

Integrated Care Board Briefing

Staffordshire and Stoke-on-Trent
ICB Meeting

17 July 2025

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

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

ICB Chair and Chief Executive update

- David Pearson, Chair, and Paul Edmondson-Jones, interim Chief Executive Officer, presented the report.
- The Chair formally acknowledged his decision to step down from his role as Chair of Staffordshire and Stoke-on-Trent Integrated Care Board. The Chair advised that, in agreement with NHSE Regional Director Dale Bywater, a transition period has been arranged to ensure his departure aligns with the appointment of the incoming Chair and the implementation of the new clustering arrangements. The Chair stated that this approach is intended to support a safe, thorough, and well-managed handover.
- The Chair commended the work going on between Shropshire, Telford and Wrekin and Staffordshire and Stoke-on-Trent, reminding the Board that this is not a merger, it's a clustering arrangement where two Boards will operate in parallel with a single Chair and Chief Executive.
- The Chair noted that progress will accelerate in the coming months, with structures expected to be defined by the end of the calendar year and further updates will be brought to the Board in due course.
- The Chair advised that Janet Dawson, Chair of North Staffordshire Combined Healthcare Trust, will be taking on the role of Chair for the Provider Collaborative, noting that Janet is already establishing governance arrangements involving several other Non-Executive Members to ensure effective progress moving forward.
- Paul Edmondson-Jones advised that while structures are beginning to take shape within plans for the ICB reset, progress depends on the appointment of a cluster Chair and Chief Executive, and transition committees and working groups are in place with further updates to follow as the work develops.
- The Chair noted an error within Chair and CEO report regarding the Local Improvement Framework, and clarified that the award for Tamworth was £300,000, not £100,000 as reported.
- Paul Edmondson-Jones highlighted the significant partnership work across organisations in response to the Ministry of Defence (MOD) request for support for Op Lazurite, which resulted in the ICS supporting over 1200 evacuees through MOD Swynnerton from 2024-2025. The work has been widely recognised including formal thanks from the MOD and several personal awards, marking a major achievement for the ICS.
- Paul Edmondson-Jones recognised Gill Boast, General Practice Nurse with the Staffordshire Training Hub, for receiving the national Chief Nursing Officer Silver Award for her longstanding contribution to the system.
- Paul Edmondson-Jones provided a brief update on the recent GP Patient Survey, noting that Staffordshire and Stoke-on-Trent saw improvements across four key areas, all above national and regional averages. Paul highlighted significant progress at Gordon Street practice following the Board's decision to end the previous contract and appoint a new provider. Paul thanked the Board and primary care teams for their support, noting this as a strong example of system-wide improvement.

The Board thanked the Chair and Paul Edmondson-Jones for the report. The Board was asked about the community neighbourhood events referenced in the report and whether any supporting documentation was being produced for those unable to attend. On this point, the Board was also asked about health literacy and why frailty was not included among the identified focus areas. Paul Edmondson-Jones advised that the priorities were identified collaboratively, with a recognition that only three or four areas could be

meaningfully addressed at this stage. While acknowledging that frailty is an important issue, Paul noted that it was considered broader and more complex than the other selected areas. Paul advised that frailty should be considered in future work but confirmed that the current focus was based on a collective decision to start with the chosen four areas. Elizabeth Disney, interim Deputy Chief Executive and Chief Transformation Officer, assured the Board that as standard practice, a written summary is produced following community events, which are documented and made publicly available. The Board was asked about the metrics presented, which appears to show an increase in walk-in attendances, alongside a decrease in 111 calls and GP visits during the same period. The Board was asked for clarification on the correlation between these trends. Phil Smith, Chief Delivery Officer, advised that a deep dive has been conducted into recent numbers which show significant increase for walk-in demand and ambulance arrivals at acute sites during the first months of the year. Phil Smith added that no clear cause has been identified from the nature of presenting conditions, and this pattern has been mirrored across the region. Phil Smith also stated that by the end of June, levels appear to have returned to expected norms, and ongoing monitoring will continue to better understand these trends. Phil noted that 111 services and the focus on primary care will be key moving forward, especially for winter planning.

