

**Staffordshire and Stoke-on-Trent
Integrated Care Board Meeting**
HELD IN PUBLIC

Thursday 17th July 2025
1.00pm – 3.30pm

**Midlands Partnership NHS Foundation Trust Headquarters Boardroom, St George's
Hospital, Corporation Street, Stafford, ST16 3SR**

[A = Approval / R = Ratification / S = Assurance / D = Discussion / I = Information]

| | Agenda Item | Lead(s) | Enc | A/R/ S/D/I | Time | Pages |
|----|--|---------|--------|---------------|--------|-------|
| 1. | Welcome and Apologies | Chair | --- | --- | 1.00pm | |
| 2. | Leadership Compact | Chair | Enc 01 | A | | 3 |
| 3. | Conflicts of Interest | Chair | Enc 02 | --- | | 4-5 |
| 4. | Minutes of meeting held on 15 th May 2025 | Chair | Enc 03 | A | | 6-16 |
| 5. | Action Log - progress update on actions | Chair | Enc 04 | D | | 17 |
| 6. | Questions submitted by members of the public in advance of the meeting | Chair | --- | D | 1.05pm | |

| Strategic and System Development | | | | | | |
|---|--------------------------------------|--------|--------|---|--------|-------|
| 7. | ICB Chair and Chief Executive Report | DP/PEJ | Enc 06 | I | 1.15pm | 18-26 |
| 8. | Fit for the Future – 10 Year Plan | PEJ | --- | I | 1.25pm | --- |
| 9. | Joint Health and Wellbeing Strategy | ED | Enc 07 | A | 1.35pm | 27-54 |

| System Governance and Performance | | | | | | |
|--|--|-------|--------------------|-----|--------|--------------------|
| 10. | SBAF Quarter 1 2025/2026 Report | CC | Enc 08 | D/S | 1.45pm | 55-86 |
| 11. | FPPT Report | TS | Enc 09 | S | 1.55pm | 87-94 |
| 12. | Quality and Safety Report | HJ | Enc 10 | S | 2.05pm | 95-99 |
| | Quality and Safety AAA Chairs Report - June | JS | Enc 11 | I/S | 2.15pm | 100-103 |
| 13. | Staffordshire and Stoke on Trent Health and Care Senate AAA Chairs Report – May and June | RG | Enc 12a Enc 12b | I/S | 2.20pm | 104-106 107-111 |
| | ICS Finance and Performance Report | CF/PS | Enc 13 | I/S | 2.25pm | 112-141 |
| 14. | Finance and Performance Committee AAA Chairs Report - June and July | JS | Enc 14a Enc 14b | I/S | 2.40pm | 142-146 147-152 |

| | | | | | | |
|-----|---|----|--------------------|-----|--------|--------------------|
| 15. | ICS People, Culture and Inclusion Committee Assurance and Performance Report | GT | Enc 15 | I | 2.45pm | 153-163 |
| | <ul style="list-style-type: none"> Staff Survey Results 2024/2025 Annual Report 2024/2025 | GT | Enc 16 | I | | 164-207 |
| | | GT | Enc 17 | I | | |
| | Staffordshire and Stoke on Trent ICB People, Culture and Inclusion Committee AAA Chairs Report – July | SL | Enc 18 | I/S | 3.00pm | 238-241 |
| 16. | Staffordshire and Stoke on Trent ICB Strategic Commissioning and Transformation Committee AAA Chairs Report – June and July | ML | Enc 19 | I/S | 3.05pm | 242-249 |
| 17. | Staffordshire and Stoke on Trent ICB Audit Committee AAA Report | JH | Enc 20 | I/S | 3.10pm | 250-253 |
| 18. | Staffordshire and Stoke on Trent ICB Remuneration Committee AAA Chairs Report – May and June | SL | Enc 21a Enc 21b | I | 3.15pm | 254-256 257-258 |

