Award nomination: Governance Project of the Year**

In November 2023, the ICS was shortlisted for 'Governance Project of the Year' at The Chartered Governance Institute of UK and Ireland Awards. Each year, the awards recognise and celebrate excellence in governance and annual reporting.

Over the last two years, the ICS and partners have been working collaboratively on system-wide governance matters – including repositioning the ICB's Risk Management Framework and Board Assurance Frameworks as an outward-looking ICS-wide approach.

This work has been commended by NHS England and featured by the Healthcare Financial Management Association (HMFA) as an exemplar case study for system risk management.



## **Governance arrangements and effectiveness**

The main function of the governing body is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically, and complies with such generally accepted principles of good governance as are relevant to it.

This has been achieved by the following:

### **Key features of the ICB's constitution for governance**

We promote good governance and proper stewardship of public resources in pursuance of our goals and in meeting our statutory duties. The principles of good governance are established in our Constitution.

At all times, we will observe these generally accepted principles in the way we conduct our business. These include:

- the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business
- the Good Governance Standard for Public Services
- the standards of behaviour published by the Committee on Standards in Public Life (1995), known as the 'Nolan Principles'
- the seven key principles of the NHS Constitution
- the Equality Act 2010.

The ICB Board and its sub-committees have met regularly throughout the year.

A summary of business discussed at these is provided in the following paragraphs, but full details can be found on our website.



## ICB Board

Our Board is made up of ICB executive directors and key executives from our partner organisations across the system. This gives all partners a voice and allows key decisions to be made as a collective.

The Board has met 11 times during the year and held four meetings in private. All meetings were quorate.

The committee discussed the following topics throughout 2023/24:

- Financial Recovery Plan
- 2024/25 planning
- Freedom to Speak Up Policy
- Mental health services
- System Recovery Plan
- Winter Surge Plan
- Board Assurance Framework
- Reports received from its sub-committees
- Emergency Preparedness Resilience and Response (EPRR)
- Joint Forward Plan
- General Practice Five-Year Forward Strategy
- Performance Report and Plan.

## Committees of the ICB

- Audit Committee
- Remuneration and Terms of Service Committee
- Quality and Safety Committee
- Finance and Performance Committee
- People, Culture and Inclusion Committee.

## Committee effectiveness

During 2023/24, the following committees all carried out a 'Committee Effectiveness' survey to judge how the committees were carrying out their statutory obligations.

The results of these are detailed in the following pages.



### Audit Committee

There was a unanimous view that the Audit Committee is well led and that meetings were well structured. Members felt that they were well briefed on key issues and that they provide both support and challenge to the system.

#### What works well

The quality of debate is open and honest. The committee is well structured and works well, seeking assurance outside of the formal committee if required. The committee seeks as much input from non-voting members as it does from voting members. It has strong and experienced non-executive directors (NEDs) providing fair and firm challenge and a proactive management team.

#### What doesn't work well

It was felt that there is a long time between committee meetings, but this is balanced by assurance sought outside. There are regular check-ins between the Audit Chair, auditors and technical managers to progress any issues and to remedy those outside of the meeting.

There are currently two NEDs as core members of the committee and it was felt that there needed to be more oversight from the other NEDs. There is a need to slim down the committee's timetable to enable it to discharge its statutory duties.

Members were asked to vote on five themes. Eight responses were received, as detailed in the following graphs.

#### Theme 1 – Focus

Key: **Strongly agree** **Agree** **Disagree** **Strongly disagree** **Unable to answer**

- The committee has set itself a series of annual objectives for the year
- The committee has made a conscious decision about the information it would like to receive
- Members contribute regularly to the issues discussed
- The committee is aware of the key sources of Assurance and Controls to mitigate risk and who provides them

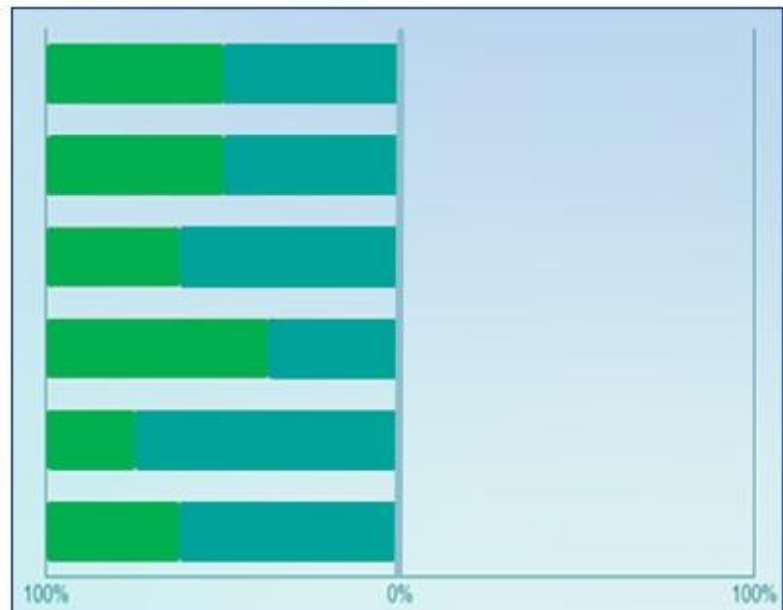




## Theme 2 – Team working

Key: **Strongly agree** **Agree** **Disagree** **Strongly disagree** **Unable to answer**

- The committee has the right balance of experience, knowledge and skills to fulfil its role
- The committee ensures that the relevant Executive Director attends meetings to enable the required understanding of reports and information received
- The committee is fully briefed on key risks and any gaps in control
- The committee environment enables people to express their views, doubts and opinions
- Members hold their assurance providers to account for late or missing assurances
- Decisions and actions are implemented in line with the timescale set down



## Theme 3 – Effectiveness

Key: **Strongly agree** **Agree** **Disagree** **Strongly disagree** **Unable to answer**

- The quality of papers received allows members to perform their roles effectively
- Members provide real and genuine challenge – they do not just seek clarification and/or reassurance
- The committee challenges management and other assurance providers to gain a clear understanding of reports and information received
- Debate is allowed to flow and conclusions are reached without being cut short or stifled
- Each agenda item is 'closed off' appropriately so that the committee are clear what the conclusions and actions are
- At the end of each meeting, the committee discuss the outcomes and reflect on decisions made
- The committee provides a written summary report of its meetings to the Trust Board
- The Trust Board challenges and understands the reporting from the committee





## Theme 4 – Engagement

Key: **Strongly agree** **Agree**

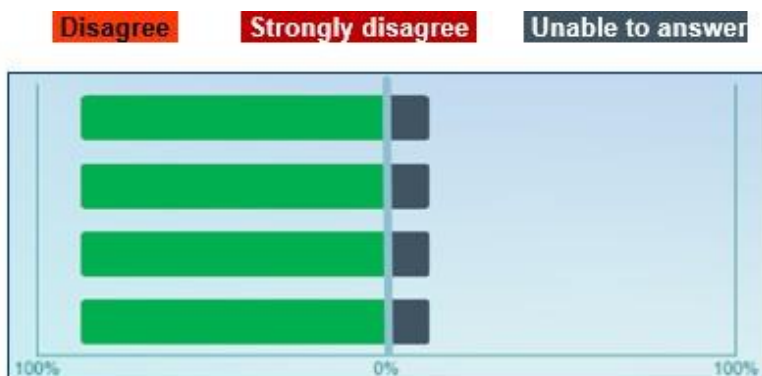
- Membership and attendance enables the committee to cover all aspects of its Terms of Reference



## Theme 5 – Leadership

Key: **Strongly agree** **Agree**

- The Chair has a positive impact on the performance of the committee
- Meetings are chaired effectively
- The Chair allows debate to flow freely and does not assert his/her own views too strongly
- The Chair provides clear and concise information to the Executive Group/Trust Board on the activities of the committee



## Quality and Safety Committee

There was a unanimous view that the Quality and Safety Committee is well led and that meetings were well structured. Members felt that they were well briefed on key issues, and provide both support and challenge to the system. Their main concern related to pressure on the agenda – as the committee now only meets bi-monthly.

### What works well

There is representation from NHS trusts which strengthens and enhances the discussions. There is openness and a positive encouragement for all attendees to ask questions. The meeting is well managed and has good time keeping.

### What doesn't work well

The committee meets bi-monthly, and has 'deep-dive' sessions in the months they do not meet for business. Although a good idea in principle, it's felt that it puts pressure on the bi-monthly meetings as the agenda has many subjects to cover in a two-hour meeting. This can result in the debate on agenda items being shortened.

Provider attendance can be poor and not consistent, and members would like to see broader provider engagement at the committee meetings.

Eight responses were received, as detailed in the following graphs.



## Theme 1 – Focus

Key: **Strongly agree** **Agree** **Disagree** **Strongly disagree** **Unable to answer**

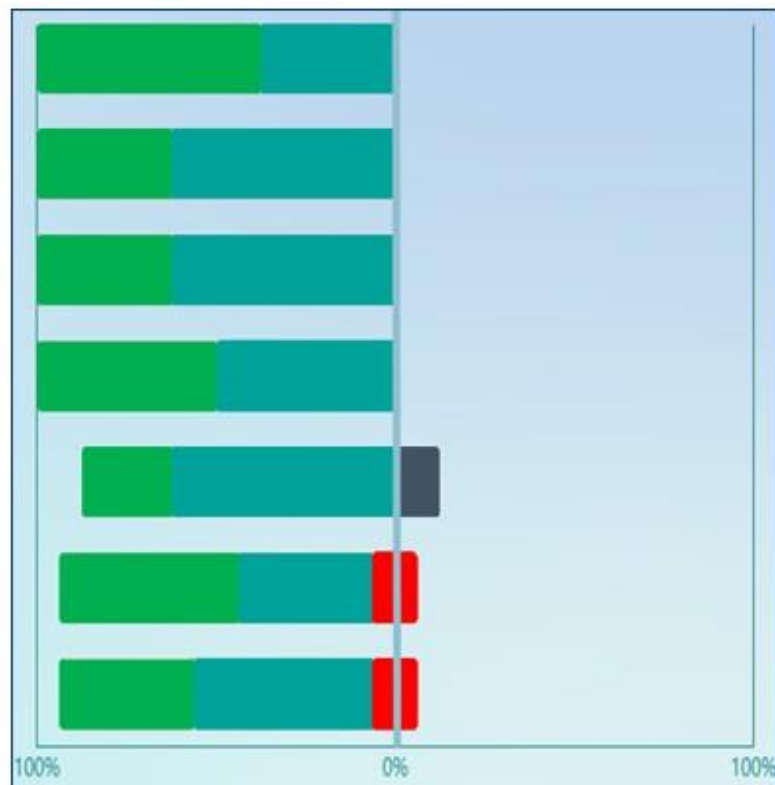
- The Committee has an agreed set of Terms of Reference which are aligned to its business cycle
- Members have agreed what information to receive and contribute regularly on the issues discussed
- The Committee has identified its key sources of Assurance and Controls to mitigate risk and who provides them
- The committee understands and receives assurances from third parties that manage / operate key functions
- Equal balance is given to Quality and Safety and Improvement and Assurance, with items considered for each associated Strategic Objective/Priority assigned to the committee



## Theme 2 – Team working

Key: **Strongly agree** **Agree** **Disagree** **Strongly disagree** **Unable to answer**

- The committee has the right balance of experience, knowledge and skills to fulfil the role described in the Terms of Reference
- The committee has a structured agenda that covers its objectives as set out in the Terms of Reference
- The committee ensures Execs/Managers attend to secure understanding of reports and information received
- Management fully briefs the committee via the BAF regarding key risks and any gaps in Controls and Assurances
- Other committees provide timely/clear information to support the committee where cross-working occurs
- Members feel sufficiently comfortable to express their views, doubts and opinions
- When a decision has been made or action agreed, members feel confident that it will be implemented by the accountable owner in line with the timescale set down





### Theme 3 – Effectiveness

Key: **Strongly agree** **Agree** **Disagree** **Strongly disagree** **Unable to answer**

- The quality of papers received allows members to perform their roles effectively
- Members provide real and genuine challenge – they do not just seek clarification and/or reassurance
- Debate is allowed to flow and conclusions are reached without being cut short or stifled
- Each agenda item is 'closed off' appropriately so all are clear what the conclusions and actions are
- At the end of each meeting, the outcomes are reflected back on decisions made and what worked well



### Theme 4 – Engagement

Key: **Strongly agree** **Agree** **Disagree** **Strongly disagree** **Unable to answer**

- Membership and attendance enables the committee to cover all aspects of its Terms of Reference
- I can provide two examples of where we as a committee have focused on improvements to the ICS/ICB's delivery and transformation agenda as a result of issues identified
- The committee has requested 'deep dives' into areas of concern
- The committee provides a written summary report of its meetings to the Board
- The Board challenges and understands the reporting from this committee
- The Chair provides clear and concise information to the Board on the activities of the committee
- The Chair and Executive Lead provide the right balance of support and challenge on each others' activities





## Theme 5 – Leadership

Key: **Strongly agree** **Agree** **Disagree** **Strongly disagree** **Unable to answer**

- The Chair has a positive impact on the performance of the committee
- Meetings are chaired effectively and with clarity of purpose and outcome
- The Chair is visible within the organisation and is considered approachable
- The Chair has a positive impact on the performance of the committee, and meetings are chaired effectively and with clarity of purpose and outcome
- The Chair allows debate to flow freely and does not assert his/her own views too strongly
- The Chair secured views from members that behaviours were in line with the ICS Leadership Compact
- The Chair provides clear and concise information to the Board on the activities of the committee
- The Chair/Executive Lead provide the right balance of support and challenge on each others' activities



### Finance and Performance Committee

Members felt the Finance and Performance Committee meetings are well led and well structured, with a good forum for debate and challenge. Workload and capacity were raised as concerns, which sometimes limits the committee’s ability to fully address critical issues.

Although members felt that the committee was clear on its role, there was some concern that the ICB business did not receive sufficient attention and focus, as the majority of the time was taken up with system business.

Suggestions for improvement were to have an additional NED to share the workload, for ‘Part B’ of the Finance and Performance meeting to cover ICB business. The Committee has since put in place additional time to allow for business in both Parts A and B of the Finance and Performance Committee.

### What works well

The committee has a good structure, with strong engagement and assurance mechanisms. There is a safe environment to express views openly.

It is felt that the committee has developed well during the last 12 months in terms of its focus of discussion. Members felt there is a balanced approach and that meetings are not just focused on finance. There is partner involvement, a well-prepared Chair, and good professional relationships between the Chair and executives.



### What doesn't work well

The committee's capacity – sometimes work is duplicated elsewhere. Some reports are too long and difficult to navigate, and the agenda is very busy. However, members felt there was limited input from partners.

The responses are detailed in the following graphs.

#### Theme 1 – Focus

Key: **Strongly agree** **Agree** **Disagree** **Strongly disagree** **Unable to answer**

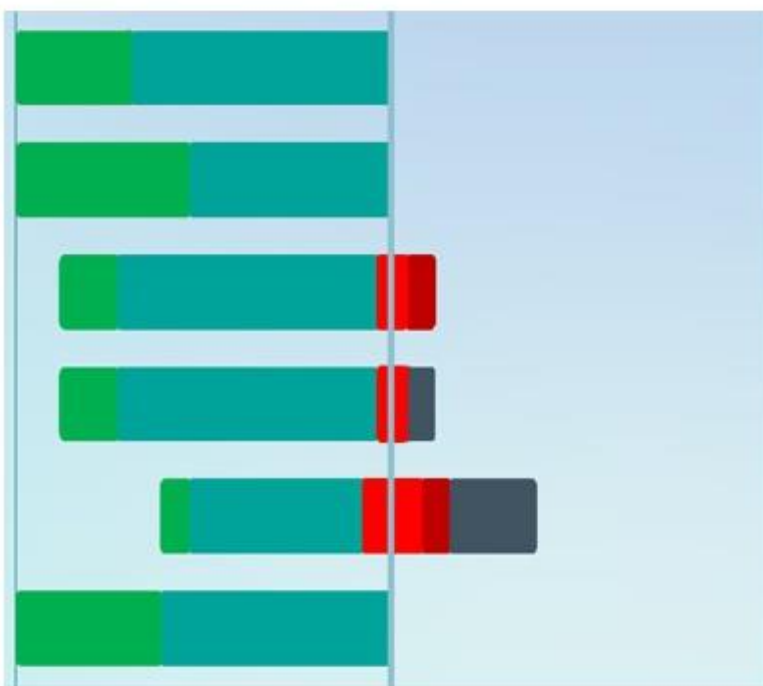
- The committee has set itself a series of annual objectives it wants to achieve and agreed an aligned business cycle
- Members have agreed what information they would like to receive and contribute regularly to the issues discussed
- The committee has identified its key sources of Assurance and Controls to mitigate risk and who provides them
- The committee understands and receives assurances from third parties that manage/operate key functions
- Equal balance is given to Performance and Financial Assurance, with items considered for each associated Strategic Objective/Priority assigned to the committee



#### Theme 2 – Team working

Key: **Strongly agree** **Agree** **Disagree** **Strongly disagree** **Unable to answer**

- The committee has the right balance of experience, knowledge and skills to fulfil the role described in the Terms of Reference
- The committee has a structured agenda that covers data quality, key finance and performance targets, and financial control
- The committee ensures Execs/Managers attend to secure the required understanding of reports and information received
- Management fully briefs the committee via the BAF regarding key risks and any gaps in Controls and Assurances
- Other committees provide timely/clear information to support the committee where cross-working occurs
- Members feel sufficiently comfortable to express their views, doubts and opinions





### Theme 3 – Effectiveness Part A

Key: **Strongly agree** **Agree**

- The quality of papers received allows members to perform their roles effectively
- Members provide real and genuine challenge – they do not just seek clarification and/or reassurance
- Debate is allowed to flow and conclusions are reached without being cut short or stifled
- Each agenda item is ‘closed off’ appropriately so that the committee are clear what the conclusions and actions are
- Throughout the meeting, the outcomes are reflected back on decisions made



### Theme 3 – Effectiveness Part B

Key: **Strongly agree** **Agree**

- The quality of papers received allows members to perform their roles effectively
- Members provide real and genuine challenge – they do not just seek clarification and/or reassurance
- Debate is allowed to flow and conclusions are reached without being cut short or stifled
- Each agenda item is ‘closed off’ appropriately so that the committee are clear what the conclusions and actions are
- Throughout the meeting, the outcomes are reflected back on decisions made





### Theme 4 – Engagement

Key: **Strongly agree** **Agree** **Disagree** **Strongly disagree** **Unable to answer**

- Membership and attendance enables the committee to cover all aspects of its Terms of Reference
- I can provide two examples of where we as a committee have focused on improvements to the ICS/ICB's delivery and transformation agenda as a result of issues identified
- The committee has requested 'deep dives' into areas of concern
- The committee provides a written summary report of its meetings to the Board
- The Board challenges and understands the reporting from this committee



### Theme 5 – Leadership

Key: **Strongly agree** **Agree** **Disagree** **Strongly disagree** **Unable to answer**

- The Chair has a positive impact on the performance of the committee
- Meetings are chaired effectively and with clarity of purpose and outcome
- The Chair allows debate to flow freely and does not assert his/her own views too strongly
- The Chair provides clear and concise information to the Executive Group/Trust Board on the activities of the committee





## People, Culture and Inclusion Committee

Responses received had very few comments or additional information provided. While the respondents felt the People, Culture and Inclusion Committee was well structured and well led, there were differing views around the clarity of the committee’s role and impact.

### What works well

There is engagement from a wide range of system partners with good attendance. The meetings are well structured and well chaired, with good opportunity for challenge.

Reporting mechanisms have been refined, and the business cycle, workforce assurance and information aspects are impressive and follow best practice.