The Board commented on the recent decision to abolish Healthwatch England, expressing concern over the lack of clarity about its replacement and emphasizing the need to keep the patient voice central in future arrangements. The open letter to Parliament and the accompanying petition was noted.

Mike Lawton, Non-Executive Chair of the Strategic Commissioning and Transformation Committee, commented on his involvement with the Locality Improvement Framework panel as an exceptionally valuable and engaging experience, highlighting the strong collaboration between agencies working to support the 'left shift' and deliver targeted support to specific communities.

Fit for the Future – 10 Year Plan

- Paul Edmondson-Jones, interim Chief Executive presented the report.
- Paul Edmondson-Jones stated that five key themes emerged from the recent national consultation, with a particular emphasis on challenges around accessing care, including GPs, dental services, and ambulance wait times. The five key themes were:
 - Getting the care that you need
 - Seamless healthcare
 - Fixing the basics
 - Sickness to prevention
 - Great place to work
- Paul Edmondson-Jones outlined the NHS's long-term direction through three major shifts: hospital to community care, analogue to digital transformation, and a move from treating sickness to preventing it.
- Paul Edmondson-Jones highlighted that, although this is a 10-year plan, Integrated Care Boards and Integrated Care Systems will be expected to develop medium-term plans targeting 2028/2029.
- Paul Edmondson-Jones also noted specific priorities under each shift, such as improving digital access through the NHS App. Paul advised that this must remain one of several access routes to avoid excluding those unable to use digital tools.
- Paul Edmondson-Jones highlighted the focus on prevention, linking it to existing work around smoking, obesity, physical activity, and alcohol through the Local Prevention

Board, and emphasised the importance of using this plan as a long-term mandate for systemic change.

The Chair thanked Paul Edmondson-Jones for the report. The Board welcomed the acknowledgment that digital access, particularly via the NHS App, should not be the sole 'front door' to services, highlighting the need for a data and demographic led approach, especially in more deprived communities where digital-only solutions may not be accessible or appropriate. The Board echoed the point around digital access, adding that achieving equity for various groups, particularly the elderly, will require significant effort and should not be underestimated.

The Board endorsed and noted the recommendations presented to them.

Joint Health and Wellbeing Strategy

- Elizabeth Disney, interim Deputy Chief Executive and Chief Transformation Officer, and Stephen Gunther, Stoke-on-Trent City Council, presented the report.
- Stephen Gunther stated that the ICB is a key partner in the Stoke-on-Trent Health and Wellbeing Board, whose role is to promote, drive, and improve the health and wellbeing of local residents and patients.
- Stephen Gunther noted that the strategy presented to the Board has been developed through a range of consultation processes and is closely aligned with the broader priorities of the NHS and the Integrated Care Partnership. For example, the priorities within the children and young people's section align with the work of the Children and Young People's Partnership Board, with clear outcomes mapped to it.
- Elizabeth Disney added that the strategy presents a valuable opportunity to build on discussions already held at the Board, particularly around the Neighbourhood Health agenda.
- Elizabeth Disney emphasised the importance of having clarity on how to prioritise and understand population needs at the place level, which is a critical element for the future.
- Elizabeth Disney noted that the strategy enables continued focus on this area with greater precision and alignment and will remain a vital part of how the ICB works with partners both at place level and within more detailed neighbourhood structures.

The Chair thanked Elizabeth Disney and Stephen Gunther for the report, praising the clarity and readability of the document, noting that it clearly sets out the priorities. The Board noted that personal responsibility is a key theme within the strategy, with emphasis on working collaboratively with residents and patients to support informed decision-making and improved wellbeing. The Board also noted that individuals are more likely to make positive choices when part of strong, resilient communities, and that the Neighbourhood Health approach should be used to build community confidence and peer support. The Board confirmed plans to align the strategy with the upcoming Locality Improvement Framework for Stoke-on-Trent and report back on its application. The Board approved the Stoke-on-Trent Joint Health and Wellbeing Strategy 2025-2028.

SBAF Quarter 1 2025/2026 Report

- Claire Cotton, University Hospital of North Midlands (UHNM) Director of Governance, presented the report.
- Claire Cotton advised that the executive summary provided a thorough overview of strategic risks, reminding the Board that in April, a decision was made to carry forward the eight strategic risks from the previous year.