Any Other Business

| | | | | | | |
|-----|--|-------|-----|-----|--------|--|
| 19. | Items notified in advance to the Chair | All | --- | --- | --- | |
| 20. | Questions from the floor relating to the discussions at the meeting | Chair | --- | | 3.20pm | |
| 21. | Meeting Effectiveness | Chair | --- | | --- | |
| 22. | Close | Chair | --- | | 3.30pm | |
| 23. | Date and Time of Next Meeting Thursday 18th September May 1.00pm – 3.30pm North Staffordshire Combined Healthcare NHS Trust Boardroom at Lawton House, Bellringer Road, Trentham, Stoke-on-Trent ST4 8HH | | | | | |

ICS Partnership leadership compact



Trust

- We will be **dependable**: we will do what we say we will do and when we can't, we will explain to others why not
- We will act with **integrity** and **consistency**, working in the interests of the population that we serve
- We will be willing to take a **leap of faith** because we trust that partners will support us when we are in a more exposed position.



Courage

- We will be **ambitious** and willing to **do something different** to improve health and care for the local population
- We will be willing to make **difficult decisions** and take proportionate risks for the benefit of the population
- We will be **open to changing course** if required
- We will **speak out** about inappropriate behaviour that goes against our compact.



Openness and honesty

- We will be **open** and **honest** about what we can and cannot do
- We will create a **psychologically safe environment** where people feel that they can raise thoughts and concerns without fear of negative consequences
- Where there is disagreement, we will be prepared to **concede** a little to reach a consensus.



Leading by example

- We will **lead with conviction** and be ambassadors of our shared ICS vision
- We will be committed to **playing our part** in delivering the ICS vision
- We will live our **shared values** and agreed leadership behaviours
- We will positively promote **collaborative working** across our organisations.



Respect

- We will be **inclusive** and encourage all partners to contribute and express their opinions
- We will **listen actively** to others, without jumping to conclusions based on assumptions
- We will take the time to understand others' points of view and **empathise** with their position
- We will respect and uphold **collective decisions** made.



Kindness and compassion

- We will show **kindness, empathy** and **understanding** towards others
- We will **speak kindly** of each other
- We will support each other and seek to solve problems **collectively**
- We will challenge each other **constructively** and with **compassion**.



System first

- We will put **organisational loyalty and imperatives** to one side for the benefit of the population we serve
- We will spend the Staffordshire and Stoke-on-Trent pound **together** and **once**
- We will develop, agree and uphold a **collective** and **consistent** narrative
- We will present a **united front** to regulators.



Looking forward

- We will **focus on what is possible** going forwards, and not allow the past to dictate the future
- We will be **open-minded** and willing to consider new ideas and suggestions
- We will show a willingness to **change the status quo** and demonstrate a positive 'can do' attitude
- We will be open to **conflict resolution**.

**STAFFORDSHIRE AND STOKE-ON-TRENT INTEGRATED CARE BOARD
CONFLICTS OF INTEREST REGISTER 2025-2026
INTEGRATED CARE BOARD (ICB)
AS AT 30 JUNE 2025**

Key Declaration completed for financial year 2025/2026
 Declaration for financial year 2025/2026 to be submitted