### What doesn’t work well

The objectives for the committee lack clarity, and therefore the content of the agenda is impacted. Clarity was needed on whether the committee was an engagement forum or an assurance committee – or both.

Although the second biggest risk in the system is people, there is a need to maintain parity of focus between money and activity. On occasion, there is a drive to focus more on the latter.

To further improve the committee, it was felt that there is a need to review the priorities, agenda and membership.

The People, Culture and Inclusion Committee members were asked to provide responses to six themes. Their responses are detailed in the following graphs.

### Theme 1 – Focus

Key: **Strongly agree** **Agree** **Disagree** **Strongly disagree** **Unable to answer**

- The committee has set itself a series of annual objectives it wants to achieve and agreed an aligned business cycle
- Members have agreed what information they would like to receive and contribute regularly to the issues discussed
- The committee has identified its key sources of Assurance and Controls to mitigate risk and who provides them
- The committee understands and receives assurances from third parties that manage/operate key functions
- Equal balance is given to Performance and Financial Assurance, with items considered for each associated Strategic Objective/Priority assigned to the committee

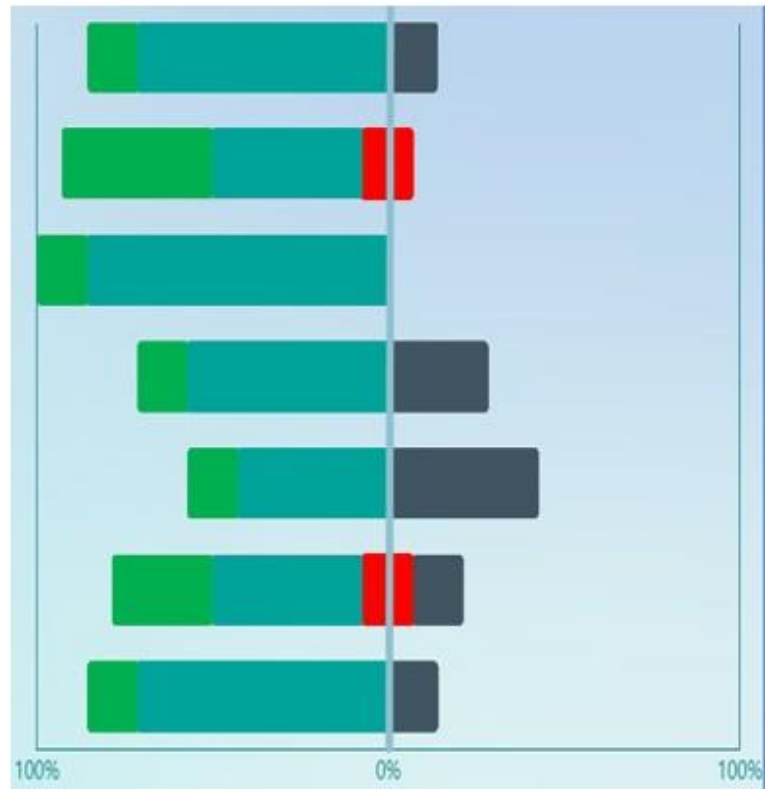




## Theme 2 – Team working

Key: **Strongly agree** **Agree** **Disagree** **Strongly disagree** **Unable to answer**

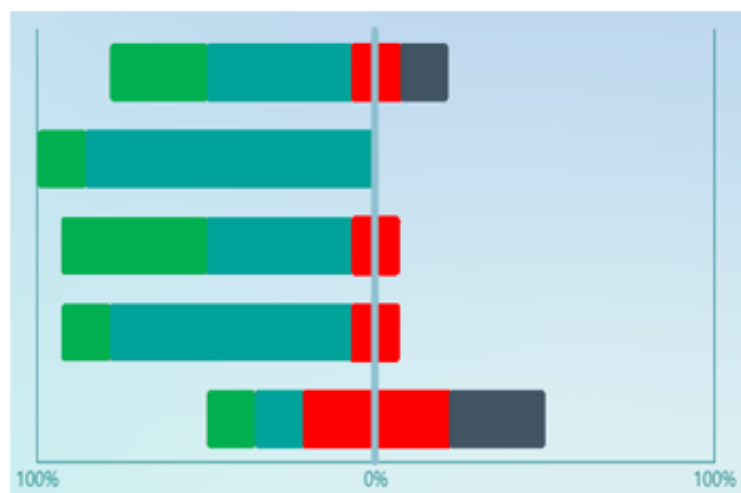
- The committee has the right balance of experience, knowledge and skills to fulfil the role described in the Terms of Reference
- The committee has a structured agenda that covers data quality, key finance and performance targets, and financial control
- The committee ensures Execs/Managers attend to secure the required understanding of reports and information received
- Management fully briefs the committee via the BAF regarding key risks and any gaps in Controls and Assurances
- Other committees provide timely/clear information to support the committee where cross-working occurs
- Members feel sufficiently comfortable to express their views, doubts and opinions
- When a decision has been made or action agreed, members feel confident that it will be implemented by the accountable owner in line with the timescale set down



## Theme 3 – Effectiveness

Key: **Strongly agree** **Agree** **Disagree** **Strongly disagree** **Unable to answer**

- The quality of papers received allows members to perform their roles effectively
- Members provide and seek real and genuine challenge – they do not just seek clarification and/or reassurance
- Debate is allowed to flow and conclusions are reached without being cut short or stifled
- Each agenda item is 'closed off' appropriately so that the committee are clear what the conclusions and actions are
- At the end of each meeting, the committee discuss the outcomes and reflect on decisions made

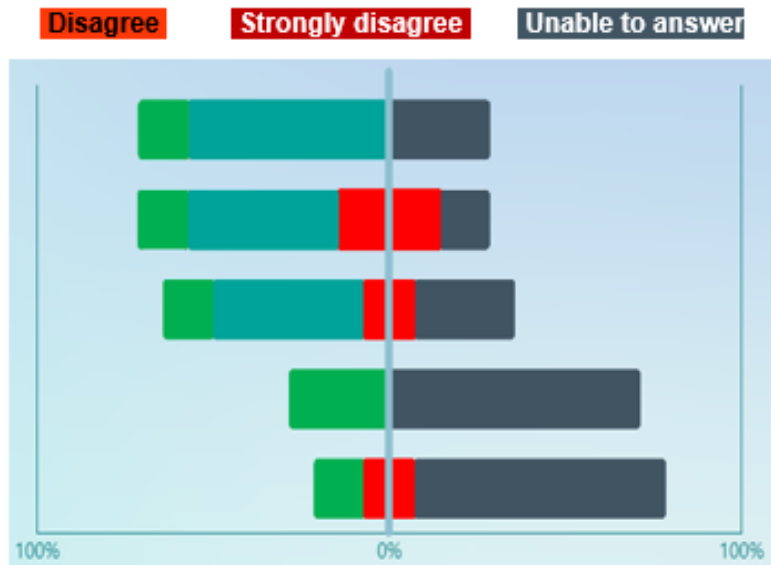




### Theme 4 – Engagement

Key: **Strongly agree** **Agree**

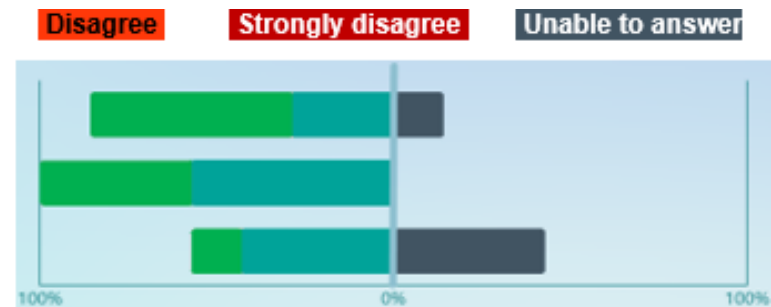
- Membership and attendance enables the committee to cover all aspects of its Terms of Reference
- I can provide two examples of where we as a committee have focused on improvements to the ICS/ICB's delivery and transformation agenda as a result of issues identified
- The committee has requested 'deep dives' into areas of concern
- The committee provides a written summary report of its meetings to the Board
- The Board challenges and understands the reporting from this committee



### Theme 5 – Leadership

Key: **Strongly agree** **Agree**

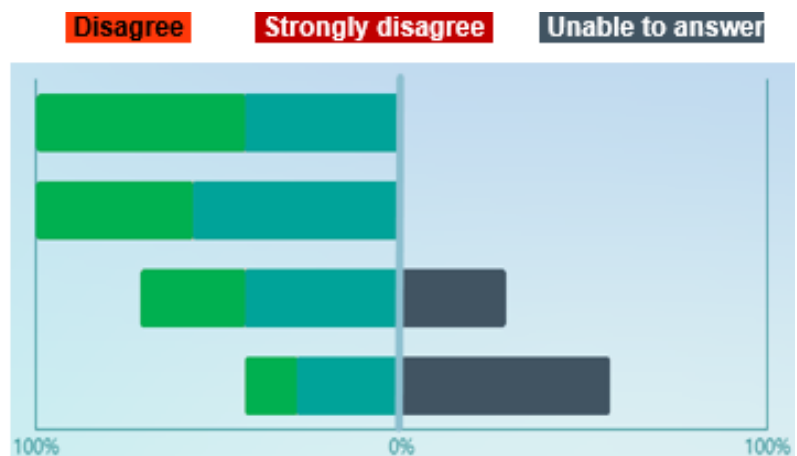
- The Chair has a positive impact on the performance of the committee
- Meetings are chaired effectively and with clarity of purpose and outcome
- The Chair is visible within the organisation and is considered approachable



### Theme 6 – Behaviours

Key: **Strongly agree** **Agree**

- The Chair has a positive impact on the performance of the committee
- The Chair allows debate to flow freely and does not assert his/her own views too strongly
- The Chair secured views from members that behaviours were in line with the ICS Leadership Compact
- The Chair provides clear and concise information to the Board on the activities of the committee





## Remuneration Committee

The Remuneration Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. This is to confirm the ICB Pay Policy, including adoption of any pay frameworks for all employees including senior managers/directors (including Board members) and non-executive directors, excluding the Chair.

The committee met 12 times during 2023/24, and all meetings were quorate.

It provided assurance to the Board on the following:

- The progress of the implementation of the clinical and professional leadership model
- Any executive or NED recruitment processes
- National letters on ICB running cost reductions
- The NHS pay award update and risks of industrial action
- Off-payroll contractors.

## UK Corporate Governance Code

NHS bodies are not required to comply with the UK Code of Corporate Governance. However, we have reported on our Corporate Governance arrangements by drawing on the Good Governance Institute Best Practice.





## Freedom to Speak Up

We have pushed forward on promoting an open culture where employees are aware of how to speak up and who to speak to.

Protecting people from retaliation when they report in good faith any suspected acts of corruption or other wrongdoing is integral to efforts to protect patients and staff and to combat corruption, safeguard integrity, and enhance accountability.

To deliver these aims, we appointed two of our members of staff as Freedom to Speak Up Guardians in August 2023, with an Executive Director and a Non-Executive Director to oversee the process and support the Guardians and the staff. The Guardians also have regular meetings with the Chief Executive Officer to keep him fully updated on any concerns raised.

The People, Culture and Inclusion Committee receives a report from the Guardians on a quarterly basis, informing them of any concerns raised. The Guardians also make a submission to the National Guardian's Office (NGO) on the number of concerns that have been raised.

The Board receives high-level information about all concerns raised by our staff and what we are doing to address them.

During October 2023, the Guardians promoted Speak Up Month, where the topic was 'Barriers to Speaking up'. A series of communications went out to staff encouraging them to get involved in activities regarding speaking up.

Following Speak Up Month, the Guardians implemented a work plan to continue promoting speaking up and to make it part of normal working.

We can report that low numbers of concerns have been raised, and those that have been raised have been addressed through the HR process. Staff welfare is a priority.

One of our Guardians also supports local GP practices – giving staff a way to raise any concerns they may have about their working conditions or patient safety.

During the last financial year, a low number of concerns were raised, and these have been addressed through primary care and HR providers.

### Shortlisted: Health Service Journal Digital Awards

The ICB and the ICS have been shortlisted for some awards in the 2023 HSJ Digital awards. Although we didn't win, the People Function were highly commended for the 'Improving back-office efficiencies through digital' award.

Other nominations included:

- Staffordshire and Stoke-on-Trent ICS People Function for the 'Enhancing workforce engagement, productivity and wellbeing through digital' award
- Staffordshire and Stoke-on-Trent ICB and MedOptimise Limited for the 'Generating impact in population health through digital' award
- Staffordshire and Stoke-on-Trent ICS and Health Navigator (HN) for the 'Improving urgent and emergency care through digital' award.

**HSJ**  **DIGITAL AWARDS 2023**



## Staff Survey results

The results from the NHS Staff Survey have been released, and show that across the UK, we are the best performing ICB in the following areas:

### Comparator information

Description (question)	Picker Average: 2023 n = 10,404	2023 n = 214	2022 n = 226	2021 n = 252
I am able to make suggestions to improve the work of my team/department (q3d)	77.6%	80.8%	80.5%	82.0%
I am involved in deciding changes that affect work (q3e)	53.9%	58.4%	56.6%	60.8%
I can approach my immediate manager to talk openly about flexible working (q6d)	83.3%	88.8%	81.0%	84.4%
My immediate manager listens to challenges I face (q9g)	79.3%	83.2%	79.6%	80.0%
My immediate manager cares about my concerns (q9h)	78.8%	82.7%	79.2%	79.6%
My immediate manager helps me with problems I face (q9i)	74.5%	79.0%	72.1%	73.2%
I am encouraged to report errors/near misses/incidents (q19b)	80.4%	86.7%	82.3%	*
I would feel secure raising concerns about unsafe clinical practice (q20a)	68.0%	73.2%	70.2%	81.0%
I would feel confident that organisation would address concerns about unsafe clinical practice (q20b)	57.4%	67.1%	63.6%	74.6%
The organisation acts on concerns raised by patients/service users (q25b)	62.7%	70.9%	75.9%	81.5%
I feel safe to speak up about anything that concerns me in this organisation (q25e)	60.2%	65.4%	68.6%	68.3%
I feel the organisation would address any concerns I raised (q25f)	48.8%	58.4%	61.3%	61.0%

It is pleasing to note that some areas have seen an increase in results year-on-year. However, we are mindful there are three areas which have seen a decrease.

This shows there is still more for us to do to make speaking up 'business as usual' and to make sure staff feel supported when they do have the courage to speak up. This is incorporated in the work plan.



## Discharge of Statutory Functions

Staffordshire and Stoke-on-Trent ICB has reviewed all of the statutory duties and powers conferred on it by the NHS Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that as an ICB we are clear about the legislative requirements associated with each of the statutory functions for which we are responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the ICB's statutory duties.

As part of system working, we are working with system partners on various portfolios of work:

- Urgent and emergency care (UEC)
- Planned care (includes elective, cancer and diagnostics)
- End of life, long-term conditions and frailty
- Improving population health
- Primary care
- Mental health, learning disabilities and autism
- Children and young people, maternity and neonates.

To ensure the ICB Board has the skills, knowledge and experience required to effectively carry out its functions, appointments were made in line with the HR Framework for Developing an Integrated Care Board (March 2022).

All Board-level appointments include a Fit and Proper Persons Test. Board members including the non-executive directors (NEDs) complete a Personal Development Programme (PDP), and the Chair's PDP is undertaken by a senior, independent NED.

Following any change to Board membership, the balance of skills and knowledge of the Board as a whole is reviewed to confirm that the Board continues to have sufficient skills and knowledge to deliver its duties or identify emerging gaps – which will be addressed through recruitment or development.

The Board allocates time for Board development, and additional briefings are scheduled with either internal leads or input from external leads such as auditor-led sessions.

During 2023/24, the Board development sessions covered the following topics:

- The Hewitt Review
- Joint Forward Plan (JFP)
- Memorandum of Understanding (MoU)
- Operating Framework
- System Recovery Plan and JFP progress
- Behaviours and approaches
- Governance Review
- Number and composition of Board Members
- Whether a new Strategic Commissioning Committee is required
- Future Organisational Development (OD) needs for the ICB
- Developing our BAF
- ICB Governance and Partnerships Review 2023/24
- OD – next steps.

We are continuing to develop our work on system collaboration and mutual accountability for shared objectives.

The Board has already held some formative sessions on Unitary Board and System Accountability, and plans to hold more in the future as we further enhance this area of the business.



## Risk management arrangements and effectiveness

Throughout 2023/24, we have continued to work with colleagues across the system to bring alignment to managing risk. The Risk Network Group is made up of colleagues from across the system. Their engagement with the group has been invaluable as the group continues to meet monthly to review the Board Assurance Framework (BAF) and Risk Registers.

We would like to acknowledge the work of Claire Cotton, Director of Governance at UHNM, and thank her for the hard work and input she has provided in taking the BAF forward. She has helped to make it a working, dynamic document, which sets out the objectives of the ICB and the risks on the Corporate Risk Register – linking to the BAF.

The BAF is reviewed and updated on a quarterly basis. The committees of the Board receive the BAF the month following the quarter end to provide assurance to the Board that risk is being managed appropriately.

Our internal auditors, RSM, assist in the development of our BAF and risk management and provide advice to ensure we implement good practice in relation to our approach to risk management. They have reviewed our arrangements and found reasonable assurance with our approach. Full details of their audit opinion can be found in the Head of Audit Opinion section of this Annual Report.

Future work will see the Risk Network group developing a System BAF which encompasses all system strategic objectives and alignment of risks, with input from all partner colleagues across the system. The administration of the BAF and Risk Register is undertaken by the Governance team.

The Risk Register has been transferred to an electronic system called Ulysses. This live, dynamic system is ideal for use in meetings where there may be further discussion required around a particular risk, as it can be used in ‘real time’.

A snapshot of the system is shown below.