- Claire Cotton advised that these risks have since been refreshed and reassessed by the team, and while most risk levels have remained static, reducing health inequalities is showing a downward trend and sustainable finances an upward trend.
- Claire Cotton noted that committee scrutiny is captured in the reports, and work is underway to streamline the presentation of risks, moving towards a 'BAF on a page' format to ensure key messages are not lost in the detail.
- Claire Cotton added that when all quarter one BAFs are available, a refreshed mapping exercise will be undertaken across the system to assess alignment.
- Claire Cotton acknowledged the significant contribution of Tracey Shewan and the wider team in delivering this work.

The Chair thanked Claire Cotton for the report, recognising the significant effort in embedding this work across committees. The Board commented that Audit committee expressed concern over the lack of reduction in risk levels and has requested a thorough review to ensure the right mitigations are in place, seeking clarity on why the risks remain unchanged despite ongoing efforts. Tracey Shewan, Director of Corporate Governance, added that quarter two will reveal how future actions are tracked, enabling clearer scrutiny of what has or hasn't been done, and whether those actions are effectively mitigating the risks to ensure accountability. The Board accepted and acknowledged the recommendations presented to them.

Fit and Proper Persons (FPPT) Report

- Tracey Shewan, Director of Corporate Governance, presented the report.
- Tracey Shewan shared thanks to all involved in supporting the process and confirmed that all Board members have been signed off as Fit and Proper Persons.
- Tracey Shewan noted that internal audit activity has also taken place, which may highlight areas for improvement in the recruitment process.

The Chair thanked Tracey Shewan for the report. The Board received and noted the recommendations presented to them.

Quality and Safety Report

- Heather Johnstone, Chief Nursing and Therapies Officer, presented the report.
- Heather Johnstone advised that the Multi-agency Safeguarding Hub (MASH) has been renamed the Safeguarding Integrated Front Door (SIFD).
- Heather Johnstone added that this is a significant development supporting several key areas of the safeguarding agenda, particularly in streamlining access to support, ensuring timely intervention, enhancing integration and information sharing, and eliminating duplication, which is critical in this area of work.
- Heather Johnstone shared that the Continuous Quality Improvement Network continues to go from strength to strength and is now reaching approximately 713 members across Staffordshire and Stoke-on-Trent, reflecting a 56% increase over the past year. Heather noted that this provides an excellent launchpad for future cluster level work.
- Heather Johnstone added that the LeDeR (Learning from Lives and Deaths of People with a Learning Disability and Autistic People) programme continues to make strong progress, with a primary focus on streamlining processes and sharing learning. Heather noted that collaboration is now underway with colleagues in Shropshire, Telford and Wrekin, and emphasised the importance of embracing every opportunity to learn from current practice.
- Heather Johnstone advised that the System Quality Group received a report on harm reviews for patients who spent over eight hours in an ambulance or over 48 hours in

an emergency department. Heather acknowledged that further work is required to fully understand and analyse the findings.

- Heather Johnstone also advised that data for South Staffordshire patients accessing urgent care through other providers has been requested, and once this information has been gathered and a comprehensive report compiled, it will be brought back to the Board for review and assurance.
- Heather Johnstone noted that NHS England have been undertaking a comprehensive review of the Quality Impact Assessment (QIA) process, following concerns raised by partners and the Board.
- Heather Johnstone advised that a draft report has now been received for comment, and early indications suggest it will be positive. Heather stated that feedback is due to NHS England by 21 July, with the final report expected by the end of the month.

The Chair thanked Heather Johnstone for the report. The Board asked what opportunities digital technology has provided to facilitate data transfer and enable systems to communicate with each other. John Rouse, City Director, City of Stoke-on-Trent Council, advised that this remains a challenging area, but there has been a recent transition to an electronic portal for receiving referrals. John Rouse added that although digital systems can support more efficient information sharing, care must be taken not to let this replace critical human interaction, and work is ongoing to find the right balance.

The Chair praised the work around the System Wide Urgent and Emergency Care Winter Quality Review. The Chair asked for assurance around capacity for the LeDeR reviews. Heather Johnstone assured the Board that there is capacity, and a detailed report on the trends over the past year will be provided to demonstrate this. The Board received and accepted the recommendations presented to them.