Note: Key relates to date of declaration

| Date of Declaration | Title | Forename | Surname | Role | Organisation | 1. Financial Interest | 2. Non-financial professional interests | 3. Non-financial personal interests | 4. Indirect interests | 5. Actions taken to mitigate identified conflicts of interest |
|---------------------|-------|-------------|-----------------|---|--|--|--|--|---|---|
| 20th September 2024 | Dr | Buki | Adeyemo | Chief Executive Officer | North Staffordshire Combined Healthcare Trust (NSCHT) | Nothing to declare | 1. Board of Governors University of Wolverhampton (ongoing) 2. Mental Health Network, NHS Confederation, NHS CEO Representative (ongoing) | Nothing to declare | Nothing to declare | (h) interest recorded on the Conflicts Register |
| 15th July 2024 | Mr | Nadeem Tony | Ahmed | ICB Participatory (non-voting) member | Staffordshire and Stoke-on-Trent Integrated Care Board | 1. Director of Dentaire Ltd and TT Partners Ltd, Principal dentist at Dentaire Dental Care (ongoing) | 1. Chair of Local Dental network - Shropshire and Staffordshire (ongoing) | Nothing to declare | 1. Brother is an ENT surgeon and head of department at OE Hospital Birmingham (ongoing) | (a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered by company. (h) interest recorded on the Conflicts Register. |
| 11th July 2024 | Ms | Helen | Ashley | Acting CEO | University Hospitals of North Midlands NHS Foundation Trust (UHNM) | Nothing to declare | Nothing to declare | 1. Member of Derbyshire Community Health Services FT (2014 - ongoing) | Nothing to declare | (h) recorded on conflicts register. |
| 7th April 2025 | Mr | Peter | Axon | Chief Executive Officer | Staffordshire and Stoke-on-Trent Integrated Care Board | Nothing to declare | Nothing to declare | Nothing to declare | Nothing to declare | No action required |
| 12th September 2024 | Mr | Neil | Carr OBE | Chief Executive Officer | Midlands Partnership University NHS Foundation Trust (MPFT) | 1. CEO of MPFT (ongoing) | 1. Member of ST&W ICB (ongoing) | 1. Fellow of RCN (ongoing) 2. Doctor of University of Staffordshire (ongoing) 3. Doctor of Science Keele University (Honorary) (ongoing) 4. Visiting Professor - Wagner College, New York (ongoing) | Nothing to declare | (a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered by company. (h) recorded on conflicts register. |
| 26th September 2021 | Dr | Joanna | Chan | GP Partner/ICB Partner Member with a primary care perspective | Dale Medical Practice | 1. GP Partner at Dale Medical Practice, Wombourne (2003 - ongoing) 2. Clinical Director Seisdon PCN (July 2019 - ongoing) 3. Director GP First PCN Limited (June 2019 - ongoing) | Nothing to declare | Nothing to declare | Nothing to declare | (a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered by company. (h) recorded on conflicts register. |
| 28th April 2025 | Mr | Simon | Constable | Chief Executive | University Hospitals of North Midlands NHS Foundation Trust (UHNM) | Nothing to declare | 1. Lay Member of Keele University Council (April 2025 - four-year term, 10-12 days per year) | Nothing to declare | Nothing to declare | (a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered by company. (h) recorded on CCG conflicts register. |
| 13th September 2024 | Mrs | Claire | Cotton | Director of Governance | University Hospitals of North Midlands NHS Foundation Trust (UHNM) | 1. Employee of University Hospital of North Midlands NHS Trust (UHNM) (2000 - ongoing) | Nothing to declare | Nothing to declare | Nothing to declare | (a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered by company. (h) recorded on CCG conflicts register. |
| 8th April 2025 | Ms | Elizabeth | Disney | Chief Transformation Officer | Staffordshire and Stoke-on-Trent Integrated Care Board | Nothing to declare | Nothing to declare | Nothing to declare | 1. Brother is Clinical Lead and Consultant at UHNM (1st September 2024 to date). 2. Brother's partner is owner-operator of Nature and Nurture Psychology, a child and family psychology service based in Staffordshire (November 2024 - ongoing) | (a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered by company. (h) recorded on the conflicts register. |
| 2nd April 2025 | Dr | Paul | Edmondson-Jones | Chief Medical Officer and Deputy Chief Executive | Staffordshire and Stoke-on-Trent Integrated Care Board | 1. Employed session a week (0.1 wte) by MPFT as Head of SSOT PH Alliance (as a locum public health consultant) (June 2024 - ongoing) | 1. Fellow of the Faculty of Public Health (FFPH) and registered with the GMC (December 2022 - ongoing) | Nothing to declare | Nothing to declare | (a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered by company. (h) recorded on conflicts register. |
| 1st April 2025 | Mrs | Lisa | Ellis | Executive Support Officer | Staffordshire and Stoke-on-Trent Integrated Care Board | Nothing to declare | Nothing to declare | Nothing to declare | Nothing to declare | No action required |
| 17th April 2025 | Ms | Claire | Finn | Chief Finance Officer | Staffordshire and Stoke-on-Trent Integrated Care Board | Nothing to declare | Nothing to declare | 1. Trustee of Newfield Charity - no link to SSOT (ongoing) 2. HFMA Branch committee member (ongoing) | 1. Family member works for 360 assurance (not director) - hosted NHS provider carrying out internal audit services for the NHS - do not currently provide any service to SSOT. (ongoing) | (h) Interests recorded on the conflicts register. |
| 4th January 2024 | Mr | Patrick | Flaherty | Chief Executive Officer and ICB Board Member | Staffordshire County Council | 1. Chief Executive Officer of Staffordshire County Council (July 2023 - ongoing) | Nothing to declare | Nothing to declare | Nothing to declare | (a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered by company. (h) recorded on ICB conflicts register. |
| 8th May 2025 | Mrs | Julie | Houlder | Non-Executive Member | Staffordshire and Stoke-on-Trent Integrated Care Board | 1. Chair of Derbyshire Community Health Foundation Trust (January 2023 - ongoing) 2. Associate Charis Consultants Ltd (January 2019 - ongoing) 3. Owner Craftykin Limited (July 2022 - ongoing) 4. Owner of Elevate Coaching (October 2016 - ongoing) | 1. Director Windsor Academy Trust (January 2019 ongoing) | Nothing to declare | Nothing to declare | (a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered by company. (h) recorded on ICB conflicts register |
| 1st April 2025 | Mr | Chris | Ibell | Chief Digital and Information Officer | Staffordshire and Stoke-on-Trent Integrated Care Board | Nothing to declare | Nothing to declare | Nothing to declare | Nothing to declare | No action required |