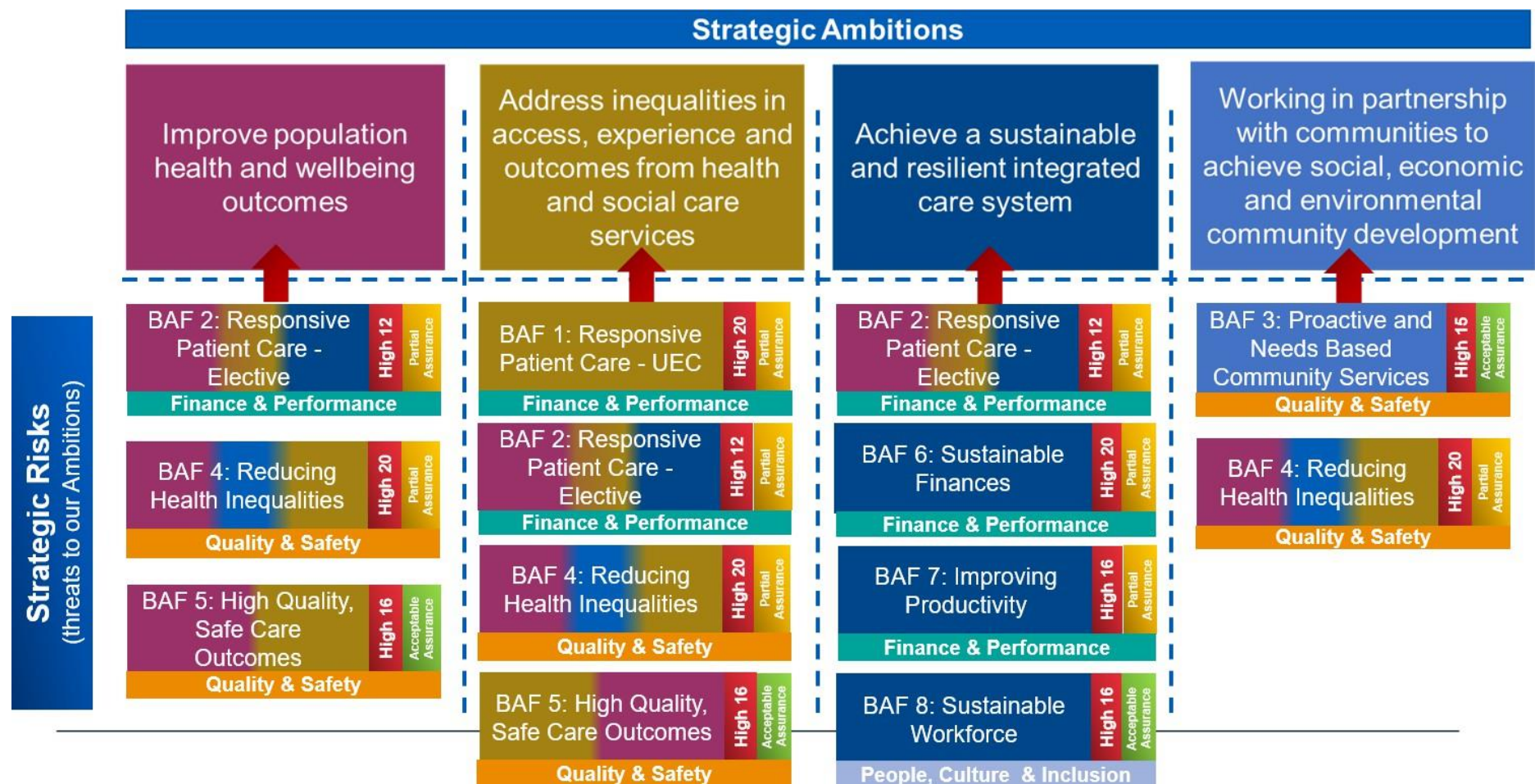
An example view of the electronic Risk Register system, Ulysses

Number	Ver.	Directorate	Risk Rate	Risk Score	Status	Closed Date	Date	Details	Next Review
1170	2	SSOT - Delivery - UEC	3 Moderate (Orange)	9.00	Open	//	20/03/24	If totally are not awarded the regional 111 contract (that is currently under awaiting Joint Committee	20/04/24
1171	1	SSOT - Delivery - UEC	2 Low (Yellow)	6.00	Closed	02/04/24	18/03/24	If the inclusions with the regional 111 specification for clinical validation post initial health advisor c	20/04/24
1172	3	SSOT - Corporate Gover	1 Very Low (Green)	2.00	Open	//	21/03/24	If patient data has been breached in the national incident related to Home O2 Service commission	18/04/24
1173	1	SSOT - Nursing And The	2 Low (Yellow)	6.00	Open	//	20/03/24	If the Providers do not re-open their free-standing birthing units	30/04/24
1174	2	SSOT - Nursing And The	3 Moderate (Orange)	9.00	Open	//	20/03/24	If Providers do not recruit to all of their clinical vacancies and develop a robust retention strategy	22/04/24
1176	1	SSOT - Digital	4 High (Red)	20.00	Open	//	20/03/24	If the ICB/ICS systems suffer a cyber attack	19/04/24
1177	1	SSOT - Transformation	3 Moderate (Orange)	12.00	Open	//	15/03/24	If the two Practices currently at Cannock Hospital cannot extend their contract with RWH or find all	19/04/24
1178	1	SSOT - Medical Inc CPL	3 Moderate (Orange)	9.00	Open	//	18/03/24	If the system is unable to meet the deadline for appointing the Medical examiner by March 2023	19/04/24
1179	1	SSOT - Transformation	4 High (Red)	16.00	Open	//	19/02/24	If there is no appropriate inpatient facility children and young people will need to be admitted to an	24/04/24
1180	3	SSOT - Digital	4 High (Red)	15.00	Open	//	20/03/24	If on completion of the digital maturity assessment there are gaps to minimum levels required	20/04/24
1181	1	SSOT - Finance, Perform	3 Moderate (Orange)	12.00	Open	//	17/03/24	If MPFT are not able to identify capital resource to invest in the Community Hubs in North Stafford	20/04/24
1182	1	SSOT - Transformation	2 Low (Yellow)	6.00	Open	//	19/03/24	If the National GP Retention scheme generates high levels of interest	19/04/24
1183	2	SSOT - Finance, Perform	2 Low (Yellow)	4.00	Closed	05/03/24	05/03/24	If the planned investment in services, which is beyond the ICB's control, is not delivered by provide	20/03/24
1184	1	SSOT - Transformation	4 High (Red)	16.00	Open	//	20/03/24	If the implementation of the Fuller report does not address the known primary care workforce issue	19/04/24
1185	2	SSOT - People, Culture	4 High (Red)	16.00	Open	//	20/03/24	If the national mandate on reducing agency spend is introduced with a target reduction from £34m	10/04/24
1186	1	SSOT - People, Culture	4 High (Red)	16.00	Open	//	13/03/24	If Care Home and Home Care existing and future workforce supply remains unstable, unable to m	18/03/24
1187	1	SSOT - People, Culture	3 Moderate (Orange)	9.00	Closed	13/03/24	13/03/24	If a lack of clarity around Joint Forward Plan, Portfolios and Transformation Plan workforce require	13/03/24



The Governance team has provided training to risk owners and action owners, with a step-by-step process tutorial of how the risk management system works and how it can be better used during meetings.

Threat to strategic ambitions – strategic risks 2023/24



**BLUE Significant assurance:**  
High level of confidence in delivery of existing mechanisms/objectives

**GREEN Acceptable assurance:** General confidence in delivery of existing mechanisms/objectives

**AMBER Partial assurance:**  
Some confidence in delivery, some areas of concern

**RED No assurance:**  
No confidence in delivery



Eight strategic risks (L = likelihood, C = consequence, S = score)

Strategic risk	Q1 L	Q1 C	Q1 S	Q2 L	Q2 C	Q2 S	Q3 L	Q3 C	Q3 S	Q4 L	Q4 C	Q4 S	Target L	Target C	Target S	Date	Risk change	Assurance assessment	Threat to strategic ambitions
<b>BAF 1:</b> Responsive patient care – UEC	3	5	High 15	3	5	High 15	4	5	High 20	4	5	High 20	3	5	High 15	30/01/2024	No change	Partial	2
<b>BAF 2:</b> Responsive patient care – elective	5	4	High 20	5	4	High 20	5	4	High 20	4	3	High 12	2	3	Mod 6	31/03/2024	Down	Partial	1, 2, 3
<b>BAF 3:</b> Proactive and needs based community services	4	5	High 20	4	5	High 20	4	5	High 20	3	5	High 15	2	4	Mod 8	31/03/2026	Down	Acceptable	4
<b>BAF 4:</b> Reducing health inequalities	4	5	High 20	4	5	High 20	4	5	High 20	4	5	High 20	2	3	Low 4	31/03/2028	No change	Partial	1, 2, 4
<b>BAF 5:</b> High quality, safe outcomes	4	4	High 16	4	4	High 16	4	4	High 16	4	4	High 16	3	3	Mod 9	31/03/2024	No change	Acceptable	1, 2
<b>BAF 6:</b> Sustainable finances	4	5	High 20	4	5	High 20	4	5	High 20	4	5	High 20	4	3	High 12	31/03/2024	No change	Partial	3
<b>BAF 7:</b> Improving productivity	4	4	High 16	3	4	High 12	4	4	High 16	4	4	High 16	3	3	Mod 9	31/03/2024	No change	Partial	3
<b>BAF 8:</b> Sustainable workforce	4	5	High 20	4	5	High 20	4	5	High 20	4	4	High 16	4	4	High 16	31/03/2024	Down	Acceptable	3



## Capacity to handle risk

The ICB's Board is responsible for the organisation's systems for internal control, including risk management.

The ICB recognises that not all risks can be eliminated and that there are a number of 'enduring' risks which will remain on the Register and will continue to be monitored, although they may not be mitigated against. This is accepted as being within the ICB's risk appetite.

### Chief Executive Officer

The Chief Executive Officer has overall responsibility to ensure appropriate systems of internal control are in place for all aspects of governance, including financial and risk management as well as plans for dealing with emergencies that may impact on the ICB.

Day-to-day management of risk management processes is delegated to the Director of Corporate Governance.

### Executive Management Team

The role of the Executive Management Team is to have oversight of the BAF and the encompassing Risk Register for all risks.

Executive directors are responsible for validating and managing risks within their designated remit of work and these are reviewed by the team monthly to enable assurance to the committees and boards that risk is being considered and managed appropriately.

### Audit Committee

The Audit Committee ensures that we maintain effective systems of integrated governance, risk management and internal control. The Audit Committee has oversight of the full Risk Register and BAF.

The sub-committees of the ICB are responsible for overseeing the risks relating to their workstreams.

## Risk owners

In 2023/24, it was agreed that all risks on the BAF and Risk Register would be owned by the director of the relevant directorate, and each director would assign action owners to be responsible for ensuring the risks are managed on a monthly basis.

The director has overall responsibility to ensure that the risks within their designation are appropriately managed. The directors are listed below.

Risk owners for each area of work

Executive leads	Area of work
Chief Finance Officer	Finance, Financial Governance, Senior Information Risk Owner
Chief Nursing and Therapies Officer	Quality, Safety, Safeguarding, Caldicott Guardian
Director of Corporate Governance	Corporate Governance, Communication and Engagement
Chief Transformation Officer	Primary Care and Medicines Optimisation, Mental Health, Continuing Healthcare
Chief Delivery Officer	Performance, Information, Planning and Strategy, as well as formal processes for ICC incident response
Chief People Officer	Human Resources, Organisational Development, Equalities
Chief Digital Officer	Digital and Cyber Security



## Risk assessment

The ICB has further developed its Board Assurance Framework (BAF) to help further support its risk management together with the relevant policies and procedures. The BAF maps the key risks to the ICB’s principal and strategic objectives. These are referenced to the Risk Register to ensure the potential risks that threaten the achievement of the ICB’s objectives that are identified.

It also highlights the existing control measures and assurances in place. The Risk Management Strategy is approved by the Trust Board and reviewed annually. The strategy defines the risk management process including risk identification, analysis, and evaluation and requires that all hazards are assessed, and risks recorded in a standard format Risk Register and prioritised using a consistent scoring methodology.

Risk appetite is determined by the amount of risk exposure, or potential adverse impact from an event, that the organisation is willing to accept, tolerate, or be exposed to at any point in time. The risk management system is continually reviewed to ensure that robust systems are in place. The Risk Register is an integral part of the system.

Previously, committees only received high-scoring risks (with a score of 15 and above). The review of the Risk Management Strategy concluded that each committee should have sight of all risks, regardless of the score, that are relevant to that committee’s area of business.

The Risk Report presented at committees has been reviewed and amended. The report is now more robust, as it analyses the performance of how each risk is being managed. As part of this review, the Governance team have introduced a ‘three-bell’ approach to add value to our reporting. It identifies where a risk has not been reviewed in line with the Risk Management Strategy, where risks have no future actions

identified to mitigate the risk, and where the score has not improved in a six-month period.

### Three-bell approach to risk reporting

Colour	Description
 <b>Red</b>	Risk has not been reviewed in line with policy
 <b>Blue</b>	Risk does not have future actions identified
 <b>Orange</b>	Risk score has not improved towards target in six months.

Since implementing this, we have noticed a marked improvement in the quality of updates, with officers’ attention more focused on the importance of risk management.

The Corporate Risk Register is reported monthly to the committees with requests for approval of new risks to be added, risks to be closed, and any changes to risk scores.

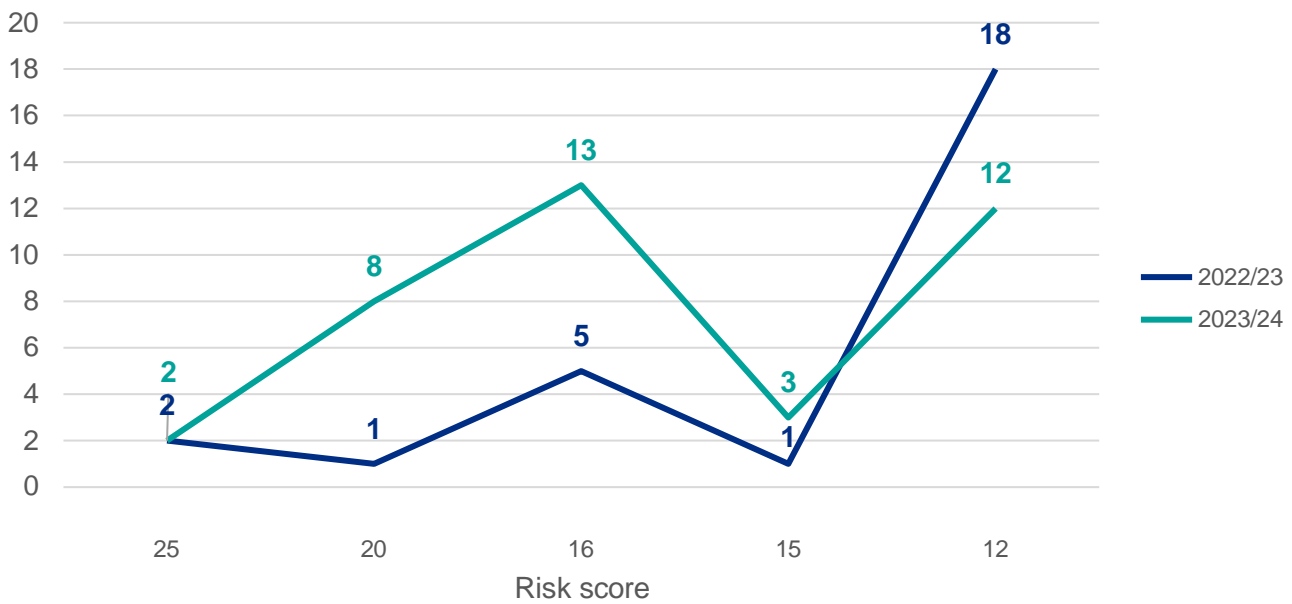
There are some risks on the Register that may require oversight at more than one committee. To ensure that risks have full oversight, a lead committee is nominated to oversee the risk, but the risk may also be presented at another committee.

For example, a risk may have the Quality and Safety Committee as the lead, but there may also be a financial impact to the risk. Therefore the Finance and Performance Committee would also want to have oversight of it.

The graph on the next page shows the numbers of high-scoring risks the ICB held on its Corporate Risk Register at the end of 2022/23 in comparison to the number at the end of 2023/24.

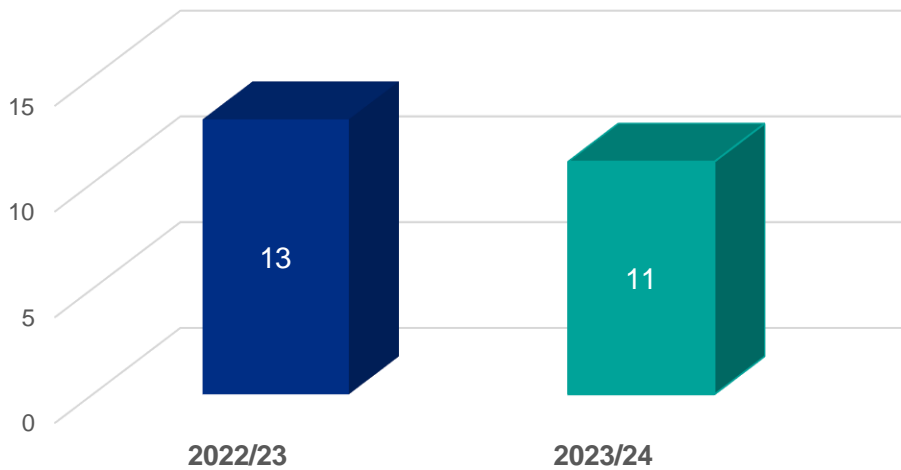


Open risks comparison – 2022/23 and 2023/24



The graph below shows the number of risks closed in 2022/23 against those closed in 2023/24.

Closed risks comparison – 2022/23 and 2023/24



**Other sources of assurance**

**Internal Control Framework**

A system of internal control is the set of processes and procedures in place in the ICB to ensure we deliver our policies, aims and objectives. It is designed to:

- identify and prioritise the risks
- evaluate the likelihood of those risks being realised and the impact if they are realised
- manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk – it can therefore only provide reasonable and not absolute assurance of effectiveness.

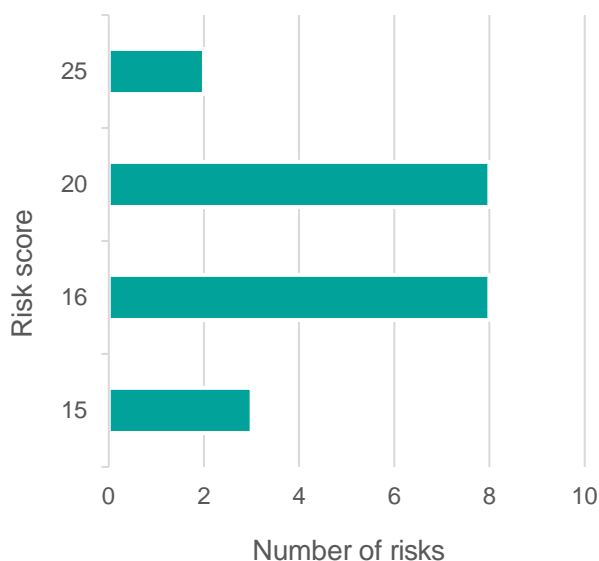


Executive Directors are the responsible risk owners with members of the directorate being action owners and responsible for managing the risks. All risks are reviewed by the Executive Management Team on a monthly basis. The BAF is reviewed and updated on a quarterly basis, with submission to the Board and its sub-committees. This enables the ICB to ensure an effective level of internal control, safety, and quality.

The Audit Committee receives reports which provide assurance of the ICB’s risk management and receives a Register of all open risks. The ICB’s risk management process is also reviewed and audited by our internal auditors, RSM.

The ICB managed 21 high scoring risks during 2023/24.

Breakdown of 2023/24 high scoring risks (15 and above)



Examples of what the risks are related to include continuing healthcare, finances, cyber security and ambulance handover delays. All our risks have been managed and mitigated in line with our Risk Management Strategy.

A full copy of our Risk Register can be made available upon request.

### Annual audit of conflicts of interest management

The ICB follows requirements set out in the 2022 Health and Care Act to maintain robust systems of governance around Conflicts of Interest, including maintenance of registers of staff and committee meetings declarations, and managing decision-making processes in those.

We continue to publish our [Declarations of Interest Register](#) on our website.

NHS England recently released mandatory training for conflicts of interest which all staff are required to complete. We rolled this mandatory module out to our staff on 1 March 2024, and the module will need to be renewed annually.

### Award nomination: Healthcare Financial Management Association (HFMA) Governance Award

The ICS was nominated for the ‘Integrated approach to risk management and board assurance’ award. All partners now play a greater role in assessing risk and developing mitigations.





## Data quality

The Board agrees that the data, information and intelligence brought to its attention – and that of the committees – are fully acceptable and fit for purpose.

Data collection and reliability are kept under review. If issues are identified with the data, the ICB would take steps to rectify the situation.

Section 251 of the NHS Act (2016) relates to the confidentiality of patient information. On 27 February 2024, we received notification from the Confidentiality Advisory Group (CAG) that we had met the conditions of support and are registered for 's251' fully supported.



## Information Governance (IG)

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information.

The framework is supported by an IG Toolkit, and the annual submission process provides assurances to the ICB, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

We place high importance on ensuring there are robust IG systems and processes in place to help protect patient and corporate information. We have established an IG Management Framework and have developed processes and procedures in line with the IG Toolkit. We have ensured all staff undertake annual IG training and have implemented a staff IG Handbook to ensure staff are aware of their roles and responsibilities.