Quality and Safety AAA Chairs Report – June

- Josie Spencer, Chair of the Quality and Safety Committee, presented the report.
- Josie Spencer stated that the committee met formally in June, and all approved items were ratified virtually.
- Josie Spencer noted that while some improvements have been observed in the Initial Health Assessments (IHA), consistency remains a concern, along with a decline in compliance with review health assessments, advising that additional data has been requested.
- Josie Spencer added that the report suggested lowering the risk score for this issue, to which the committee pushed back due to ongoing variability and inconsistency. Josie advised that this matter will be revisited at the Quality and Safety Committee in August.
- Josie Spencer noted that the Committee approved The Patient Safety Incident Response Plan for Midlands Partnership University NHS Foundation Trust (MPFT), The Patient Safety Incident Response Plan for the National Unplanned Pregnancy Advisory Service (NUPAS), and the Stoke-on-Trent Joint Dementia Strategy.
- Josie Spencer acknowledged this as her final formal meeting as Chair of the committee, with Siobhan Heafield taking over the role. Josie stated that it had been a pleasure working with the team.

The Chair thanked Josie Spencer for the report. The Board noted, received and acknowledged the approvals presented to them.

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

- Rachel Gallyot, Interim Chief Medical Officer, presented the report.
- Rachel Gallyot advised that in May, the senate approved the Integrated Medicines Optimisation Group (IMOG) decisions from the meeting held on 2 April 2025.
- Rachel Gallyot noted the review of palliative care medication on the formulary and a position statement to prescribe of bath and shower gels, which are of low clinical value.
- Rachel Gallyot advised that the Staffordshire and Stoke-on-Trent Alcohol Strategy was endorsed, which will be delivered through the Drugs and Alcohol Partnership.
- Rachel Gallyot also advised that the Senate clinically approved the revised service specification for Community Ear Nose and Throat (ENT).
- Rachel Gallyot stated that Integrated Medicines Optimisation Group (IMOG) decisions were also approved at the June Senate, along with the streamline recommendation for the medical treatment of Ulcerative Colitis and the Crohn's disease pathway. Rachel added that Lurasidone antipsychotic medication was also approved for shared care use and put on the formulary.
- Rachel Gallyot noted that an important part of the June Senate was around the approval of the clinical model for weight management.
- Rachel Gallyot advised that the first phase is around those with a Body Mass Index (BMI) of over 40, together with four out of five comorbidities (hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease and type 2 diabetes). Rachel noted that this also includes support for the primary care delivery model.
- Rachel Gallyot advised that some discussion took place around the stoppage criteria and financial implications.
- Rachel Gallyot added that the Senate also clinically approved the diagnostic strategy and the terms of reference for the Value-Based Steering Group, which is a sponsorship for the Senate through the Clinical Values Programme. Rachel advised that, in summary, the programme aims to reduce waste and promote evidence-based, high-value interventions, with plans to expand its implementation across the wider system.

Chair thanked Rachel Gallyot for the report. The Board was asked about public communications regarding the weight management programme, particularly the impact of limited public understanding of the strict eligibility criteria. On this point, the Board was asked about the resulting pressure on GPs and what support will be provided to help manage this. The Board was also asked, given these constraints, how many individuals are currently being supported through this clinical model. Rachel Gallyot advised that the rollout will be staged and close collaboration with primary care is in place, supported by a hub-and-spoke model to ease pressure on general practice. Rachel added that communication has been effective with engagement from the outset. Rachel advised that as the eligibility criteria and funding model evolve, the approach will remain agile and regularly reviewed with updates provided to the Board. Rachel confirmed that data on numbers is available and will be shared. Paul Edmondson-Jones, interim Chief Executive added that primary care hubs are proactively contacting individuals based on the criteria, with strong communication efforts in place. Paul noted there has been less public noise locally compared to other regions, likely due to the primary care-led model, which also enables links to community weight management support.