| Date of Declaration | Title | Forename | Surname | Role | Organisation | 1. Financial Interest | 2. Non-financial professional interests | 3. Non-financial personal interests | 4. Indirect interests | 5. Actions taken to mitigate identified conflicts of interest |
|---------------------|-------|----------|-------------------|--|--|---|--|--|---|---|
| 7th January 2025 | Ms | Mahishmi | Irvine | Chief People Officer | Staffordshire and Stoke-on-Trent Integrated Care Board | Nothing to declare | Nothing to declare | 1. YMCA Trustee (September 2023 - ongoing) | Nothing to declare | (h) recorded on conflicts register. |
| 6th April 2025 | Mrs | Heather | Johnstone | Chief Nursing and Therapies Officer | Staffordshire and Stoke-on-Trent Integrated Care Board | Nothing to declare | 1. Visiting Fellow at Staffordshire University (March 2019 - March 2028 ongoing) | Nothing to declare | 1. Spouse is employed by UHB at Heartland's hospital (2015 - ongoing) 2. Daughter is Marketing Manager for Voyage Care LD and community service provider (August 2020 - ongoing) 3. Brother-in-law works for Optima Health and UHNM (ongoing) | (a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered by company. (h) recorded on conflicts register. |
| 25th July 2024 | Mr | Shokat | Lal | Non-Executive Member | Staffordshire and Stoke-on-Trent Integrated Care Board | Nothing to declare | 1. Member of the Black Country Integrated Care Partnership through day job at Sandwell Council (ongoing) | Nothing to declare | Nothing to declare | (a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered by company. (h) recorded on conflicts register. |
| 16th December 2024 | Mr | Mike | Lawton | Non-Executive Member | Staffordshire and Stoke-on-Trent Integrated Care Board | 1. Employment with Black Country Housing Group (ongoing) 2. Employment with EMH Group, Leicester (ongoing) | Nothing to declare | Nothing to declare | 1. Wife works as Specialist BMS in Pathology Lab UHNM (2024 - ongoing) 2. Son-in-Law works in procurement as a buyer for UHNM (2024 - ongoing) 3. Daughter works as a Pharmacist Trainer for Boots based in Nottingham (2024 - ongoing) | (a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered by company. (h) recorded on conflicts register. |
| 23rd April 2025 | Ms | Anna | Mather | Healthwatch Staffordshire Manager | Healthwatch Staffordshire | Nothing to declare | Nothing to declare | Nothing to declare | Nothing to declare | No action required |
| 2nd April 2025 | Mr | David | Pearson | Chair | Staffordshire and Stoke-on-Trent Integrated Care Board | Nothing to declare | Nothing to declare | Nothing to declare | 1. Spouse and daughter work for North Staffs Combined Health Care NHS Trust (2018 - ongoing) | (h) recorded on conflicts register. |
| 16th May 2025 | Ms | Slobhan | Reilly (Heafield) | Non-Executive Member | Staffordshire and Stoke-on-Trent Integrated Care Board | Nothing to declare | 1. Trustee at Beth Johnson Foundation Charity (Sept 2023 - ongoing) | Nothing to declare | 1. Partner is NHSE employee – Midlands Director of Performance (2007 - ongoing) | (a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered by company. |
| 9th April 2025 | Mrs | Tracey | Shewan | Director of Corporate Governance | Staffordshire and Stoke-on-Trent Integrated Care Board | Nothing to declare | 1. I sometimes do shifts for MPFT that I am not paid for, last shift February 2023 (ongoing) | Nothing to declare | 1. Sibling is a registered nurse with MPFT (July 2022 - ongoing) 3. Daughter works for West Midlands Ambulance Service (WMAS) (July 2022 - ongoing) | (a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered by company. (h) recorded on conflicts register. |
| 9th April 2024 | Mr | Phil | Smith | Chief Delivery Officer | Staffordshire and Stoke-on-Trent Integrated Care Board | Nothing to declare | Nothing to declare | Nothing to declare | Nothing to declare | No action required |
| 2nd April 2025 | Mrs | Josie | Spencer | Non-Executive Member | Staffordshire and Stoke-on-Trent Integrated Care Board | 1. Non-Executive Director Leicestershire Partnership Trust (May 2023 - ongoing) | Nothing to declare | Nothing to declare | Nothing to declare | (a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered by company. (h) interest recorded on the conflicts register. |
| 14th May 2025 | Mr | Paul | Winter | Associate Director of Corporate Governance and DPO | Staffordshire and Stoke-on-Trent Integrated Care Board | Nothing to declare | Nothing to declare | Nothing to declare | Nothing to declare | No action required |