In past years, the final submission of the Data Security and Protection Toolkit (DSPT) has been made at the end of March to align with end of year reporting. During the COVID-19 pandemic, NHS Digital moved the final submission date to 30 June. It was later decided that this date would remain as the final submission date for all future DSPTs.

ICBs were required to do a 'baseline' assessment of their DSPT and submit it by 28 February 2024. The ICB's baseline submission noted that 71 assertions have been completed and peer reviewed.

As we have not yet reached our final submission date, we are currently reporting 71 mandatory evidence assertions completed out of 108. This means there are 37 assertions left to complete. We anticipate achieving 'Standards Met', and that final submission will be completed on or before 30 June 2024.

There are processes in place for incident reporting and investigation of serious incidents. Serious incidents are reported on our electronic reporting system (Datix), and our Quality and Safety Committee undertakes reviews or investigations as appropriate.

## Personal data-related incidents

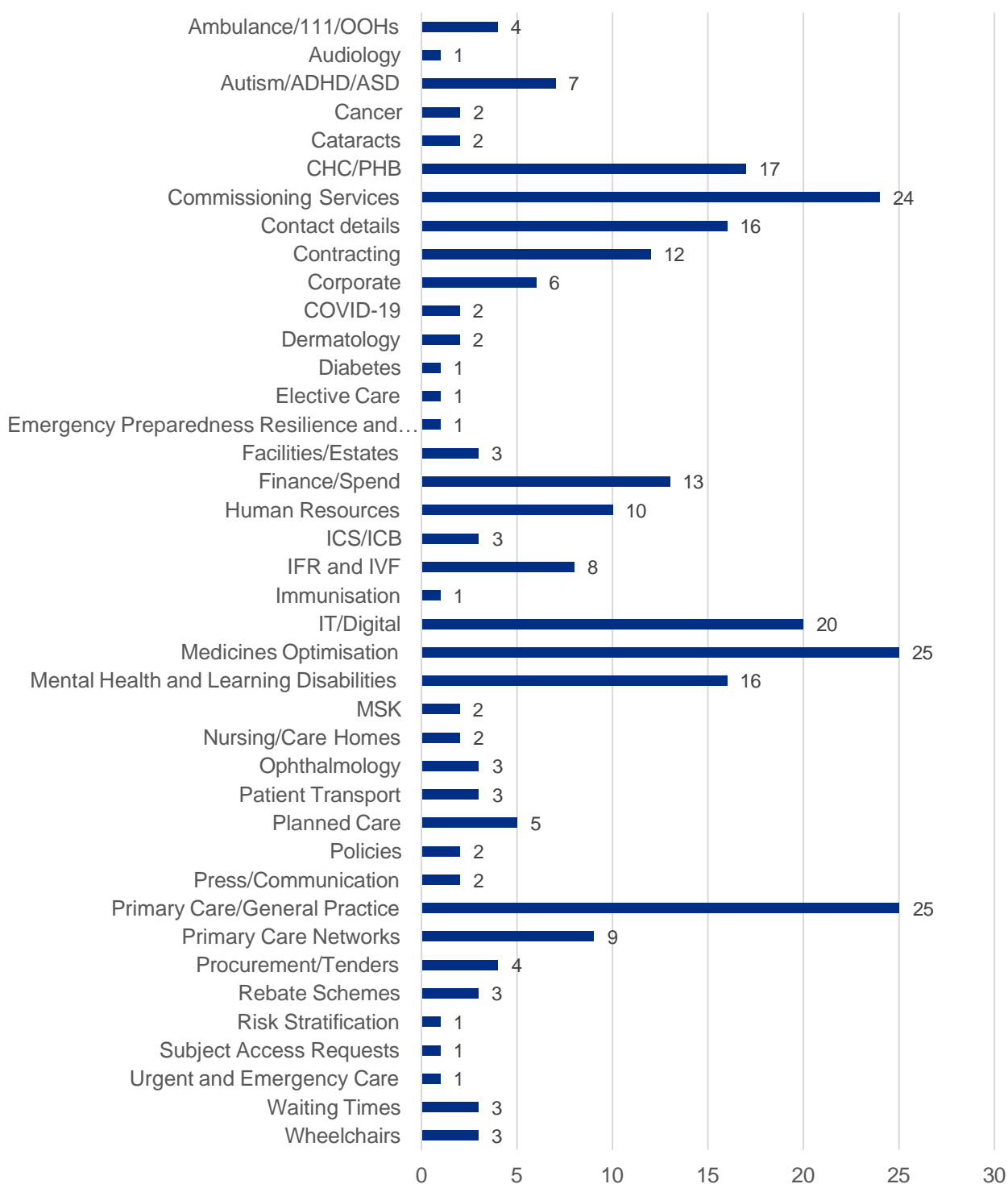
There have not been any personal data breaches during the period 1 April 2023 to 31 March 2024.



## Freedom of Information (FOI) requests

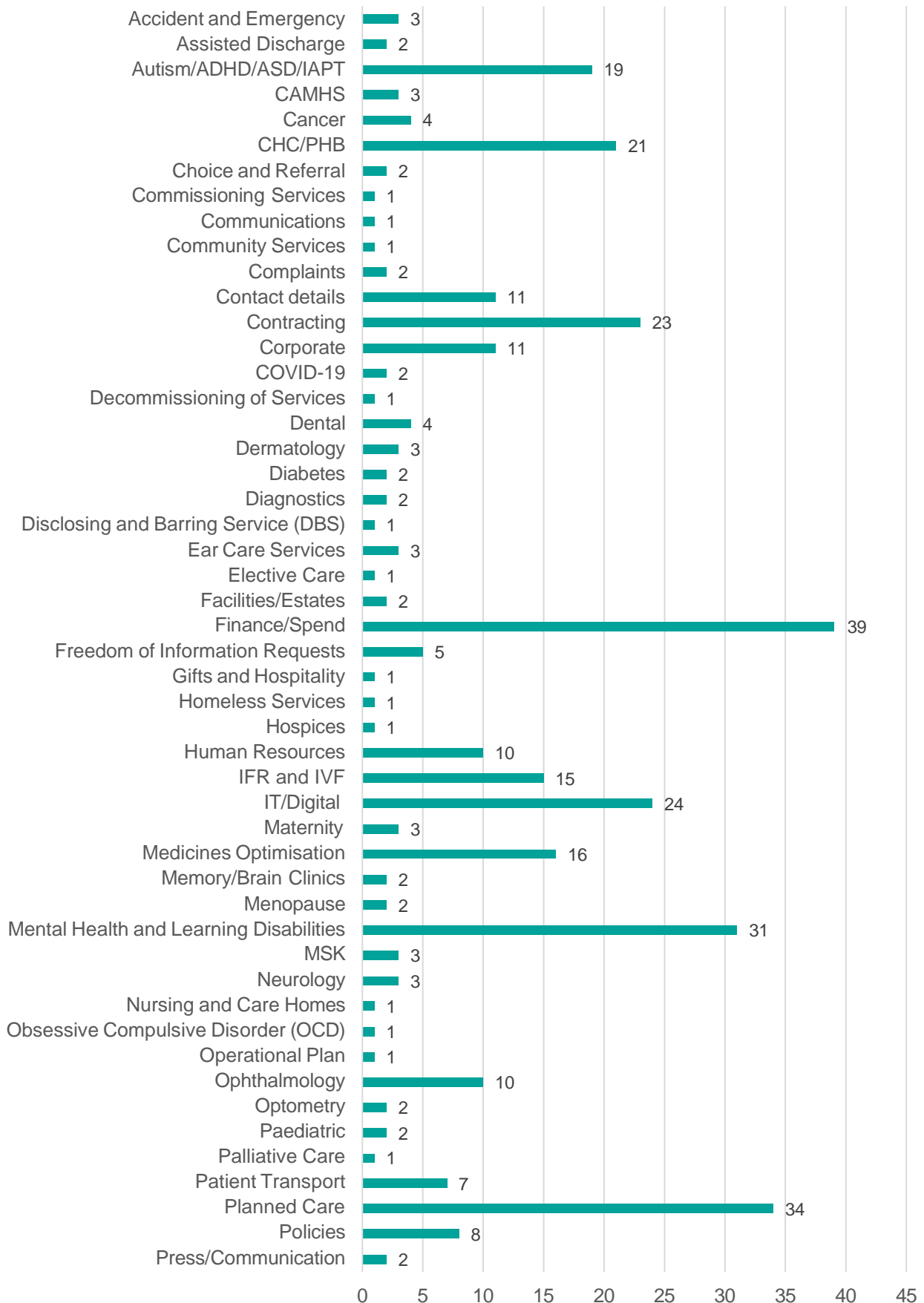
We have received 419 FOI requests during 2023/24 (2022/23 number: 266), with no breaches. We have a robust process in place for answering FOI requests, which has ensured that we have not had any breaches in the last five years. The majority of responses are provided well before the deadline.

### FOIs by service – 2022/23



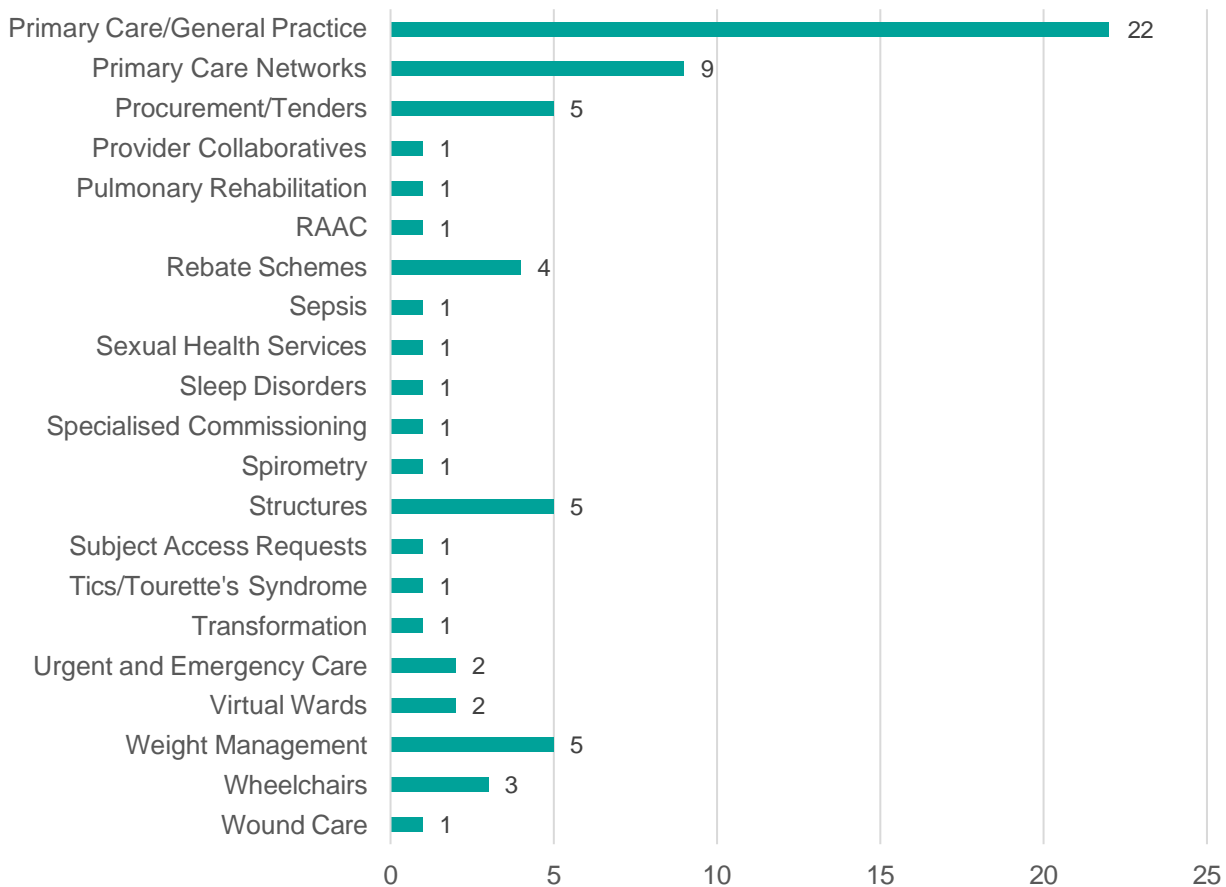


FOIs by service – 2023/24 (part 1)





## FOIs by service – 2023/24 (part 2)



Under our Publication Scheme, redacted responses to the requests we have received are published on our website: [Our publications and policies](#).

### Subject Access Requests (SARs)

Again, we have kept the robust process developed by our predecessor organisation for Subject Access Requests. However, as an ICB we do not receive patient medical records or hospital notes, and so we cannot provide this information under Subject Access. Instead, these must be obtained from the relevant hospital trust or GP practice.

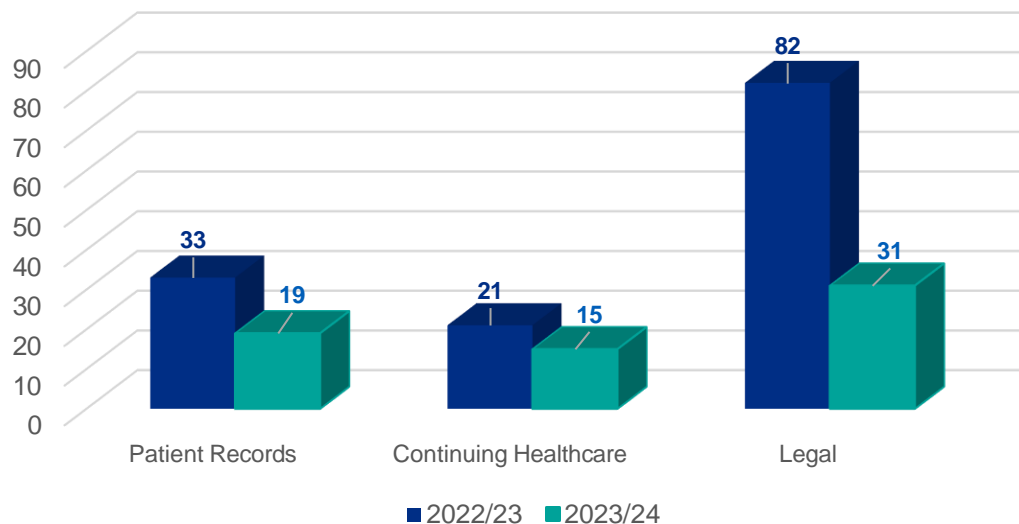
We are able to provide information relating to continuing healthcare (CHC) and Personal Health Budget (PHB) funding and/or Individual Funding Requests (IFR).

During 2023/24, the ICB received 66 requests, 15 of which were in relation to CHC funding. We did not receive any requests in relation to IFR. All requests have been handled in a timely manner, with no breaches reported for the last two years.

In comparison to 2022/23, it is notable that numbers of requests for information under Subject Access have reduced significantly. We believe this is attributable to the message on our website and the automated message requesters will receive advising that the ICB does not hold medical records.



## Subject access requests received comparison – 2022/23 and 2023/24



### Business critical models

In line with the best practice recommendations of the 2013 MacPherson Review into the quality assurance of analytical models, we confirm that an appropriate framework and environment are in place to provide quality assurance of business critical analytics and modelling.

### Third party assurances

The ICB commissions its back-office support from NHS Midlands and Lancashire Commissioning Support Unit (ML). Monthly performance reviews are scheduled with ML.

ML's Internal Audit support is provided by Deloitte. We are awaiting the outcome of the ML's Service Auditor Reports and will include any identified weaknesses in controls within the final submission.

### Control issues

No material issues requiring reporting beyond the underlying financial position were identified via the Month 9 Governance Statement return to NHS England.

The financial framework for 2023/24 is one of a population-based funding method. The System Operating Plan is still under development, and due to be published at the end of July 2023. This plan will describe the system response to all operational requirements.

The accompanying Financial Plan is based on the latest system allocations and is currently showing that the system will have a financial deficit in 2023/24. This financial forecast is under discussion with NHS England, and an agreed plan will be published as soon as agreements have been reached.

At the time of writing the external audit opinion on the financial statements is expected to be unqualified – therefore, delivery of the standards expected of the Accountable Officer are not deemed to be at risk.



## Review of economy, efficiency and effectiveness of the use of resources

Financial planning and in-year performance monitoring are covered within the Performance Report section.

Central management costs are provided in the Financial Performance Targets note in the Accounts section. Our Governing Body and the Finance and Performance Committee and Audit Committees have been kept fully abreast of the ICB's financial position and have provided both support and challenge as would be expected.

Business processes have been restructured to enable the Finance and Performance Committee to scrutinise and lead the financial agenda while carefully separating its work into two parts – one to focus on the performance of the unitary entity that is the ICB, and one concerning itself with the wider ICS.

### Delegation of functions

The key financial systems (general ledger, accounts payable, accounts receivable and payroll) are operated by Shared Business Support under contract to ML. These systems undergo a separate regime of Internal Audit assessment which is provided by Deloitte. Their Service Auditor Reports are published twice a year, presented to the Audit Committee and reviewed by our external auditors in terms of informing the overall audit opinion.

### Counter fraud arrangements

The ICB has an accredited Local Counter Fraud Specialist (LCFS) in place to undertake counter fraud work proportionate to identified risks. This service is provided by RSM.

The ICB continues to ensure that a comprehensive counter fraud and anti-bribery culture exists through the ICB as detailed in the Counter Fraud and Bribery Policy and through the work undertaken by the LCFS. All policy and procedures are subject to review by the LCFS to ensure all our documentation is maintained in accordance with Service Condition 24 (SC24) of the NHS Standard Contract 2021/22 and the NHS Requirements to meet Government Functional Standard 013: Counter Fraud.

The Chief Finance Officer and Counter Fraud Champion work with the LCFS to support a proactive work plan to address identified risks.

During 2023/24, we have held fraud awareness campaigns and RSM have put on webinars for staff to attend which have focused on raising awareness of the different types of fraud. Staff are required to complete mandatory training for fraud awareness and there have been briefing sessions as part of the Team Briefs.

### Gifts and hospitality

It is important that the ICB is made aware of any gifts and hospitality offered to its staff to ensure transparency and openness and to ensure there is no conflict of interest for any of our decision-making staff.

The ICB keeps a register of all and any gifts and hospitality offered to its staff. All ICB staff are required to declare any gifts and hospitality offered to them. This is published in the [Publications and policies](#) section of our website.



**Finalist: International Positive Psychology Association (IPPA) Intervention Design Challenge**

Pauline Grant, Associate Director, Organisational Development at North Staffordshire Combined Healthcare NHS Trust and Staffordshire and Stoke-on-Trent ICS, was a finalist in the IPPA’s fifth annual Positive Organisational Intervention Challenge.

Pauline was presented with recognition of her outstanding submission at the IPPA’s World Congress, held in Canada. Her submission was titled ‘Addressing differential attainment through a positive psychology lens: Introduction of a strengths-based inclusive mentoring workshop for clinical educational supervisors’.



**Head of Internal Audit Opinion**

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation’s risk management, control and governance processes. The opinion should contribute to the organisation’s Annual Governance Statement.

This section provides RSM’s annual internal audit opinion for 2023/24.