The Board was asked about the risk level of acute pancreatitis, currently at 0.4%, acknowledging that this risk is likely to become more significant as uptake increases. The Board was also asked to consider the potential impact on secondary and tertiary care services from individuals who may experience related symptoms. Rachel Gallyot advised that the risk of acute pancreatitis is being closely monitored in those receiving treatment through the NHS, in line with NICE guidance and supported by robust monitoring processes. Rachel added that the greater concern lies with individuals accessing the

medication privately, where appropriate oversight is often lacking, presenting a hidden risk to the system which may lead to increased pressure on NHS services.

The Chair acknowledged the work of Rachel Gallyot in establishing the clinical Senate, commending the quality of the report and the effective functioning of the group. The Board noted the acknowledgements presented to them and supported the escalations brought forward.

ICS Finance and Performance Report

- Claire Finn, interim Chief Finance Officer, and Phil Smith, Chief Delivery Officer, presented the report.
- Claire Finn advised that at month two, the position is £2.9m adverse variance to plan, and the main driver for this being Cost Improvement Programme (CIP) slippage. Claire noted that all organisations are committed to delivering the plan, with ongoing work supported by MINT London to identify further efficiencies. This work aims to ensure that overall risk is being assessed and that progress continues in identifying efficiencies.
- Claire Finn noted that the overall month-on-month risk has reduced, with continued progress being made against the efficiency plan.
- Claire Finn noted that £22m has been moved into implementation.
- Claire Finn advised that a balanced plan has now been reported with no year-to-date variance. Claire added that the plan is underpinned by £95m of deficit support funding, which is not automatically provided. Claire added that Q1 and Q2 deficit support funding has been received, but Q3 will have a stricter criteria based on the month five position, national metrics which are being finalised, year-to-date performance forecast, confidence in efficiency, and level of mitigated risk.
- Claire Finn noted that if the plan is delivered this year, the £95m will not need to be repaid next year. Claire noted that £11m has had to be repaid in this financial year which has put a strain on the financial position.
- Phil Smith stated that winter preparations are progressing at pace, emphasising that the approach to managing winter this year is critical to the success of the operational plan.
- Phil Smith advised that the work being undertaken is informed by the new national Urgent and Emergency Care plan, along with the system winter learning event.
- Phil Smith emphasised the important role of community neighbourhoods in preventing unnecessary escalation to acute services, enabling early warning and tactical interventions. Phil stated that the way we work, and the design of work programmes are just as vital as the additional capacity being put in place for winter.
- Phil Smith advised that the approach for this year has been approved by Chief Executives, noting that there are 12 pillars and an executive lead for each area.
- Phil Smith added that NHSE will conduct a winter assurance visit during the first week of September and will lead an EPRR readiness assessment. Phil advised that the Board will be required to submit an assurance statement to the region by the end of September.
- Phil Smith also noted that preparations are underway to manage the impact of the upcoming five-day industrial action by resident doctors, scheduled from 25 to 30 July.
- Elizabeth Disney, interim deputy Chief Executive and Chief Transformation Officer, advised that while there is pressure and challenge with out-of-area placements, the number of beds removed from normal capacity related to Project Crystallise has been inaccurately reported. Elizabeth stated that an updated figure on the beds taken out of circulation because of this project is required.

The Chair thanked Claire Finn and Phill Smith for the report. The Chair asked about the level of assurance behind the plan and how it will ensure maximum impact and delivery. Claire Finn advised that month six will be particularly challenging and the CIP will need to have significant impact. Claire also highlighted a positive meeting with UHNM where assurance was provided around the actions being taken to minimise risk, and the ICB position is being reviewed in granular detail daily to reduce unmitigated risk, and financial recovery workshops are ongoing. Claire noted that progress continues, with £22 million recently moved from opportunity into implementation. Claire advised that this is a positive step, though not without risk, and emphasised the importance of maintaining momentum and traction.

The Board was asked for clarity on the criteria being purely financial and not including performance improvement. Claire Finn advised that for the deficit support funding, the draft metrics are purely financial metrics.

The Board was asked to provide clarity on the plan being based on a reduction of 1,000 posts across the system, noting that the workforce report showed a net reduction of only six posts as of month two. The Board was also asked how much of the current delivery relies on non-recurrent spend, and what implications this has for the next financial year. Claire Finn advised that a significant portion of the pay area is focused on reducing corporate costs, which have seen substantial national growth and remains a key focus for the system. Claire added that bank and agency staffing, particularly agency use, represents an area of inefficiency that needs to be addressed, along with waiting list initiatives that also contribute to premium costs, and efforts are being made to target and reduce these high-cost areas.