ANY CONFLICT DECLARED THAT HAS CEASED WILL REMAIN ON THE REGISTER FOR SIX MONTHS AFTER THE CONFLICT HAS EXPIRED

- 1. Financial Interest** (This is where individuals may directly benefit financially from the consequences of a commissioning decision, e.g. being a partner in a practice that is commissioned to provide primary care services)
- 2. Non-financial professional interests** (This is where an individual may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the ICB)
- 3. Non-financial personal interests** (This is where an individual may benefit personally, but not professionally or financially, from a commissioning decision e.g. if they suffer from a particular condition that requires individually funded treatment)
- 4. Indirect interests** (This is where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g. spouse, close relative (parent, grandparent, child etc) close friend or business partner)
- 5. Actions taken to mitigate identified conflicts of interest**
 - Change the ICB role with which the interest conflicts (e.g. membership of an ICB commissioning project, contract monitoring process or procurement would see either removal of voting rights and/or active participation in or direct influencing of any ICB decision)
 - Not to appoint to an ICB role, or be removed from it if the appointment has already been made, where an interest is significant enough to make the individual unable to cooperate effectively or to make a full and proper contribution to meetings etc
 - For individuals engaging in Secondary Employment or where they have material interests in a Service Provider, that all further engagement or involvement ceases where the ICB believes the conflict cannot be effectively managed
 - All staff with an involvement in ICB business to complete mandatory online Conflicts of Interest training (provided by NHS England), supplemented as required by face-to-face training sessions for those staff engaged in key ICB decision-making roles
 - Manage conflicts arising at meetings through the agreed Terms of Reference, recording any conflicts at the start / throughout and how these were managed by the Chair within the minutes
 - Conflicted members to not attend meetings, or parts of meetings; e.g. to either temporarily leave the meeting room, or to participate in proceedings but not influence the group's decision, or to participate in proceedings / decisions with the agreement of all other members (but only for immaterial conflicts)
 - Conflicted members not to receive a meeting's agenda item papers or enclosures where any conflict arises
 - Recording of the interest on the ICB Conflicts of Interest/Gifts & Hospitality Register and in the minutes of meetings attended by the individual (where an interest relates to such)
 - Other (to be specified)