The Head of Internal Audit Opinion for Staffordshire and Stoke-on-Trent ICB is as follows:

**The organisation has an adequate and effective framework for risk management, governance and internal control.**

**However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.**

The following audits have been undertaken during the year:

Assignment	Opinion issues
Board Assurance Framework	Reasonable Assurance
Continuing healthcare	Advisory Review – No opinion
Data quality	Substantial Assurance
Data Security and Protection Toolkit (DSPT)	Overall risk assurance across all 10 standard: Substantial Confidence level of the independent assessor in the veracity of the self-assessment: Moderate*
Efficiency targets – phase one	Position Statement – No opinion
Efficiency targets – phase two	Reasonable Assurance
Key financial controls – financial sustainability – follow-up	Good Progress
Patient Safety Incident Response Framework – system approach	Substantial Assurance
Pharmacy, optometry and dentistry (POD) commissioning	Reasonable Assurance

*\* Note: This wording differs from the others due to the prescribed wording from NHS England.*



## Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the ICB who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the ICB achieving its principles objectives have been reviewed.

I have been advised on the implications of the result of this review by:

- The Board
- The Audit Committee
- The Risk / Clinical Governance / Quality and Safety Committee
- Other explicit review / assurance mechanisms.

## Conclusion

No significant internal control issues have been identified.





# Remuneration and Staff Report

## Remuneration Report

### Remuneration Committee

Remuneration Committee members

Name	Position	Date joining the committee*	Date leaving the committee*
David Pearson	ICB Non-Executive Director / ICB Chair	01/07/2022	
Shokat Lal	ICB Non-Executive Director	01/07/2022	
Josie Spencer	ICB Non-Executive Director	01/07/2022	
Julie Houlder	ICB Non-Executive Director	01/07/2022	
Megan Nurse	ICB Non-Executive Director	01/07/2022	

Details of the Remuneration Committee can be found in the Annual Governance Statement.

### Percentage change in remuneration of highest paid director

These figures are based on total remuneration paid to the highest paid director versus the total gross remuneration paid to all remaining employees.

	2022/23 salary (£)	2023/24 salary (£)	Change (%)
Highest paid director	195,700	205,485	5.00%
Median pay of employees	48,526	50,952	5.00%



## Pay ratio information (subject to audit)

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director / member in the organisation in 2023/24 was £205,000 to £210,000 (2022/23: £195,000 to £200,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2023/24	25th percentile	Median pay ratio	75th percentile
Total remuneration (£)	37,350	50,952	69,508
Salary component of total remuneration (£)	37,350	50,952	69,508
Pay ratio information	5.56	4.07	2.99

2022/23	25th percentile	Median pay ratio	75th percentile
Total remuneration (£)	33,706	48,526	77,274
Salary component of total remuneration (£)	33,706	48,526	77,274
Pay ratio information	5.86	4.07	2.56

*Note: Salary movement for all pay scales reflects incremental movement only. Also while the 2022/23 Annual Report covered the period 1 July 2022 to 31 March 2023, the figures above are annualised.*

In 2023/24, 0 employees received remuneration in excess of the highest-paid director / member (2022/23: 0). Remuneration ranged from £22,383 to £205,485 (2022/23: £9,405 to £195,700).

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.



## **Policy on the remuneration of senior managers**

The following posts were paid on the Very Senior Manager pay scale:

- Chief Executive Officer
- Chief Finance Officer
- Chief Medical Officer
- Chief Nursing and Therapies Officer
- Chief Transformation Officer
- Chief Delivery Officer
- Chief People Officer
- Chief Digital Officer
- Director of Corporate Governance
- Agenda for Change – see next paragraphs.

### **Agenda for Change**

All other staff except medical and dental staff and those employed under our Clinical and Professional Leadership Local Pay Framework are paid through the Agenda for Change pay structure.

Non-Executive Director remuneration was based on national guidance from the Department of Health and Social Care.

No senior managers have been paid through a performance-related pay mechanism in 2023/24.

Everything relating to the remuneration and terms and conditions of Very Senior Managers is subject to approval by the Remuneration Committee.

### **Remuneration of Very Senior Managers**

On 16 November 2023, the Remuneration Committee received a letter from Professor Em Wilkinson-Bryce, Chief People Officer of NHS England, outlining a recommendation for a 5% pay award for Very Senior Managers. The committee approved this recommendation for implementation.



## Senior manager remuneration (including salary and pension entitlements) (subject to audit)

1 April 2023 to 31 March 2024

Name and Title	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable to nearest £100) £000	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long-term performance pay and bonuses (bands of £5,000) £000	(e) All pension- related benefits (bands of £2,500) £000	(f) Total a to e (bands of £5,000) £000
David Pearson - Chair	55 - 60	0	0 - 0	0 - 0	0 - 0	55 - 60
Peter Axon - Chief Executive Officer	205 - 210	0	0 - 0	0 - 0	0 - 0	205 - 210
Dr Paul Edmondson-Jones - Chief Medical Officer	170 - 175	0	0 - 0	0 - 0	62.5 - 65.0	235 - 240
Phil Smith - Chief Delivery Officer	130 - 135	0	0 - 0	0 - 0	35.0 - 37.5	170 - 175
Paul Brown - Chief Finance Officer	150 - 155	0	0 - 0	0 - 0	0 - 0	150 - 155
Heather Johnstone - Chief Nursing and Therapies Officer	140 - 145	0	0 - 0	0 - 0	42.5 - 45.0	185 - 190
Chris Bird - Chief Transformation Officer	130 - 135	0	0 - 0	0 - 0	0 - 0	130 - 135
Alex Brett - Chief People Officer	30 - 35	0	0 - 0	0 - 0	0 - 0	30 - 35
Mish Irvine - Chief People Officer	25 - 30	0	0 - 0	0 - 0	150.0 - 152.5	180 - 185
Chris Ibell - Chief Digital Officer	65 - 70	0	0 - 0	0 - 0	0 - 0	65 - 70
Julie Houlder - Non-Executive Director, Chair of Audit Committee	15 - 20	0	0 - 0	0 - 0	0 - 0	15 - 20
Megan Nurse - Non-Executive Director, Chair of Finance and Performance Committee	15 - 20	0	0 - 0	0 - 0	0 - 0	15 - 20
Josie Spencer - Non-Executive Director, Chair of Quality and Safety Committee	15 - 20	0	0 - 0	0 - 0	0 - 0	15 - 20
Shokat Lal - Non-Executive Director, Chair of People, Culture and Inclusion Committee	15 - 20	0	0 - 0	0 - 0	0 - 0	15 - 20

**\*\* Note: Taxable expenses and benefits in kind are expressed to the nearest £100.**



### Further information

- Peter Axon – Interim CEO (seconded from NSCHT at 1 WTE) | Joined permanently 1 January 2024
- Alex Brett – Chief People Officer (seconded from MPFT at 0.5 WTE) | Annual salary £151k | Left 31 August 2023
- Mish Irvine – Chief People Officer (seconded from MPFT at 0.5 WTE) | Annual salary £111k | Joined 1 October 2023
- Chris Ibell – Chief Digital Officer (seconded from MPFT at 0.5 WTE) | Annual salary £113k | Joined permanently 1 December 2023.



1 July 2022 to 31 March 2023

Name and Title	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable to nearest £100) £000	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long-term performance pay and bonuses (bands of £5,000) £000	(e) All pension- related benefits (bands of £2,500) £000	(f) Total a to e (bands of £5,000) £000
Prem Singh - ICB Chair	30 - 35	0	0 - 0	0 - 0	0 - 0	30 - 35
David Pearson - Interim ICB Chair	15 - 20	0	0 - 0	0 - 0	0 - 0	15 - 20
Peter Axon - Interim CEO	145 - 150	0	0 - 0	0 - 0	267.5 - 270.0	410 - 415
Dr Paul Edmondson-Jones - Chief Medical Officer	120 - 125	0	0 - 0	0 - 0	32.5 - 35.0	155 - 160
Phil Smith - Chief Delivery Officer	95 - 100	0	0 - 0	0 - 0	57.5 - 60.0	150 - 155
Paul Brown - Chief Finance Officer	105 - 110	6,100	0 - 0	0 - 0	45.0 - 47.5	155 - 160
Heather Johnstone - Chief Nursing and Therapies Officer	95 - 100	0	0 - 0	0 - 0	42.5 - 45.0	140 - 145
Chris Bird - Chief Transformation Officer	90 - 95	0	0 - 0	0 - 0	115.0 - 117.5	205 - 210
Alex Brett - Chief People Officer	50 - 55	0	0 - 0	0 - 0	155.0 - 157.5	205 - 210
Chris Ibell - Chief Digital Officer	45 - 50	0	0 - 0	0 - 0	0 - 0	45 - 50
Julie Houlder - Non-Executive Director, Chair of Audit Committee	10 - 15	0	0 - 0	0 - 0	0 - 0	10 - 15
Megan Nurse - Non-Executive Director, Chair of Finance and Performance Committee	10 - 15	0	0 - 0	0 - 0	0 - 0	10 - 15
Josie Spencer - Non-Executive Director, Chair of Quality and Safety Committee	10 - 15	0	0 - 0	0 - 0	0 - 0	10 - 15
Shokat Lal - Non-Executive Director, Chair of People, Culture and Inclusion Committee	10 - 15	0	0 - 0	0 - 0	0 - 0	10 - 15

\*\* Note: Taxable expenses and benefits in kind are expressed to the nearest £100.



### Further information

- Prem Singh – ICB Chair | Annual salary £60k | Joined 1 July 2022, left 31 December 2022
- David Pearson – Interim ICB Chair | Annual salary £60k | Appointed as Interim Chair 1 January 2023
- Peter Axon – Interim CEO seconded from NSCHT at 1 WTE | Annual salary £195k | Joined 1 July 2022
- Dr Paul Edmondson-Jones – Chief Medical Officer | Annual salary £154k | Joined 1 July 2022
- Phil Smith – Chief Delivery Officer | Annual salary £128k | Joined 1 July 2022
- Paul Brown – Chief Finance Officer | Annual salary £149k | Joined 1 July 2022
- Heather Johnstone – Chief Nursing and Therapies Officer | Annual salary £127k | Joined 1 July 2022
- Chris Bird – Chief Transformation Officer (seconded from NSCHT at 1 WTE) | Annual salary £123k | Joined 1 July 2022
- Alex Brett – Chief People Officer (seconded from MPFT at 0.5 WTE) | Annual salary | Joined 1 July 2022
- Chris Ibell – Chief Digital Officer (seconded from MPFT at 0.5 WTE) | Annual salary | Joined 1 July 2022
- Julie Houlder – Non-Executive Director, Chair of Audit Committee | Annual salary £18k | Joined 1 July 2022
- Megan Nurse – Non-Executive Director, Chair of Finance and Performance Committee | Annual salary £16k | Joined 1 July 2022
- Josie Spencer – Non-Executive Director, Chair of Quality and Safety Committee | Annual salary £16k | Joined 1 July 2022
- Shokat Lal – Non-Executive Director, Chair of People, Culture and Inclusion Committee | Annual salary £16k | Joined 1 July 2022.



## Pension benefits (subject to audit)

1 April 2023 to 31 March 2024

Name and Title	(a) Real increase in pension at pension age (bands of £2,500) £000	(b) Real increase in pension lump sum at pension age (bands of £2,500) £000	(c) Total accrued pension at pension age at 31/03/24 (bands of £5,000) £000	(d) Lump sum at pension age related to accrued pension at 31/03/24 (bands of £5,000) £000	(e) Cash Equivalent Transfer Value at 01/04/23 £000	(f) Real Increase in Cash Equivalent Transfer Value £000	(g) Cash Equivalent Transfer Value at 31/03/24 £000	(h) Employer's contribution to partnership pension £000
Peter Axon - Interim CEO	0 - 0	45 - 47.5	70 - 75	185 - 190	1,106	284	1,530	0
Dr Paul Edmondson-Jones - Chief Medical Officer	2.5 - 5	0 - 0	5 - 10	0 - 0	0	0	0	0
Phil Smith - Chief Delivery Officer	2.5 - 5	0 - 0	20 - 25	0 - 0	174	63	274	0
Paul Brown - Chief Finance Officer	0 - 0	0 - 0	15 - 20	0 - 0	878	0	269	0
Heather Johnstone - Chief Nursing and Therapies Officer	0 - 2.5	40 - 42.5	50 - 55	130 - 135	856	237	1,199	0
Chris Bird - Chief Transformation Officer	0 - 2.5	0 - 0	55 - 60	0 - 0	679	141	907	0
Alex Brett - Chief People Officer	0 - 0	0 - 0	5 - 10	25 - 30	387	0	220	0
Mish Irvine - Chief People Officer	5 - 7.5	17.5 - 20	5 - 10	15 - 20	0	132	135	0

### Further information

- Alex Brett – Chief People Officer (seconded from MPFT at 0.5 WTE) | Left 31 August 2023
- Mish Irvine – Chief People Officer (seconded from MPFT at 0.5 WTE) | Joined 1 October 2023.



1 July 2022 to 31 March 2023

Name and Title	(a) Real increase in pension at pension age (bands of £2,500)  £000	(b) Real increase in pension lump sum at pension age (bands of £2,500)  £000	(c) Total accrued pension at pension age at 31/03/23 (bands of £5,000)  £000	(d) Lump sum at pension age related to accrued pension at 31/03/23 (bands of £5,000)  £000	(e) Cash Equivalent Transfer Value at 01/07/22  £000	(f) Real Increase in Cash Equivalent Transfer Value  £000	(g) Cash Equivalent Transfer Value at 31/03/23  £000	(h) Employer's Contribution to partnership pension  £000
Peter Axon - Interim CEO	12.5 - 15	25.0 - 27.5	65 - 70	125 - 130	869	211	1,106	0
Dr Paul Edmondson- Jones - Chief Medical Officer	0 - 2.5	0 - 0	0 - 5	0 - 0	0	0	0	0
Phil Smith - Chief Delivery Officer	2.5 - 5.0	0 - 0	15 - 20	0 - 0	135	26	174	0
Paul Brown - Chief Finance Officer	2.5 - 5.0	0 - 2.5	40 - 45	80 - 85	816	47	878	0
Heather Johnstone - Chief Nursing and Therapies Officer	2.5 - 5.0	2.5 - 5	40 - 45	80 - 85	791	52	856	0
Chris Bird - Chief Transformation Officer	5.0 - 7.5	0 - 0	50 - 55	0 - 0	581	81	679	0
Alex Brett - Chief People Officer	5.0 - 7.5	15.0 - 17.5	20 - 25	40 - 45	242	140	387	0



## Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

## Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

## Compensation on early retirement for loss of office

No payments have been made in respect of compensation on early retirement. Payments paid or payable in respect of loss of office are summarised within the notes relating to Exit Packages.

## Payments to past directors

There were no payments made in relation to past directors during 2023/24.





## Staff Report

### Number of senior managers

A senior manager is defined by NHS Business Services Authority as those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS organisation.

For the purposes of this report, we believe those persons in Band 8a and above are senior managers.

Senior staff analysis by Band (based on staffing at 31 March 2024)

Pay band	Headcount
Ad-hoc / local	0
Band 1	0
Band 2	8
Band 3	3
Band 4	28
Band 5	21
Band 6	41
Band 7	39
Band 8 - Range A	57
Band 8 - Range B	40
Band 8 - Range C	20
Band 8 - Range D	16
Band 9	10
Medical	19
Very Senior Manager (VSM)	14
Board (off payroll)*	7
<b>Grand total</b>	

\* Board (off payroll) pertains to Governing Body members without a pay record in the ICB Electronic Staff Record (ESR) system. Named individuals categorised as such are: Buki Adeyemo, Jack Aw, Chris Bird, Tracy Bullock, Neil Carr, Patrick Flaherty and John Rouse.



## Staff numbers and costs (subject to audit)

The table below shows the average number of people employed in 2023/24 in NHS Staffordshire and Stoke-on-Trent ICB.

Average number of people employed 31/03/24	Permanently employed	Other	Total
Administration and Estates	200.63	7.71	<b>208.34</b>
Medical and Dental	8.81	1.14	<b>9.95</b>
Nursing, Midwifery and Health Visiting staff	19.90	1.05	<b>20.95</b>
Other	1.51	0.00	<b>1.51</b>
Scientific, Therapeutic and Technical staff	22.23	0.50	<b>22.73</b>
<b>Total</b>	<b>253.08</b>	<b>10.40</b>	<b>263.48</b>

The table below shows the associated staff costs for NHS Staffordshire and Stoke-on-Trent ICB.

Staff costs 31/03/24	Permanently employed £000	Other £000	Total £000
Salaries and wages	£14,179	£1,170	<b>£15,349</b>
Social security costs	£1,631	£0	<b>£1,631</b>
Employer contributions to NHS Pension Scheme	£2,699	£0	<b>£2,699</b>
Apprenticeship Levy	£61	£0	<b>£61</b>
<b>Total</b>	<b>£18,571</b>	<b>£1,170</b>	<b>£19,741</b>

## Staff composition

Headcount by gender (based on staffing at 31 March 2024)

Staff grouping	Female	Male	Unknown*	Total
Board member	4	7	7	<b>18</b>
Other senior management (Band 8C+)	41	27	0	<b>68</b>
All other employees	194	43	0	<b>237</b>
<b>Grand total</b>	<b>239</b>	<b>77</b>	<b>7</b>	<b>323</b>



Percentage by gender (based on staffing at 31 March 2024)

Staff grouping	Female	Male	Unknown*
Board member	22.2%	38.9%	38.9%
Other senior management (Band 8C+)	60.3%	39.7%	0.0%
All other employees	81.9%	18.1%	0.0%
<b>Grand total</b>	<b>73.99%</b>	<b>23.84%</b>	<b>2.17%</b>

\* *Unknown pertains to Board Members without a pay record in the ICB Electronic Staff Record (ESR) system. Named Individuals categorised as Unknown are: Buki Adeyemo, Jack Aw, Chris Bird, Tracy Bullock, Neil Carr, Patrick Flaherty and John Rouse.*

## Sickness absence data

Staff sickness absence 2023

Category	2023 number
Total days lost	1,781.70
Total staff years	250.19
Average working days lost	7.12

The sickness absence data for the ICB in 2023 was whole time equivalent (WTE) days available of 56,291.87.

WTE days lost to sickness absence totalled 1,781.7. The average working days lost per employee was 7.12 – which was managed through the Absence Management Policy.

## Staff turnover percentages

ICB staff turnover 2023/24

Category	2023/24 number
Average FTE employed	257.33
Total FTE leavers	31.70
Turnover rate	12.32%

The ICB staff turnover rate for 2023/24 has been calculated by dividing the total FTE leavers in-year by the average FTE staff in post during the year.

The ICB's total FTE leavers in-year was 31.7. The ICB's average FTE staff in post during the year was 257.33. The ICB staff turnover rate for the year was 12.32%.



## Staff policies

As part of our Policy Renewal Plan, during 2023/24 a number of HR policies have been reviewed to reflect legislative changes, including but not limited to:

- Apprenticeship Policy
- Career Break Policy
- Grievance and Disciplinary Policy
- Training and Development Policy
- Staff Volunteering Policy
- Work Experience Policy.

We have continued to work with the Staff Engagement Group (SEG), staff networks and support groups, and Staff Side representatives to align and review all HR policies. Staff can easily access HR policies and documents by using the staff intranet, 'Information and News', known by staff as IAN.

### Highly commended: Health Service Journal Partnership Awards

The Staffordshire and Stoke-on-Trent ICS People Function and Staffordshire Training Hub have recently been awarded highly commended in the 'Primary care project of the year' category at the HSJ Partnership Awards.

The award recognises outstanding dedication to improving healthcare and effective collaboration with the NHS.



## Trade Union Facility Time Reporting Requirements

We have regional representatives for the ICB in Staffordshire and Stoke-on-Trent. As we continue to work across the Staffordshire and Stoke-on-Trent system, we have used a system of local representatives as well as continuing to engage and consult with regional representatives from various trade unions.

## Health and safety

NHS Midlands and Lancashire Commissioning Support Unit (ML) provides advice and support on all health and safety-related matters. All staff are asked annually to undertake a display screen equipment (DSE) assessment for their home office set up, and this was sent to the HR team for inclusion in their personnel records.