The Board commented that the approach to winter planning is positive in ensuring the Board is cited on the key issues. The Board asked for further details on the plan to increase virtual ward occupancy and optimise the use of virtual beds. Phil Smith advised that challenges with virtual ward occupancy include not reaching planned capacity, ongoing cultural hesitation and limited trust in the model, and underutilisation of step-up care. Phil noted that efforts are underway through medical teams and the integrated discharge hub to address these issues. Phil also emphasised that virtual wards are a key focus of the winter plan, with variation in use across the region, highlighting the need to build greater trust and consistency.

The Board acknowledged and received the recommendations presented to them.

Finance and Performance Committee AAA Chairs Report – June and July

- Josie Spencer, Chair of the Quality and Safety Committee, presented the report.
- Josie Spencer noted that the Digital Strategy Progress Report was reviewed in July, and a key concern that remains is the significant financial risk associated with the Electronic Patient Record (EPR) business case, with the risk rating increasing to level 20. Josie advised that work is underway to explore options to mitigate the revenue impact and this will continue to be closely monitored.
- Josie advised that in terms of workforce, while there have been some improvements in workforce figures against plan, the pay bill remains misaligned and further work is required in this area. Josie advised that a more detailed update is expected at the next Finance and Performance meeting on 5 August.
- Josie Spencer advised that the committee discussed the system-wide lessons learnt from the winter review, which was well received.

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- Josie Spencer noted that a verbal update was provided on the Provider Collaborative Assurance Report. Josie acknowledged that some elements remain unclear but hopes for greater clarity now that lead Chief Executives have been identified, along with support from GPs where appropriate.
- Josie Spencer confirmed that the System Performance Group Terms of Reference were approved at the July meeting.

The Chair thanked Josie Spencer for the report. The Board noted report and the escalations presented to them.

ICS People, Culture and Inclusion Committee Assurance and Performance Report

- Gemma Treanor, Head of ICS People Function, presented the report.
- Gemma Treanor highlighted the month three workforce position at year-to-date is minus 482 whole time equivalent (WTE) in terms of plan.
- Gemma Treanor reported a reduction of 10 WTEs in month three, noting that the system remains 42 WTE under the planned performance level. Gemma stated that this reflects a mixed picture across providers, with some areas over plan and others under, particularly driven by bank usage, where work is ongoing to better understand the variation.
- Gemma Treanor advised that agency staffing continues to reduce, currently 52 WTEs under plan, noting this attributed to enhanced workforce and financial controls, as well as transformation activities that are expected to have further impact throughout the year.
- Gemma Treanor added that the mismatch between the pay bill and workforce continues to be closely monitored in collaboration with finance and workforce colleagues. Gemma acknowledged that this mismatch is also seen across the region and confirmed that efforts are underway to address it.
- Gemma Treanor advised that workforce metrics show the 12-month rolling sickness rate stands at 5.6%, but the monthly rate dropped to 4.8% in May, with June figures pending.
- Gemma Treanor advised that turnover rates are also continuing to decline, though this presents challenges for providers due to assumptions built into the plan regarding turnover and possible vacancies.
- Gemma Treanor highlighted the importance of staff experience during ongoing system the transition, which is being closely monitored through the People, Culture and Inclusion Committee and the Health and Wellbeing Committee as part of the wider 'Looking After Our People' agenda.
- Gemma Treanor stated that the Staff Survey and Annual Report were reviewed by the PCI Committee with a positive outcome for the system, noting that Staffordshire and Stoke-on-Trent was the best performing system across the Midlands ICSs, with higher overall scores across all themes.
- Gemma Treanor explained that while scores have improved in some areas, remained stable in others, and declined in a few areas, key overarching areas for improvement have been identified including health and well-being, staff experience, leadership, and discrimination.
- Gemma confirmed that these areas will be addressed through the PCI Committee, as well as the Health, Well-being and Experience and Equality, Diversity and Inclusion Committee, and leadership workstreams moving forward.
- Gemma Treanor highlighted that, as part of the annual report, several successful national pilots have taken place including the Volunteering for Health programme, which involved close collaboration with the voluntary sector, T Levels and care leavers,

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contributing to a continued emphasis on widening participation and access, as well as embedding the Anchor Institution Strategy.