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

HELD IN PUBLIC
Via MS Teams

| Members: | Quoracy | 15/05/2025 | 17/07/2025 | 18/09/2025 | 20/11/2025 | 15/01/2026 | 19/03/2026 |
|---|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| David Pearson (DP) Chair Staffordshire & Stoke-on-Trent ICB | Over 50% of the quantum (nine out of seventeen members) with there being an equitable balance to represent that of a Unitary Board, split between proportions of Executive, Non-Executive and Partner Members, including: • the Chief Executive plus one other Executive Director (from CFO, CTO, CDO) • either the Medical Director (CMO) or the Director of Nursing & Therapies (CNTO) • three Independent Members: i.e. Chair plus two Non-Executive Members • three Partner Members: with ideally at least one from each of the three cohorts | Y | | | | | |
| Peter Axon (PA) Chief Executive Officer, Staffordshire & Stoke-on-Trent ICB | | Y | | | | | |
| Paul Brown (PB) Chief Finance Officer, Staffordshire & Stoke-on-Trent ICB | | Y | | | | | |
| Phil Smith (PS) Chief Delivery Officer, Staffordshire & Stoke-on-Trent ICB | | Y | | | | | |
| Heather Johnstone (HJ) Chief Nursing and Therapies Officer, Staffordshire & Stoke-on-Trent ICB | | X | | | | | |
| Dr Paul Edmondson-Jones (PEJ) Chief Medical Officer, Staffordshire & Stoke-on-Trent ICB | | Y | | | | | |
| Elizabeth Disney (ED) Chief Transformation Officer, Staffordshire & Stoke-on-Trent ICB | | Y | | | | | |
| Julie Houlder (JH) Non-Executive Member, Staffordshire & Stoke-on-Trent ICB | | Y | | | | | |
| Shokat Lal (SL) Non-Executive Member, Staffordshire & Stoke-on-Trent ICB | | Y | | | | | |
| Josephine Spencer (JS) Non-Executive Member, Staffordshire & Stoke-on-Trent ICB | | Y | | | | | |
| Mike Lawton (ML) Non-Executive Member, Staffordshire and Stoke on Trent ICB | | X | | | | | |
| Jon Rouse (JR) Chief Executive, City of Stoke-on-Trent Council | | Y | | | | | |
| Patrick Flaherty (PF) Chief Executive, Staffordshire County Council | | X | | | | | |
| Dr Simon Constable (SC) Chief Executive Officer, University Hospitals of North Midlands NHS Trust | | X | | | | | |
| Neil Carr (NC) Chief Executive, Midlands Partnership NHS University Foundation Trust | | Y | | | | | |
| Dr Buki Adeyemo (BA) Chief Executive, North Staffordshire Combined Healthcare NHS Trust | | Y | | | | | |
| Participant Members: | | | | | | | |
| Simon Fogell (SF) Stoke-on-Trent Healthwatch | X | | | | | | |
| Anna Mather (AM) Healthwatch Support Staffordshire | Y | | | | | | |
| Tracey Shewan (TS) Director of Communications, Staffordshire & Stoke-on-Trent ICB | Y | | | | | | |
| Mish Irvine (MI) Chief People Officer, Staffordshire & Stoke-on-Trent ICB | Y | | | | | | |
| Chris Ibell (CI) Chief Digital Officer, Staffordshire & Stoke-on-Trent ICB | Y | | | | | | |
| Paul Winter (PW) Associate Director of Corporate Governance & DPO, Staffordshire & Stoke-on-Trent ICB | Y | | | | | | |
| Dr N Tony Ahmed (TA) Dental Participant Board Member | Y | | | | | | |
| Dr J Chan (JC) Primary Care Service Parter Member | Y | | | | | | |
| Lisa Ellis (LE) Executive Support Officer, Staffordshire & Stoke on Trent ICB | Y | | | | | | |
| In attendance: | | | | | | | |
| Becky Scullion (BS) Associate Director of Nursing, Staffordshire & Stoke on Trent ICB | Y | | | | | | |
| Mark Doran (MD) Senior Strategic Commissioner, Staffordshire & Stoke on Trent ICB | Y | | | | | | |