There were no health and safety-related incidents reported to the ML Health and Safety Officer and no Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents.

## Other employee matters

### Agile working

Agile working is about what you do, and not where you do it. We have developed our agile working principles and framework to provide an opportunity to modernise our working practices – moving away from assumptions of traditional office working about where, when and how work should be done, to a culture of working wherever, whenever and however is most appropriate to get the work done.

It is not just about working hours, locations and workstyles – it is about being responsive and adaptive to service needs and advancements in technology. Agile working aims to provide greater flexibility, particularly in relation to the time and location our staff can work at, subject to the requirements of the service and individual job.



There are three designated ‘hubs’ for staff to use – two existing office hubs and one new hub in Stafford. These are supported by the Agile Framework, which continues to be monitored and developed to create a new work culture and approach to agile and hybrid working.

Agile working also has environmental benefits, as working from home reduces the daily commutes – therefore reducing environmental pollution as well as saving time and energy.

We receive positive feedback from our staff that agile working improves work-life balance. This was evidenced in our 2023 Staff Survey in which 76% of participants agreed that the organisation is committed to helping balance work and home life. A further 89% agreed that they could approach their immediate manager to talk openly about flexible working.

### Staff development days

Development days have occurred throughout the year. Topics for the sessions have included updates on the Organisational Development programme, topics related to equality, diversity and inclusion, and the results of the 2023 Staff Survey.

Staff development days were held on the following dates during 2023/24:

- 9 May 2023
- 3 July 2023
- 14 September 2023
- 15 November 2023
- 17 January 2024.

All the development days (apart from July 2023’s) were held virtually. The virtual sessions were recorded through Microsoft Teams so staff who may have missed the development day could catch up at a time best suited to them.

The 3 July development day was extra special as it was an in-person event to mark and celebrate the NHS’ 75th birthday. The celebratory event included:

- The NHS 75 Bake Off
- Staff Long Service Award, some of which were for more than 40 years’ service
- Sharing of staff stories from working for the NHS
- Staff networking and time for teams to celebrate
- Staff training.

The commitment to staff training and development by the Board and Executive Team continues. We have a range of national and local statutory and mandatory training courses staff must complete on joining the organisation and thereafter at regular intervals to ensure training compliance.

Most of the courses are e-learning modules. Examples of the statutory and mandatory training include, but are not limited to, the following:

- Equality, Diversity and Human Rights
- Information Governance
- Fire Safety
- Freedom to Speak Up
- Cyber Security
- Health, Safety and Welfare
- Invisible Disabilities
- Unconscious Bias.

During 2023/24, we rolled out Oliver McGowan (Part A) training to provide our staff with a general awareness of the support autistic people or people with a learning disability may need. As of March 2024, 95% of our staff who work in health and social care have completed this e-learning.



During 2023/24, a range of nationally recognised accredited courses have been taken up by staff, the most popular being the following:

- PRINCE2 Project Management
- Managing Successful Programmes
- [ILM](#) Level 5 Effective Coaching and Mentoring
- Stepping into Management.

36 members of staff took up the opportunity to develop their skills and knowledge with a nationally-recognised course.

### Health and wellbeing support to staff

During 2023/24, we changed our occupational health provider to enhance our health and wellbeing offer. The new provider offers a range of health and wellbeing support and initiatives to our staff, including:

- **Employee Assistance Programme** – a 24/7 confidential helpline that offers access to support including counselling, debt management support, legal information advice, couples coaching and coaching for managers
- **Health and wellbeing sessions** – including full body stretching, back care, chair yoga, healthy habits, heart health, and nutrition for weight loss.

Staff can also access health and wellbeing support from the ICS Staff Psychological Wellbeing Hub. Workshops include workplace loneliness, work–life balance, relaxation and emotional intelligence.

A significant number of staff are also trained as Mental Health First Aiders, Change Ambassadors, Menopause Ambassadors, Diversity Champions and Domestic Abuse Ambassadors.

The Staff Survey is an important part of how we measure the health and wellbeing of our staff, and the results from this survey have fed into the Organisational Development Plan. We have also run regular ‘temperature checks’ throughout the year to give staff the opportunity to voice their thoughts, feelings, and concerns about their work environment, workload, and wellbeing.

### Whistleblowing

For our corporate whistleblowing obligations, we have a dedicated policy in place. We have appointed Freedom to Speak Up Guardians, and all our staff are assured that they can speak up freely to raise any concerns they may have.

### Board OD session

The Board meet on a monthly basis and alternate between meetings held in public and meetings held virtually. The Board had a full development programme in place for 2023/24, supported by Deloitte. The programme aims to consider:

- How we can use principles of mutual accountability to oversee performance – exploring the necessary conditions and behaviours to allow partners to challenge each other and gain assurance as a Unitary Board
- The roles of each part of the system in overseeing performance (including the ICB, its members, and NHS England) – including the processes and behaviours required in regular monitoring, gaining assurance, and escalating where required
- How we can embed the ways of working identified in the Compact, and cascade these out to the wider system, including using them in practical situations
- How the ICP Strategy and Joint Forward Plan are shared with the wider system and how the necessary focus on delivery of these plans is obtained.



## Staff Engagement Group

The ICB's Staff Engagement Group includes core members and various volunteers from all directorates. The primary purpose of the group is to facilitate communication, collaboration and feedback on behalf of staff to continuously improve working conditions in the ICB.

During 2023/24, the group has continued to support staff events, supported charity and health awareness days, initiated investment in refresher training for Mental Health First Aiders, and provided monthly feedback on key issues.

The group supported the business cycle review of a significant number of aligned HR policies, and standing items have been introduced on Equality, Diversity and Inclusion (EDI) and the People Plan.

## Staff Survey

The Staff Survey ran during October and November 2023. **Overall, there was a response rate of 79%.** The average response rate for similar organisations is 72%.

Feedback from the 2023 Staff Survey has been reviewed by the ICB Executive Team and shared with staff to recognise achievements, investigate areas of improvement and seek new opportunities of support for staff.

We will ensure actions emerging from the survey align with the seven elements of the NHS People Promise:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team.

## Public Sector Equality Duty Annual Report

We produce an Annual Report to evidence how we are meeting our equality statutory and mandated duties, principally delivering on the Equality Acts, Public Sector Equality and Specific Duties.

We continue to advance and evidence EDI through a range of statutory and mandated instruments and mechanisms, along with good practice initiatives – all of which are reported and published throughout the year on our dedicated [Equality, diversity, inclusion and human rights](#) webpage.

View our [Public Sector Equality Duty Annual Report 2023/24](#).

## ICB EDI Equality Objectives and Action Plan

As a result of implementing Race Equality Code, receiving the NHS England EDI Improvement Plan and its six high-level actions – along with recommendations from the Equality and Human Rights Commission – we will be revising our equality objectives and action plan. It became apparent that we need to focus our efforts towards a more reduced SMART action plan of activities for 2024/25.

This means that the activities in the current 2023/24 action plan will need to be spread over a wider period of one to three years.



## Workforce diversity profile and recruitment reporting

The report provides a profile of ICB staff in post as of 30 September 2023, which at that point totalled 282.

Key findings include:

- The overall ethnic diversity of the Staffordshire and Stoke-on-Trent population is 9%
- The overall ethnic diversity of our workforce is 10%, so overall we have proportionate representation
- Our 'official' ESR records indicate 5.7% of our workforce have a disability
- We have more women in lower banded roles, and more men in higher banded, Very Senior Manager (VSM) and Local Clinical and Professional Pay Framework roles. However, if considered by Band, our workforce has lower than overall and population ethnic diversity in Bands.

View the full [Workforce Diversity Profile Report for 2023](#).

## Race Equality Code (REC)

In 2022, we adopted the REC as part of our commitment to addressing race equality. The REC is an accredited leadership-focused programme. The assessment process resulted in a total of 31 actions to be delivered over a three-year period. The implementation of these actions will form a significant part of the ICB's Annual Equality Action Plan 2024/25.

Other national equality reporting tools and mechanisms used to evidence compliance with the PSED include the NHS Accessible Information Standard and Modern Day Slavery.

## Gender Pay Gap (GPG)

The tables below provide our first year's GPG reporting data and show the average and median hourly rates between male and female staff expressed as both a monetary and percentage difference (pay gap).

Gender	Average hourly rate	Median hourly rate
Male	£40.67	£33.38
Female	£26.70	£24.38
Difference	£13.97	£9.00
Pay gap %	34.34%	26.96%

The ICB combined workforce by female or male for 2023 was as follows:

- Female staff 77%
- Male staff 23%.

These figures can give an approximation if the quartiles\* are representative of the ICB workforce profile by sex.

Quartile	Female	Male	Female %	Male %
1	62	6	91%	9%
2	51	10	84%	16%
3	59	21	74%	26%
4	39	31	56%	44%

\* A quartile is one of three points that divide a population into four equal parts. For GPG reporting, the four quartile pay bands are created by dividing the total number of full-pay relevant employees into four equal parts.



## **Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)**

We have collated the WRES/WDES data for 2023/24 with any resulting actions forming part of our Annual Equality Action Plan.

The [WRES 2023 Report](#) and the [WDES 2023 Report](#) were both published on our website in October 2023.

## **Equality and Health Inequalities Impact Assessments (EHIA)**

EHIAs continue to be a well-established and embedded tool in the ICB. They help to ensure that services, policies, and day-to-day functions are fair, accessible, and inclusive. These evidence-based tools require stakeholder engagement.

Through questions and data analysis, EHIAs help to identify gaps and potential risks and highlight opportunities to improve staff and patient access, experience, and outcomes.

## **ICB staff networks and support groups**

During 2023/24, staff networks and support groups were active and provided a platform for staff to support, express and voice a range of experiences. Information and feedback from these network groups progress through the governance process with the aim of influencing ICB policies, procedures, and day-to-day functions.

Our staff networks have worked on several development projects – including encouraging staff to disclose their protected characteristic details on our Electronic Staff Record and arranging an away day – where a key topic for discussion will be addressing bullying and harassment in the workplace.

## **Individual ICB-appointed roles allied to equality, diversity and inclusion**

In addition to the staff support groups, the ICB has appointed several voluntary EDI-related ally/staff support roles. These roles have been taken up by staff across a range of Bands including very senior managers.

They also include:

- Diversity Champions
- Menopause Ambassadors
- Invisible Conditions Reps
- Mental Health First Aiders
- Wellbeing Guardian
- Wellbeing Champions
- Freedom to Speak Up Guardians
- Freedom to Speak Up Champion
- Domestic Abuse Ambassadors
- Change Ambassadors.

## **Integrated Care System activity**

In addition to shared training and development programmes, the work this year at a system level has mainly focused on regional directives. We created a Workforce Race Equality and Inclusion (WREI) Strategy for Staffordshire and Stoke-on-Trent as a result of several reports highlighting health inequalities within and between the different protected characteristic and other vulnerable communities in the local population.

We will continue to work closely with our NHS provider partners to develop and deliver system-wide initiatives.



## Staff engagement and involvement

Staff have access to and are informed through a range of activities, including:

- **Staff Team Brief:** usually held via Microsoft Teams each Monday. If an urgent communication is needed, we will arrange a special Team Brief
- **Staff Mid-Week Message:** for sharing key messages about process, policy and system updates
- **Friday Message:** a message directly from the Chief Executive Officer, Peter Axon. These are stored on the staff intranet – Information and News (IAN)
- **Staff Time Out Sessions:** the main sessions are recorded but not if there are breakout rooms. We use Jamboard (or similar tool) to collate questions and answers, allowing people to ask their questions confidentially.



## Staff training and development

Throughout this reporting period, ICB staff have been invited to a wide range of voluntary and mandated equality-related training and awareness sessions.

As of February 2024, 96.3% of our staff had completed their mandatory Equality, Diversity and Human Rights training – an increase on last year's figure (88.4%).

We have continued to deliver our mandated Unconscious Bias and Invisible Disability training programmes which all staff are required to attend.

ICB staff have also attended or had access to the following training (please note that this is not an exhaustive list):

- All new staff receive an Equality and Inclusion induction session
- Comfortable being uncomfortable with race
- ICS leadership and system-wide training programmes
- One-to-one Equality and Health Inequalities Impact and Risk Assessment (EHIIRA) and U-Assure sessions
- Recruitment and selection training
- Diversity masterclass
- Healthy Ageing in Staffordshire workshop
- Population Health Management training
- Development opportunities for ethnically diverse staff, for example Workforce Race Champions Development and Reciprocal Mentoring Programmes supported by the Executive Team and allies – aimed at staff with a protected characteristic who have historically experienced inequalities in development opportunities and career progression.



## ICS people, culture and inclusion

As we reflect on 2023/24, we acknowledge the challenges that we have faced as a health and social care system. The ongoing financial and operational pressures, including those posed by industrial action and post-pandemic recovery, have tested our resilience.

However, our people have continued to demonstrate unwavering commitment, going above and beyond to provide the best possible care to our local population.






At the heart of our vision is the commitment to looking after the health and wellbeing of our workforce – our people. We recognise the incredible efforts they have made and are dedicated to supporting them in every way we can.

The [ICS People Culture and Inclusion Annual Report 2023/24](#) serves as a testament to the hard work and dedication of our exceptional people, and as a roadmap for the future of health and social care in Staffordshire and Stoke-on-Trent.

Looking forward to 2024/25, we will be focusing on working together to:

- achieve financial balance for the system
- finalise our Organisational Development Plan
- continue to prioritise our equality, diversity and inclusion work
- develop our local Long-Term Workforce Plan – with a focus on improving future supply, retention and wellbeing, education and training, and widening participation.

## ICS people, culture and inclusion achievements 2023/24

Area	Description
<b>T-Levels</b> 	Awarded national T-Levels pilot for Midlands and grew placement provision to <b>81 students</b>
<b>People Hub</b> 	<b>More than 17,500 hours</b> worked by People Hub staff on 'any day, any hour' basis
<b>Occupational health contract</b> 	<b>First year delivery</b> of joint NHS occupational health contract
<b>Health and Wellbeing Hub</b> 	<b>1,416 referrals</b> to the Health and Wellbeing Hub
<b>Inclusion School</b> 	More than <b>220 attendees</b> to ICS Inclusion School sessions



## Expenditure on consultancy

The ICB expensed £426,000 for the reporting year ending 31 March 2024 (£662,000 for the nine-month period ending 31 March 2023).

Expenditure classified as consultancy relates to the provision to management of objective advice and assistance relating to strategy, structure, management, or operations of an organisation in pursuit of its purposes and objectives.

## Off-payroll engagements (subject to audit)

A £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant. The ICB did not have any highly paid off-payroll engagements during the period 1 April 2023 and 31 March 2024.

Length of all highly paid off-payroll engagements (subject to audit)

For all off-payroll engagements as of 31 March 2024, for more than £245 per day:

Existing engagements	Number
Number of existing engagements as of 31 March 2024	0
<b>Of which, the number that have existed:</b>	–
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
for four or more years at the time of reporting	0

Off-payroll workers engaged at any point during the financial year (subject to audit)

For all off-payroll engagements between 1 April 2023 and 31 March 2024, for more than £245 per day:

Temporary off-payroll workers (1 April 2023 to 31 March 2024)	Number
Number of temporary off-payroll workers engaged	0
<b>Of which:</b>	–
Number not subject to off-payroll legislation	0
Number subject to off-payroll legislation and determined as in-scope of IR35	0
Number subject to off-payroll legislation and determined as out of scope of IR35	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
<b>Of which:</b>	
Number of engagements that saw a change to IR35 status following review	0



Off-payroll engagements / senior official engagements (subject to audit)

For any off-payroll engagements of Board members, and/or senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024:

Off-payroll engagements of board members / senior official engagements	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total number of individuals on payroll and off-payroll that have been deemed "board members, and/or senior officials with significant financial responsibility", during the financial year. This includes both on payroll and off-payroll engagements	14

### Exit packages, including special (non-contractual) payments (subject to audit)

Exit package cost band (inc. any special payment element)	Number of compulsory redundancies (whole numbers only)	Cost of compulsory redundancies (£s)	Total number of exit packages (whole numbers only)	Total cost of exit packages (£s)
Less than £10,000	5	29,600	5	29,600
£10,001 to £25,000	4	51,933	4	51,933
£25,001 to £50,000	3	118,667	3	118,667
£50,001 to £100,000	0	0	0	0
£100,001 to £150,000	0	0	0	0
£150,001 to £200,000	0	0	0	0
>£200,000	0	0	0	0
<b>Total</b>	<b>12</b>	<b>200,200</b>	<b>12</b>	<b>200,200</b>

Redundancy and other departure costs have been paid in accordance with the provisions of NHS Agenda for Change Terms and Conditions of Service.

### Analysis of other departures

The ICB agreed no departures where special payments have been made during the reporting period.



# Parliamentary Accountability and Audit Report

Staffordshire and Stoke-on-Trent ICB is not required to produce a Parliamentary Accountability and Audit Report.

Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this Annual Report between pages 160 – 179 of the Annual Accounts. An audit certificate and report is also included in this Annual Report between pages 1 – 6 of the following Independent Auditor's Report.

Peter Axon  
Chief Executive Officer  
Staffordshire and Stoke-on-Trent ICB  
20 June 2024



# Annual Accounts

**NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB)**

**Accounts for the period 1 April 2023 to 31 March 2024**

## Foreword to the accounts

These accounts have been prepared in accordance with International Financial Reporting Standards (IFRS) as adopted in HM Treasury's 'Financial Reporting Manual' (FRoM), subject to any agreed divergences for the DHSC group, or through subordination to the Companies Act 2006.

ICBs were legally established on 1 July 2022, replacing clinical commissioning groups (CCGs), taking on the NHS planning functions previously held by CCGs (as well as absorbing some planning roles from NHS England).

With this being the first full 12-month reporting cycle since the ICB was established, all prior period comparators relating to financial performance cover the first reporting period of 9 months.