- Gemma advised that the 2025/2026 delivery plan has been refreshed, and the team is awaiting the updated Long Term Workforce Plan which will help shape the necessary activities to address current risks and challenges. Gemma noted that the approach will continue to evolve in collaboration with providers and partners across Shropshire, Telford, and Wrekin.

The Chair thanked Gemma Treanor for the report. The Board asked about sickness rates and their impact on the ICB, particularly in the context of the ongoing system transition. The Board also asked about appraisal rates, noting that these are not currently at a high level. Gemma Treanor advised that sickness rates are part of the risks identified at the beginning of the year, specifically relating to the impact of system changes on staff health and well-being. Gemma highlighted that softer intelligence provides a fuller picture of staff experience. Gemma also reassured the Board that appraisal rates will be addressed through the PCI Committee and confirmed that the feedback will be taken on board and reflected in future discussions.

The Board acknowledged the continued professionalism of staff, despite the ongoing challenges and changes. The Board echoed the value of these surveys and emphasised the importance of maintaining regular communication with staff. The Board also noted that the results reflect a positive culture of speaking up across the system.

The Board accepted and acknowledged the recommendations presented to them.

Staffordshire and Stoke-on-Trent ICB People, Culture and Inclusion Committee AAA Chairs Report – July

- Shokat Lal, Non-Executive Chair of People, Culture and Organisational Development Committee, presented the report.
- Shokat Lal emphasised the importance of establishment control and maintaining a balance between workforce establishment, finance, and performance, as well as how this is being managed across the system.
- Shokat Lal also highlighted the Annual Report, acknowledging the contributions of Chief People Officers across the system, reinforcing the need to sustain this work.
- Shokat Lal stressed the importance of staff well-being and communication, particularly in managing uncertainty and ongoing change.

The Chair thanked Shokat Lal for the report. The Board received and noted the recommendations presented to them.

Staffordshire and Stoke-on-Trent ICB Strategic Commissioning and Transformation Committee AAA Chairs Report

- Mike Lawton, Non-Executive Chair of Strategic Commissioning and Transformation Committee, presented the report.
- Mike Lawton shared thanks to Elizabeth Disney for growing the credibility of the Strategic Commissioning and Transformation Committee.
- Mike Lawton acknowledged the local authority for achieving their CQC ratings of 'good'.

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- Mike Lawton highlighted cost pressures and the demand in social care, stating that there is an agreed approach between the local authority and ICB to manage the funding and eligible aftercare under 117.
- Mike Lawton noted the Staffordshire County Council recommissioning of living care services, along with Stoke-on-Trent County Council promoting the integration of health and care services.
- Mike Lawton advised that the ICS Green Plan has been assured.

The Board commented that the establishment of a robust engine room for commissioning and transformation provides a solid foundation to collectively resolve issues that require commissioning solutions.

The Chair thanked Mike Lawton for the report. The Board received and noted the recommendations presented to them.

Staffordshire and Stoke-on-Trent ICB Audit Committee AAA Chairs Report

- Julie Houlder, Non-Executive Chair of the Audit Committee, presented the report.
- Julie Houlder highlighted the counter fraud narrative, noting that additional support will be provided to primary care going forward.
- Julie Houlder advised that guidance on the new corporate offence of failure to prevent fraud is due to be produced, and internal auditors will be providing support, including training.

The Chair thanked Julie Houlder for the report. The Board received and noted the recommendations presented to them.

Staffordshire and Stoke-on-Trent ICB Remuneration Committee AAA Chairs Report

- Shokat Lal, Non-Executive Chair of People, Culture and Organisational Development Committee, presented the report.
- Shokat Lal advised that there were no issues requiring escalation in relation to this report.

The Chair thanked Shokat Lal for the report. The Board received and noted the recommendations presented to them.

Date and time of next meeting in public: 18 September 2025 at 1pm held in public, in person at North Staffordshire Combined Healthcare NHS Trust Boardroom at Lawton House, Stoke-on-Trent, ST4 8HH.