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

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|---|--|---|--|--|--|--|--|
| Jodie Furby (JF) Cancer Service Improvement Manager, Staffordshire & Stoke on Trent ICB | | Y | | | | | |
| Sarah Jeffrey (SJ) Director of Primary Care, Staffordshire and Stoke on Trent ICB | | Y | | | | | |
| Tracey Cox (TC) Associate Director of Primary Care, Staffordshire and Stoke on Trent ICB | | Y | | | | | |
| Nicola Bromage (NB) Associate Director of Mental Health, Staffordshire and Stoke on Trent ICB | | Y | | | | | |
| Lisa Agell-Argiles (LAA) Operations Director, MPFT | | Y | | | | | |
| Deborah Hargreaves (DH) Senior Service Manager, NSCHT | | Y | | | | | |
| Ben Richards (BR) Senior Responsible Officer, NSCHT | | Y | | | | | |

| | | Action |
|-----------|---|--------|
| 1. | Welcome and Introductions | |
| | <p>DP welcomed attendees to the ICB Public Board meeting and advised that it was a meeting being held in public to allow the business of the Board to be observed and members of the public could ask questions on the matters discussed at the end of the meeting. The meeting is being recorded and will be available on the ICB website after the meeting.</p> <p>DP welcomed Dr Joanne Chan, Primary Care Service Partner Member.</p> | |
| | Apologies | |
| | <p>Apologies were received from:</p> <p>Mike Lawton Pat Flaherty Heather Johnson Simon Constable Simon Fogell</p> | |
| | Confirm Quoracy | |
| | DP confirmed that the meeting was quorate. | |
| 2. | Leadership Compact | |
| | DP reminded members of the importance of the Leadership Compact document which was used in all the meetings transacted by the ICB and guides the way business is conducted. | |
| 3. | Conflicts of Interest | |
| | Members confirmed there were no conflicts of interest in relation to items on the agenda other than those listed on the register. | |
| 4. | Minutes of the Meeting held on 20th March 2025 | |
| | The minutes of the meeting held on 20 th March 2025 were AGREED as an accurate record of the meeting and were therefore APPROVED . | |
| 5. | Action log | |
| | Action log reviewed and updated accordingly. | |
| 6. | Questions submitted by members of the public in advance of the meeting | |
| | <p>Hannah Weaver</p> <p><i>"What difference is the consultation really likely to make to the ICB's proposal to permanently close the Samuel Johnson (and Stafford) FMBU? What reassurance can you give that is not simply a paper exercise?"</i></p> | |