**Current year reporting period:** 1 April 2023 to 31 March 2024 (2023/24, 12 months)

**Prior year reporting period:** 1 July 2022 to 31 March 2023 (2022/23, 9 months)



## Contents

<b>The Primary Statements</b>		<b>Page</b>
Statement of Comprehensive Net Expenditure for the year ended 31 March 2024		156
Statement of Financial Position as at 31 March 2024		157
Statement of Changes in Taxpayers' Equity for the year ended 31 March 2024		158
Statement of Cash Flows for the year ended 31 March 2024		159
<b>Notes to the Accounts</b>		<b>Page</b>
<b>01.</b> Accounting policies		160-165
<b>02.</b> Other operating revenue		166
<b>03.</b> Revenue		166
<b>04.</b> Employee benefits and staff numbers		167-169
<b>05.</b> Operating expenses		170-171
<b>06.</b> Better payment practice code		171
<b>07.</b> Finance costs		171
<b>08.</b> Leases		171-172
<b>09.</b> Trade and other receivables		173
<b>10.</b> Cash and cash equivalents		174
<b>11.</b> Trade and other payables		174
<b>12.</b> Provisions		175
<b>13.</b> Contingencies		175
<b>14.</b> Commitments		176
<b>15.</b> Financial instruments		176-177
<b>16.</b> Operating segments		177
<b>17.</b> Joint arrangements – interests in joint operations		178
<b>18.</b> Related party transactions		178
<b>19.</b> Losses and special payments		179
<b>20.</b> Events after the end of the reporting period		179
<b>21.</b> Financial performance targets		179



## Statement of Comprehensive Net Expenditure for the year ended 31 March 2024

		2023/24	2022/23
	Note	£'000	£'000
Income from sale of goods and services	2	(39,106)	(5,195)
Other operating income	2	(226)	-
<b>Total operating income</b>	-	<b>(39,332)</b>	<b>(5,195)</b>
Staff costs	4	19,741	14,097
Purchase of goods and services	5	2,692,791	1,771,548
Depreciation and impairment charges	5	293	220
Provision expense	5	1,476	1,711
Other operating expenditure	5	2,192	3,848
<b>Total operating expenditure</b>	-	<b>2,716,493</b>	<b>1,791,424</b>
<b>Net operating expenditure</b>	-	<b>2,677,161</b>	<b>1,786,229</b>
Finance expense	7	8	8
<b>Net expenditure for the year</b>	-	<b>2,677,169</b>	<b>1,786,237</b>

The notes on pages 160 to 179 form part of this statement



## Statement of Financial Position as at 31 March 2024

		2023/24	2022/23
	Note	£'000	£'000
<b>Non-current assets:</b>	-	-	-
Right-of-use assets	8	643	936
<b>Total non-current assets</b>	-	<b>643</b>	936
<b>Current assets:</b>	-	-	-
Trade and other receivables	9	38,082	11,560
Cash and cash equivalents	10	1,424	1,031
<b>Total current assets</b>	-	<b>39,506</b>	<b>12,591</b>
<b>Total assets</b>	-	<b>40,149</b>	13,527
<b>Current liabilities</b>	-	-	-
Trade and other payables	11	(175,236)	(143,725)
Lease liabilities	8	(330)	(330)
Provisions	12	(4,779)	(4,544)
<b>Total current liabilities</b>	-	<b>(180,345)</b>	(148,599)
<b>Total assets less current liabilities</b>	-	<b>(140,196)</b>	(135,072)
<b>Non-current liabilities</b>	-	-	-
Lease liabilities	8	(293)	(596)
<b>Total non-current liabilities</b>	-	<b>(293)</b>	<b>(596)</b>
<b>Assets less liabilities</b>	-	<b>(140,489)</b>	(135,668)
<b>Financed by taxpayers' equity</b>	-	-	-
General fund	-	(140,489)	(135,668)
<b>Total taxpayers' equity:</b>	-	<b>(140,489)</b>	(135,668)

The notes on pages 160 to 179 form part of this statement.

The financial statements on pages 156 to 159 were approved by the ICB Board on 20 June 2024 and signed on its behalf by:

Peter Axon

Chief Executive Officer  
Staffordshire and Stoke-on-Trent ICB  
20 June 2024



## Statement of Changes In Taxpayers Equity for the year ended 31 March 2024

	General fund £'000	Total reserves £'000
<b>Balance at 1 April 2023</b>	<b>(135,668)</b>	<b>(135,668)</b>
Net operating expenditure for the financial year	(2,677,169)	<b>(2,677,169)</b>
<b>Net recognised NHS Integrated Care Board expenditure for the financial year</b>	<b>(2,677,169)</b>	<b>(2,677,169)</b>
Net funding	2,672,348	<b>2,672,348</b>
<b>Balance at 31 March 2024</b>	<b>(140,489)</b>	<b>(140,489)</b>

	General fund £'000	Total reserves £'000
<b>Balance at 1 July 2022</b>	-	-
Transfers by absorption from other bodies	(119,902)	(119,902)
Net operating costs for the financial period	(1,786,237)	(1,786,237)
<b>Total</b>	<b>(1,906,139)</b>	<b>(1,906,139)</b>
Net funding	1,770,471	1,770,471
<b>Balance at 31 March 2023</b>	<b>(135,668)</b>	<b>(135,668)</b>

The notes on pages 160 to 179 form part of this statement



## Statement of Cash Flows for the year ended 31 March 2024

		2023/24	2022/23
	Note	£'000	£'000
<b>Cash flows from operating activities</b>			
Movement due to transfer by modified absorption (receivables & payables)	-	-	(124,892)
Net operating expenditure for the financial year	-	(2,677,162)	(1,786,229)
Depreciation	5	293	220
Increase in trade & other receivables	9	(26,522)	(11,560)
Increase in trade & other payables	11	31,511	143,725
Provisions utilised	12	(1,240)	(597)
Increase in provisions	12	1,476	1,711
<b>Net cash outflow from operating activities</b>	-	<b>(2,671,644)</b>	<b>(1,777,622)</b>
<b>Net cash inflow / (outflow) from investing activities</b>	-	-	-
<b>Net cash outflow before financing</b>	-	<b>(2,671,644)</b>	<b>(1,777,622)</b>
<b>Cash flows from financing activities</b>	-	-	-
Grant in aid funding received	-	2,672,348	1,770,471
Repayment of lease liabilities	-	(311)	(284)
<b>Net cash inflow from financing activities</b>	-	<b>2,672,037</b>	<b>1,770,187</b>
<b>Net increase / (decrease) in cash &amp; cash equivalents</b>	10	<b>393</b>	<b>(7,435)</b>
<b>Cash &amp; cash equivalents at the beginning of the financial year</b>	-	<b>1,031</b>	-
Movement due to transfer by modified absorption (cash)	-	-	8,466
<b>Cash &amp; cash equivalents (including bank overdrafts) at the end of the financial year</b>	-	<b>1,424</b>	<b>1,031</b>

The notes on pages 160 to 179 form part of this statement



## Notes to the financial statements

### Note 1. Accounting policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care (DHSC). Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the circumstances of the ICB for the purpose of giving a true and fair view has been selected. The policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

#### Note 1.1 Going concern

These accounts have been prepared on a going concern basis.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

The financial statements for ICBs are prepared on a Going Concern basis as they will continue to provide the services in the future.

#### Note 1.2 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

### Note 1.3 Movement of assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care General Accounting Manual requires the application of modified absorption accounting. Modified absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the resulting gain or loss is recognised within reserves.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with International Accounting Standard (IAS) 20 and similarly give rise to income and expenditure entries.

#### Note 1.4 Pooled Budget

The ICB has entered into a joint arrangement with both Staffordshire County Council and Stoke-on-Trent City Council, in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled in order to provide healthcare benefits to the people of its region and note 18 provides details of the income and expenditure. The two separate joint arrangements are hosted by the Councils named above. The ICB accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

#### Note 1.5 Operating segments

Income and expenditure are analysed in the operating segments note and are reported in line with management information used within the ICB. Both internally and externally, management report the entity as one single operating segment, that being the commissioning of healthcare services.



## Note 1.6 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard, the ICB will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the ICBs is from NHS England and is distinct from revenue. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

The value of the benefit received when the ICB accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

## Note 1.7 Employee benefits

### Note 1.7.1 Short term employee benefits

Salaries, wages, and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

### Note 1.7.2 Retirement benefits costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment. The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

### Note 1.8 Other expenditure

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.



## Note 1.9 Grants payable

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

## Note 1.10 Leases

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.

The ICB assesses whether a contract is or contains a lease, at inception of the contract.

### Note 1.10.1 The ICB as a lessee

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year and 4.72% to new leases commencing in 2024 under IFRS 16.

Lease payments included in the measurement of the lease liability comprise:

- Fixed payments
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement
- The amount expected to be payable under residual value guarantees
- The exercise price of purchase options, if it is reasonably certain the option will be exercised
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement of the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.



## Notes to the financial statements (continued)

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value).

Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

### Note 1.11 Cash

Cash relates to cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

### Note 1.12 Provisions

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

### Note 1.13 Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively

responsible for all clinical negligence cases, the legal liability remains with ICB.

### Note 1.14 Contingent assets and liabilities

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

### Note 1.15 Financial assets

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost
- Financial assets at fair value through other comprehensive income
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.



### **Note 1.15.1 Financial assets at amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset

### **Note 1.15.2 Financial assets at fair value through other comprehensive income**

Financial assets measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

### **Note 1.15.3 Financial assets at fair value through profit and loss**

Financial assets measured at fair value through profit and loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

### **Note 1.15.4 Impairments**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.

The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the

loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

### **Note 1.16 Financial liabilities**

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received.

Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.



### **Note 1.16.1 Financial liabilities at fair value through profit and loss**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the ICB's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

### **Note 1.16.2 Other financial liabilities**

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

### **Note 1.17 Value added tax**

Most of the activities of the ICB are outside the scope of Value Added Tax (VAT) and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### **Note 1.18 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accrual's basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

### **Note 1.19 Critical accounting judgements and key sources of estimation uncertainty**

In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions.

#### **Note 1.19.1 Critical accounting judgements in applying accounting policies**

Management has made no critical accounting judgements, apart from those involving estimations, in the process of applying the clinical ICB's accounting policies.

#### **Note 1.19.2 Sources of estimation uncertainty**

There are no sources of estimation uncertainty that are likely to have a material effect on the amounts recognised in the ICB's financial statements. Estimations have been made in respect of a number of accruals; these accruals have been calculated based on the best available information when preparing the financial statements, and on historic experience, principally in respect of certain elements of GP prescribing and the Continuing Healthcare service.

### **Note 1.20 Adoption of new standards**

IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted. The financial impact to the ICB has not yet been assessed.



## Note 2. Other operating income

	2023/24	2022/23
Income from sale of goods and services (contracts)	Total £'000	Total £'000
Education, training and research	2,360	1,953
Non-patient care services to other bodies	754	443
Prescription fees and charges *	15,194	-
Dental fees and charges *	18,052	-
Other Contract income	2,746	2,799
<b>Total Income from sale of goods and services</b>	<b>39,106</b>	<b>5,195</b>
<b>Other operating income</b>		
Other non-contract revenue	226	-
<b>Total Other operating income</b>	<b>226</b>	<b>-</b>
<b>Total Operating Income</b>	<b>39,332</b>	<b>5,195</b>

\* NHS England set out a path to delegate commissioning of primary care and some specialised services to Integrated Care Boards (ICBs), beginning with pharmacy, optometry and dentistry (POD) from 1 April 2023. The aim is for decisions about healthcare to be made at a local level, allowing for a greater joined-up approach to service delivery.

### Note 3.1 Disaggregation of income – Income from sale of goods and services (contracts)

Source of Revenue	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
NHS	2,360	-	-	-	147
Non NHS	-	754	15,194	18,052	2,599
<b>Total</b>	<b>2,360</b>	<b>754</b>	<b>15,194</b>	<b>18,052</b>	<b>2,746</b>

Timing of Revenue	Education, training and research	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Other Contract income
	£'000	£'000	£'000	£'000	£'000
Point in time	2,360	754	15,194	18,052	2,746
Over time	-	-	-	-	-
<b>Total</b>	<b>2,360</b>	<b>754</b>	<b>15,194</b>	<b>18,052</b>	<b>2,746</b>

### Note 3.2 Transaction price to remaining contract performance obligations

The ICB did not have any contract revenue during the reporting period expected to be recognised in future periods, related to contract performance obligations not yet completed at the reporting date



## Note 4. Employee benefits and staff numbers

### Note 4.1 Employee benefits

2023/24

Employee benefits	Permanent employees	Other	Total
	£'000	£'000	£'000
Salaries and wages	14,179	1,170	15,349
Social security costs	1,631	-	1,631
Employer Contributions to NHS Pension scheme	2,699	-	2,699
Apprenticeship Levy	62	-	62
<b>Gross employee benefits expenditure</b>	<b>18,571</b>	<b>1,170</b>	<b>19,741</b>

2022/23

Employee benefits	Permanent employees	Other	Total
	£'000	£'000	£'000
Salaries and wages	10,455	681	11,136
Social security costs	1,102	-	1,102
Employer Contributions to NHS Pension scheme	1,823	-	1,823
Apprenticeship Levy	36	-	36
<b>Gross employee benefits expenditure</b>	<b>13,416</b>	<b>681</b>	<b>14,097</b>

### Note 4.2 Average number of people employed

	2023/24			2022/23		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
<b>Total</b>	<b>253.08</b>	<b>10.40</b>	<b>263.48</b>	242.94	6.32	249.26

### Note 4.3 Exit packages agreed during the reporting period

	2023/24		Total	
	Compulsory redundancies Number	£	Number	£
Less than £10,000	5	29,600	5	29,600
£10,001 to £25,000	4	51,933	4	51,933
£25,001 to £50,000	3	118,667	3	118,667
£50,001 to £100,000	-	-	-	-
£100,001 to £150,000	-	-	-	-
£150,001 to £200,000	-	-	-	-
Over £200,001	-	-	-	-
<b>Total</b>	<b>12</b>	<b>200,200</b>	<b>12</b>	<b>200,200</b>



### Note 4.3 Exit packages agreed during the reporting period (continued)

The table above reports the number and value of exit packages agreed in the financial period. However, the expense associated with these departures have been recognised in full in a previous period.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure. The Remuneration Report includes the disclosure of exit payments payable to individuals named in that report.

2022/23

	Compulsory redundancies		Total	
	Number	£	Number	£
Less than £10,000	-	-	-	-
£10,001 to £25,000	-	-	-	-
£25,001 to £50,000	-	-	-	-
£50,001 to £100,000	1	93,333	1	93,333
£100,001 to £150,000	-	-	-	-
£150,001 to £200,000	1	160,000	1	160,000
Over £200,001	-	-	-	-
<b>Total</b>	<b>2</b>	<b>253,333</b>	<b>2</b>	<b>253,333</b>

### Note 4.4 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

#### Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.



#### **Note 4.4 Pension costs (continued)**

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### **Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.



## Note 5. Operating expenditure

	2023/24	2022/23
	Total £'000	Total £'000
<b>Purchase of goods and services</b>		
Services from other ICBs and NHS England	13,743	11,393
Services from foundation trusts	686,191	465,592
Services from other NHS trusts	960,948	659,918
Services from Other WGA (whole of government accounts) bodies	2	2
Purchase of healthcare from non-NHS bodies	355,154	241,462
Purchase of social care	42,006	36,141
General Dental services and personal dental services *	58,004	-
Prescribing costs	238,860	174,818
Pharmaceutical services *	44,355	-
General Ophthalmic services	26,958	3,821
GPMS/APMS/PCTMS (general practice / alternative provider / primary care trust medical services)	234,241	159,132
Supplies and services – clinical	564	260
Supplies and services – general	8,545	1,308
Consultancy services	426	662
Establishment	4,973	4,434
Transport	9,553	6,965
Premises	6,360	3,736
Audit fees	270	440
Other non-statutory audit expenditure	-	-
· Internal audit services	141	174
· Other services	62	90
Other professional fees	426	150
Legal fees	741	467
Education, training and conferences	268	583
<b>Total Purchase of goods and services</b>	<b>2,692,791</b>	<b>1,771,548</b>
<b>Depreciation and impairment charges</b>		
Depreciation	293	220
<b>Total Depreciation and impairment charges</b>	<b>293</b>	<b>220</b>
<b>Provision expense</b>		
Provisions	1,476	1,711
<b>Total Provision expense</b>	<b>1,476</b>	<b>1,711</b>
<b>Other Operating Expenditure</b>		
Chair and Non-Executive Members	140	110
Grants to Other bodies	-	20
Research and development (excluding staff costs)	2,360	1,796
Expected credit loss on receivables	(311)	1,919
Other expenditure	3	3
<b>Total Other Operating Expenditure</b>	<b>2,192</b>	<b>3,848</b>
<b>Total operating expenditure</b>	<b>2,696,752</b>	<b>1,777,327</b>



## Note 5. Operating expenditure (continued)

\* NHS England set out a path to delegate commissioning of primary care and some specialised services to ICBs, beginning with pharmacy, optometry and dentistry (POD) from 1 April 2023. The aim is for decisions about healthcare to be made at a local level, allowing for a greater joined-up approach to service delivery.

\*\* The external audit fee is inclusive of VAT.

The auditor's liability for external audit work carried out throughout the period is limited to £2 million.

## Note 6. Better payment practice code

	2023/24		2022/23	
	Number	£'000	Number	£'000
<b>Non-NHS payables</b>				
Total non-NHS trade invoices paid in-year	49,074	728,323	36,075	471,923
Total non-NHS trade Invoices paid within target	48,722	723,738	35,630	465,174
<b>Percentage of non-NHS trade invoices paid within target</b>	<b>99.28%</b>	<b>99.37%</b>	<b>98.77%</b>	<b>98.57%</b>
<b>NHS payables</b>				
Total NHS trade invoices paid in-year	2,107	1,670,282	1,242	1,146,927
Total NHS trade invoices paid within target	2,081	1,669,674	1,223	1,146,243
<b>Percentage of NHS trade invoices paid within target</b>	<b>98.77%</b>	<b>99.96%</b>	<b>98.47%</b>	<b>99.94%</b>

## Note 7. Finance Costs

	2023/24	2022/23
<b>Interest</b>	<b>£'000</b>	<b>£'000</b>
Interest on lease liabilities	8	8
<b>Total finance costs</b>	<b>8</b>	<b>8</b>

## Note 8. Leases

### Note 8.1 Right-of-use assets

	Buildings excluding dwellings	Total
	£'000	£'000
<b>Cost or valuation at 1 April 2023</b>	1,229	1,229
<b>Cost or valuation at 31 March 2024</b>	<b>1,229</b>	<b>1,229</b>
<b>Depreciation 1 April 2023</b>	293	293
Charged during the year	293	293
<b>Depreciation at 31 March 2024</b>	<b>586</b>	<b>586</b>
<b>Net book value at 31 March 2024</b>	<b>643</b>	<b>643</b>
<b>Net book value by counterparty</b>	-	-
Leased from Non-Departmental Public Bodies	643	643
<b>Net book value at 31 March 2024</b>	<b>643</b>	<b>643</b>

The net book value at 31 March 2024 relates to the lease of two non-clinical buildings. One building is leased from The New Beacon Group and will expire in December 2024. The other is leased from Stoke-on-Trent City Council with the initial lease term running until October 2026. Both leases contain an option to extend into a secondary lease term if required.



## Note 8. Leases (continued)

### Note 8.2 Lease liabilities

	2023/24	2022/23
	£'000	£'000
<b>Lease liabilities at 01 April 2023</b>	(926)	-
Interest expense relating to lease liabilities	(8)	(8)
Repayment of lease liabilities (including interest)	311	284
Transfer (to) from other public sector body	-	(1,202)
<b>Lease liabilities at 31 March 2024</b>	<b>(623)</b>	<b>(926)</b>

### Note 8.3 Lease liabilities - maturity analysis of undiscounted future lease payments

	2023/24	2022/23
	£'000	£'000
Within one year	(330)	(330)
Between one and five years	(293)	(596)
After five years	-	-
<b>Balance at 31 March 2024</b>	<b>(623)</b>	<b>(926)</b>

### Note 8.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	2023/24	2022/23
	£'000	£'000
Depreciation expense on right-of-use assets (note 5)	293	220
Interest expense on lease liabilities (note 7)	8	8

### Note 8.5 Amounts recognised in Statement of Cash Flows

	2023/24	2022/23
	£'000	£'000
Total cash outflow on leases under IFRS 16	311	284



## Note 9. Receivables

### Note 9.1 Trade and other receivables

	Current 2023/24 £'000	Current 2022/23 £'000
NHS receivables: Revenue	681	777
NHS prepayments	-	119
NHS accrued income	12,840	495
Non-NHS and Other WGA receivables: Revenue	11,173	8,458
Non-NHS and Other WGA prepayments	786	786
Non-NHS and Other WGA accrued income	1,439	3,843
Non-NHS and Other WGA Contract Receivable not yet invoiced *	11,071	-
Expected credit loss allowance-receivables	(239)	(3,157)
VAT	327	237
Other receivables and accruals	4	2
<b>Total Trade &amp; other receivables</b>	<b>38,082</b>	<b>11,560</b>

As at 31 March 2024, there were no non-current trade and other receivables.

\* This accrual relates to the underperformance against primary dental contracts. If a performer delivers under 96% of their activity target, then NHS BSA will recover this underperformance on behalf of the ICB.

### Note 9.2 Receivables past their due dates but not impaired

	2023/24		2022/23	
	DHSC group bodies	Non DHSC group bodies	DHSC group bodies	Non DHSC group bodies
	£'000	£'000	£'000	£'000
By up to three months	224	1,289	68	4,080
By three to six months	-	1,040	-	1,214
By more than six months	-	2,942	-	13
<b>Total</b>	<b>224</b>	<b>5,271</b>	<b>68</b>	<b>5,307</b>

### Note 9.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC group bodies	Total
	£'000	£'000
Balance at 1 April 2023	(3,157)	(3,157)
Lifetime expected credit losses on trade and other receivables – Stage 2	311	311
Amounts written off	2,607	2,607
<b>Balance at 31 March 2024</b>	<b>(239)</b>	<b>(239)</b>



## Note 10. Cash and cash equivalents

	2023/24	2022/23
	£'000	£'000
<b>Balance at 1 April 2023</b>	1,031	-
Net change in-year	393	1,031
<b>Balance at 31 March 2024</b>	<b>1,424</b>	<b>1,031</b>
<b>Made up of:</b>	-	-
Cash with the Government Banking Service	1,424	1,031
<b>Balance at 31 March 2024</b>	<b>1,424</b>	<b>1,031</b>

## Note 11. Trade and other payables

	Current 2023/24	Current 2022/23
	£'000	£'000
NHS payables: Revenue	3,398	6,281
NHS accruals	26,103	7,150
Non-NHS and Other WGA payables: Revenue	20,601	28,552
Non-NHS and Other WGA accruals	102,453	81,405
Non-NHS and Other WGA deferred income	-	10
Social security costs	224	201
Tax	229	197
Other payables and accruals *	22,228	19,929
<b>Total Trade &amp; Other Payables</b>	<b>175,236</b>	<b>143,725</b>
Total current and non-current	<b>175,236</b>	<b>143,725</b>

As at 31 March 2024, there were no non-current trade and other payables.

There are no liabilities included in the above for any person due in future years under arrangements to buy out the liability for early retirement over five years.

\* *Other payables include £1.503 million outstanding pension contributions as at 31 March 2024 (2022/23: £1.635 million).*



## Note 12. Provisions

	Current 2023/24 £'000	Current 2022/23 £'000
Redundancy	-	343
Continuing care	2,876	1,160
Other *	1,903	3,041
<b>Total</b>	<b>4,779</b>	<b>4,544</b>

\* Other – this is primarily related to GP premises rent reviews, covering any premises that have not been reviewed externally to ascertain their current market rental value within the last three years which would result in a future cash outflow for the entity.

	Redundancy £'000	Continuing care £'000	Other £'000	Total £'000
<b>Balance at 1 April 2023</b>	<b>343</b>	<b>1,160</b>	<b>3,041</b>	<b>4,544</b>
Arising during the year	-	3,283	1,001	4,284
Utilised during the year	(200)	(372)	(668)	(1,240)
Reversed unused	(143)	(1,196)	(1,470)	(2,808)
<b>Balance at 31 March 2024</b>	<b>-</b>	<b>2,876</b>	<b>1,903</b>	<b>4,779</b>
<b>Expected timing of cash flows:</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Within one year	-	2,876	1,903	4,779
<b>Balance at 31 March 2024</b>	<b>-</b>	<b>2,876</b>	<b>1,903</b>	<b>4,779</b>

## Note 13. Contingencies

	2023/24 £'000	2022/23 £'000
<b>Contingent assets</b>	<b>£'000</b>	<b>£'000</b>
VAT recovery from HMRC	900	-
<b>Net value of contingent assets</b>	<b>900</b>	<b>-</b>

The ICB has an ongoing claim outstanding with HMRC regarding the recovery of VAT on expenses incurred in prior periods. While the ICB is yet to receive written confirmation of a successful claim, the grounds of the appeal are considered compelling to a point where an inflow of economic benefit is probable. As such the above has been disclosed as a contingent asset in line with IAS 37.

There are no contingent liabilities to report at 31 March 2024.



## Note 14. Other financial commitments

Staffordshire and Stoke-on-Trent ICB has entered into one non-cancellable contract (which is not a lease, private finance initiative contracts or other service concession arrangements) which expires as follows:

	2023/24	2022/23
	£'000	£'000
In not more than one year	1,233	1,169
In more than one year but not more than five years	4,778	5,854
In more than five years	8,361	8,195
<b>Total</b>	<b>14,372</b>	<b>15,218</b>

NHS Staffordshire and Stoke-on-Trent ICB has a long-term contractual arrangement running until 2037 with an Intermediate care provider in the local area, which is the cause of the large commitments value identified above.

## Note 15. Financial instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

### Note 15.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the Integrate Care Board is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Integrated Care Board has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within organisations standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by internal auditors.

#### Note 15.1.1 Currency risk

The Integrated Care Board is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The ICB has no overseas operations and therefore has low exposure to currency rate fluctuations.

#### Note 15.1.2 Credit risk

Because the majority of the organisation's revenue comes parliamentary funding, it has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

#### Note 15.1.3 Liquidity risk

The Integrated Care Board is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The Integrated Care Board draws down cash to cover expenditure, as the need arises. The Integrated Care Board is not, therefore, exposed to significant liquidity risks.



## Note 15. Financial instruments (continued)

### Note 15.2 Financial assets

2023/24

	Financial assets measured at amortised cost £'000	Total £'000
Trade and other receivables with NHSE bodies	1,999	1,999
Trade and other receivables with other DHSC group bodies	12,870	12,870
Trade and other receivables with external bodies	22,339	22,339
Cash and cash equivalents	1,424	1,424
<b>Total at 31 March 2024</b>	<b>38,631</b>	<b>38,631</b>

### Note 15.3 Financial liabilities

2023/24

	Financial liabilities measured at amortised cost £'000	Total £'000
Trade and other payables with NHSE bodies	1,492	1,492
Trade and other payables with other DHSC group bodies	27,748	27,748
Trade and other payables with external bodies	146,164	146,164
<b>Total at 31 March 2024</b>	<b>175,405</b>	<b>175,405</b>

### Note 16 Operating segments

The ICB considers that it has only one operating segment: commissioning of healthcare services.

Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
2,716,501	(39,332)	2,677,169	40,149	(180,638)	(140,489)



## Note 17. Pooled budgets

The ICB has entered into pooled budget arrangements with both Staffordshire County Council and Stoke-on-Trent City Council. The pools are hosted by either the ICB or the councils named above. Under the arrangement, funds are pooled under Section 75 of the NHS Act 2006 for the Better Care Fund.

The contributions made by NHS Staffordshire and Stoke-on-Trent ICB during the reporting period are as follows:

### 2023/24

Name of arrangement	Parties to the arrangement	Description of principal activities	Expenditure £'000
Better Care Fund	Staffordshire County Council	Adult Social Care	22,382
Better Care Fund	Staffordshire County Council	Implementation of the Care Act	2,451
Better Care Fund	Staffordshire County Council	Carers Hub	746
Better Care Fund	Staffordshire County Council	Health Tasks	1,754
Better Care Fund	Stoke-on-Trent City Council	Adult Social Care	13,078
<b>Total</b>	-	-	<b>40,411</b>

### 2022/23

Name of arrangement	Parties to the arrangement	Description of principal activities	Expenditure £'000
Better Care Fund	Staffordshire County Council	Adult Social Care	27,987
Better Care Fund	Staffordshire County Council	Implementation of the Care Act	1,740
Better Care Fund	Staffordshire County Council	Carers Hub	529
Better Care Fund	Stoke-on-Trent City Council	Adult Social Care	8,847
<b>Total</b>	-	-	<b>39,104</b>

## Note 18. Related parties

The DHSC is regarded as a related party. During the year the organisation has had a significant number of material transactions with entities for which the Department is regarded as the parent. These entities are listed below and represent organisations where we have had greater than 1% of expenditure (£27 million):

- University Hospitals of North Midlands NHS Trust (Integrated Care System partner)
- Midlands Partnership University NHS Foundation Trust (Integrated Care System partner)
- North Staffordshire Combined Healthcare NHS Trust (Integrated Care System partner)
- University Hospitals of Derby and Burton NHS Foundation Trust
- The Royal Wolverhampton NHS Trust
- University Hospitals Birmingham NHS Foundation Trust
- West Midlands Ambulance Service University NHS Foundation Trust



## Note 19. Losses and special payments

### Losses

The total number of losses cases and the total value incurred, was as follows:

	2023/24		2022/23	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£'000	Number	£'000
Administrative write-offs	1	2,607	-	-
Fruitless payments	-	-	1	3
<b>Total</b>	<b>1</b>	<b>2,607</b>	<b>1</b>	<b>3</b>

Fruitless payments are considered payments which cannot be avoided as the recipient was entitled to it despite nothing of use being received in return.

### Special Payments

The total number special payments cases and the total value incurred, was as follows:

	2023/24		2022/23	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£'000	Number	£'000
Compensation payments	1	3	-	-
<b>Total</b>	<b>1</b>	<b>3</b>	<b>-</b>	<b>-</b>

The special payment above was settled as a result of Parliamentary and Health Service Ombudsman report recommendation relating to a specific continuing health care case.

## Note 20. Events after the reporting period

There are no events after the reporting period that would impact the income, expenditure, assets or liabilities recorded within the financial statements for the reporting period.

## Note 21. Financial performance target

	2023/24		2022/23	
	Target	Performance	Target	Performance
Revenue resource use does not exceed the amount specified in directions	2,585,603	2,677,169	1,786,720	1,786,237
Revenue administration resource use does not exceed the amount specified in directions	23,401	20,587	17,811	17,223



## List of acronyms

<b>A&amp;E</b> – Accident and emergency	<b>DPI</b> – Dry powder inhalers
<b>AACC</b> – All-age continuing care	<b>DSE</b> – Display screen equipment
<b>ACAH</b> – Acute Care at Home	<b>DSPT</b> – Data Security and Protection Toolkit
<b>AF</b> – Atrial fibrillation	<b>DST</b> – Decision Support Tool
<b>AI</b> – Artificial intelligence	<b>ECG</b> – Echocardiography
<b>APMS</b> – Alternative provider medical services	<b>ED</b> – Emergency department
<b>ARRS</b> – Additional Roles Reimbursement Scheme	<b>EDI</b> – Equality, diversity and inclusion
<b>BAF</b> – Board Assurance Framework	<b>EDS</b> – Equality Delivery System
<b>BAU</b> – Business as usual	<b>EHIIA</b> – Equality and Health Inequalities Impact Assessments
<b>BSL</b> – British Sign Language	<b>EHIIRA</b> – Equality and Health Inequalities Impact and Risk Assessments
<b>CAG</b> – Confidentiality Advisory Group	<b>EIA</b> – Equality Impact Assessment
<b>CCA</b> – Civil Contingencies Act	<b>EMAS</b> – East Midlands Ambulance Service
<b>CCG</b> – Clinical Commissioning Group	<b>EOL</b> – End of life
<b>CDC</b> – Community Diagnostic Centre	<b>EPRR</b> – Emergency Preparedness Resilience and Response
<b>CDI</b> – C.Difficile infection	<b>ERF</b> – Elective Recovery Fund
<b>CDR</b> – Child Death Review	<b>ESR</b> – Electronic Staff Record
<b>CDOP</b> – Child Death Overview Panel	<b>FASD</b> – Foetal Alcohol Spectrum Disorders
<b>CEO</b> – Chief Executive Officer	<b>FeNO</b> – Fractional exhaled Nitric Oxide
<b>CETV</b> – Cash Equivalent Transfer Value	<b>FIT</b> – Faecal immunochemical testing
<b>CFA</b> – Counter Fraud Authority	<b>FMBU</b> – Freestanding Midwifery Birth Unit
<b>CGA</b> – Comprehensive Geriatric Assessment	<b>FOI</b> – Freedom of information
<b>CHC</b> – Continuing healthcare	<b>FRC</b> – Financial Reporting Council
<b>COI</b> – Conflicts of interest	<b>FRem</b> – Financial Reporting Manual
<b>COPD</b> – Chronic obstructive pulmonary disease	<b>FTE</b> – Full-time equivalent
<b>COVID</b> – Coronavirus disease	<b>GI</b> – Gastrointestinal
<b>CPAG</b> – Child Poverty Action Group	<b>GMS</b> – General Medical Services
<b>CPCS</b> – Community Pharmacist Consultation Service	<b>GP</b> – General Practitioner
<b>CP-IS</b> – Child Protection Information Sharing	<b>GPG</b> – Gender Pay Gap
<b>CQC</b> – Care Quality Commission	<b>GPMS</b> – General practice medical services
<b>CQI</b> – Continuous Quality Improvement	<b>HCAI</b> – Healthcare associated/acquired infections
<b>CQRM</b> – Clinical Quality Review Meetings	<b>HFMA</b> – Healthcare Financial Management Association
<b>CRIS</b> – Community Rapid Intervention Service	<b>HI</b> – Health inequalities
<b>CSPR</b> – Child Safeguarding Practice Reviews	<b>HN</b> – Health Navigator
<b>CSU</b> – Commissioning Support Unit	<b>HPV</b> – Human papillomavirus
<b>CT</b> – Computerised tomography	<b>HR</b> – Human Resources
<b>CYP</b> – Children and young people	<b>HSJ</b> – Health Service Journal
<b>DHR</b> – Domestic Homicide Review	<b>HTN</b> – Hypertension
<b>DHSC</b> – Department of Health and Social Care	<b>IAN</b> – Information and News



**IAPT** – Improving Access to Psychological Therapies  
**IAS** – International Accounting Standard  
**ICB** – Integrated Care Board  
**ICP** – Integrated Care Partnership  
**ICS** – Integrated Care System  
**IDH** – Integrated Discharge Hub  
**IEAs** – Immediate and essential actions  
**IFR** – Individual funding request  
**IFRS** – International Financial Reporting Standards  
**IHA** – Initial Health Assessment  
**IMD** – Index of Multiple Deprivation  
**IMPACT** – Improving Patient Care Together  
**InHIP** – Innovation for Healthcare Inequalities Programme  
**IOL** – Induction of labour  
**IPC** – Infection prevention and control  
**JFP** – Joint Forward Plan  
**JSAT** – Joint safeguarding self-assurance tool  
**JSNA** – Joint Strategic Needs Assessment  
**LCFS** – Local Counter Fraud Specialist  
**LD** – Learning disability  
**LeDeR** – Learning from the lives and deaths of those with a learning disability and autism  
**LGBTQ+** – Lesbian, gay, bisexual, transgender, queer/questioning and other  
**LMNS** – Local Maternity and Neonatal System  
**LTC** – Long-term condition  
**LTP** – Local Transformation Plan  
**LTP** – Long Term Plan  
**MALR** – Multi-Agency Learning Review  
**MARAC** – Multi-Agency Risk Assessment Conference  
**MARS** – Mutually agreed resignation scheme  
**MAU** – Maternity Assessment Unit  
**MDI** – Metered dose inhalers  
**MDT** – Multi-disciplinary team  
**MHIS** – Mental Health Investment Standard  
**MHLDA** – Mental health, learning disabilities and autism  
**MHRV** – Mental Health Response Vehicles  
**MHST** – Mental Health Support Team

**MIU** – Minor injuries unit  
**ML** – Midlands and Lancashire Commissioning Support Unit  
**MNISA** – Maternity and Neonatal Independent Senior Advocate  
**MNVP** – Maternity and Neonatal Voices Partnership  
**MoU** – Memorandum of Understanding  
**MPFT** – Midlands Partnership University NHS Foundation Trust  
**MRI** – Magnetic resonance imaging  
**MSK** – Musculoskeletal  
**MSSP** – Maternity System Support Programme  
**MVNP** – Maternity and Neonatal Voices Partnership  
**NED** – Non-executive director  
**NGO** – National Guardian's Office  
**NHS** – National Health Service  
**NHSE** – NHS England  
**NHSOF** – NHS Oversight Framework  
**NICE** – National Institute for Health and Care Excellence  
**NSCHT** – North Staffordshire Combined Healthcare NHS Trust  
**OD** – Organisational Development  
**OHID** – Office for Health Improvement and Disparities  
**ONS** – Office for National Statistics  
**OPEL** – Operational Pressures Escalation Levels  
**OSC** – Overview and Scrutiny Committee  
**PADS** – Planning, assuring and delivering service change for patients  
**PALS** – Patient Advice and Liaison Service  
**PCARP** – Plan for Recovering Access to Primary Care  
**PCCC** – Palliative Care Co-ordination Centre  
**PCN** – Primary Care Network  
**PCTMS** – Primary Care Trust medical services  
**PDP** – Personal Development Programme  
**PHB** – Personal Health Budget  
**PHM** – Population Health Management  
**PHSO** – Parliamentary and Health Service Ombudsman  
**PMO** – Project Management Office  
**PMS** – Personal Medical Services



**POD** – Pharmaceutical, ophthalmic and dental  
**POPPI** – Projecting Older People Population Information  
**PPE** – Personal protective equipment  
**PPG** – Patient Participation Group  
**PPN** – Procurement Policy Note  
**PSED** – Public Sector Equality Duty  
**PSIRF** – Patient Safety Incident Response Framework  
**QI** – Quality Improvement  
**QIA** – Quality Impact Assessment  
**QIF** – Quality Improvement Framework  
**QSOFF** – Quality and Safety Oversight Forum  
**RCGP** – Royal College of General Practitioners  
**RCRP** – Right Care, Right Person  
**REC** – Race Equality Code  
**ReSPECT** – Recommended Summary Plan for Emergency Care and Treatment  
**RIDDOR** – Reporting of Incidents, Diseases and Dangerous Occurrences Regulations  
**RSM** – RSM UK (the ICB’s internal auditors)  
**RWT** – The Royal Wolverhampton NHS Trust  
**SABA** – Short-Acting Beta Agonist  
**SAR** – Safeguarding Adult Review  
**SAR** – Subject Access Request  
**SATOD** – Smoking at time of delivery  
**SC24** – Service Condition 24  
**SCC** – System Coordination Centre  
**SCVYS** – Staffordshire Council of Voluntary Youth Services  
**SDF** – Service Development Funding  
**SEG** – Staff Engagement Group  
**SEND** – Special educational needs and disabilities relevant, and time-bound  
**SFRS** – Staffordshire Fire and Rescue Service  
**SIRO** – Senior Information Risk Owner  
**SLAIP** – System-Level Access Improvement Plan  
**SMART** – Specific, measurable, attainable, realistic, timely  
**SOP** – Standard Operating Procedure  
**SQG** – System Quality Group

**SRO** – Senior Responsible Officer  
**SWITCH** – Staffordshire and Stoke-on-Trent’s Weight-related Interventions Tailored in Care for Health  
**TECS** – Technology Enabled Care Services  
**UEC** – Urgent and emergency care  
**UHDB** – University Hospitals of Derby and Burton NHS Foundation Trust  
**UHM** – University Hospitals of North Midlands NHS Trust  
**ULEV** – Ultra-low emission vehicle  
**UTC** – Urgent treatment centre  
**UTLAs** – Upper Tier Local Authorities  
**VAST** – Voluntary Action Stoke-on-Trent  
**VAT** – Value Added Tax  
**VCFS** – Voluntary, community, faith and social enterprise  
**VCSE** – Voluntary, community and social enterprise  
**VSM** – Very Senior Manager  
**WDES** – Workforce Disability Equality Standard  
**WGA** – Whole of Government Accounts  
**WHS** – Women’s Health Strategy  
**WIC** – Walk-in centre  
**WMAS** – West Midlands Ambulance Service University NHS Foundation Trust  
**WREI** – Workforce Race Equality and Inclusion  
**WRES** – Workforce Race Equality Standard  
**WTE** – Whole-time equivalent  
**ZEV** – Zero emission vehicle