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

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| | <p>BS thanks Hannah Weaver for the question and advised that colleagues are keen to hear from our patient public facing initiative bodies, in terms of their concerns and thoughts regarding the proposal. She provided assurance that no decision has been made regarding the future of FMB units and added that feedback will be critical. She also advised that feedback from the engagement events and added that colleagues are continuing to liaise with members of the public and clinicians and their views are continually being resourced and fed into the consultation.</p> <p>Ian Syme – question one - Maternity</p> <p><i>Appendix A 'Quality and Safety Report' states that section 29a Warning Notice and section 31 Notice of Decision from 2023 both still remain in place at UHDB.</i></p> <p><i>Royal Wolverhampton Trusts maternity services have now been rated 'Good' whilst UHNM Maternity Services previously rated 'Inadequate' are now rated 'Good' leapfrogging the CQC intermediate rating of 'Requires Improvement.' The section 29a notice served on UHNM November 2023 no longer applies.</i></p> <p><i>Having read through UHDB Board papers I've noted a plethora of external oversight of UHDB Maternity Services.</i></p> <p><i>It appears that significant improvement of Maternity Services at UHDB is seemingly more constrained in comparison to eg UHNM.</i></p> <p><i>Is that analysis fair and if so what factors underly the slower improvement of Maternity Services at UHDB given that Queens Burton Unit is the second busiest Maternity Service used by Staffordshire women and only superseded by UHNM?</i></p> <p>BS thanked Ian Syme for the question and stated that it is difficult to compare UHNM and UHDB even though both have had a section 29A and section 31 from the CQC, as there are many variants between the two organisations, in particular UHDB has two sites that are involved in the CQC review, which adds another dimension. She added that UHDB were re-inspected in December, but as yet no formal report has been received. It was noted that UHDB asked for six of the eight requirements placed on them to be reconsidered.</p> <p>Ian Syme – question two - ICB Local Dental Plan:</p> <p><i>Given the Oral Health Profile in Stoke-on-Trent it's understandable that Stoke-on-Trent is a significant priority area for Dental Service Commissioning.</i></p> <p><i>What is somewhat surprising is that Staffordshire Moorlands area, population circa 95000 with pockets of significant deprivation, is at this time not perceived as a priority area for Dental Service Commissioning.</i></p> <p><i>Whilst appreciating that given stretched resources not all areas can be designated priority what is the logic for Staffordshire Moorlands omission ?</i></p> <p>PEJ thanked Ian Syme for the question and provided assurance that the issues will be covered in the local dental plan update, which is on today's agenda and confirmed that a full written response will be provided after the meeting.</p> | <p>PEJ</p> |
| <p>7.</p> | <p>Community Story - Prostate Cancer Awareness Campaign: Delivered by SSOT ICB Cancer Team</p> | |
| | <p>PS introduced the prostate cancer awareness campaign and Cancer Team. The team highlighted the importance of early detection and the impact of early detection in improving cancer outcomes and survival rates.</p> <p>MD shared Clifford's story, which emphasised the need for early diagnosis and treatment of prostate cancer.</p> | |

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

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| | <p>JF discussed plans for future campaigns, including a cancer bus tour and targeted online campaigns to raise awareness and encourage early detection and stated that the campaign has engaged with over 6000 people and highlighted the plans to continue community engagement.</p> <p>DP requested the thanks of the Board are forwarded to Clifford for allowing us to share his story.</p> <p>PA thanked to MD and JF for all their hard work and stated that this is a fundamental move from re-active to pro-active and prevention services, which needs to be the focus of the NHS moving forward. He referred to the link to the cost reduction programme of the ICB and emphasised the need to ensure that colleagues don't lose focus on these initiatives, which need to be at the front and centre of the NHS.</p> <p>SL thanked the Team and stated that it is fantastic to see so much work being undertaken on-line and welcomed the bus tour, as this initiative reaches communities and places where people may not go on-line. He referred to the statistics, particularly where it states that one in four black men are more susceptible to prostate cancer and asked if the bus visits places where there are large crowds of people, particulate hard to reach groups for example football matches, mosques, as it is critical to get out into the community. JF confirmed that the bus has visited local football matches and mosques and will continue to reach out to communities.</p> <p>JH stated that this is a great example of left shift and asked how this has been integrated in the community transformation programme for this year. ED stated that it is important that we focus on preventative interventions, to diagnosis disease at an early stage and added that colleagues are been reviewing data for our local population.</p> <p>BA expressed the importance of detection of diseases and providing support, especially for patients with mental health diagnosis.</p> <p>JC stressed the importance for patients to know if they are symptomatic or if they are in a high-risk group that they get tested. She referred to patients who are asymptomatic and advised that PSA testing is not a national screening and asked if there is a piece of work being undertaken to look at targeting screening for asymptomatic and high-risk patients. MD confirmed that there is no accepted test that the National Screening Committee has authorised us to use. He added that there is a national committee that reviews all cancer screening programmes, however PSA testing is not a justifiable standalone test for prostate cancer diagnosis, however there are multiple blood tests that are currently in clinical trials.</p> <p>MD was pleased to report that cancer screening in general, Staffordshire and Stoke on Trent is at the forefront in the country for lung cancer and is the most developed lung cancer screening programme in the West Midlands with 75% roll out across the patch and it is anticipated to achieve 100% within the next 12 months.</p> <p>The ICB Board welcomed the community story and thanked members of the team for their continued hard work.</p> | |
| 8. | <p>ICB Chair and Chief Executive Report</p> | |
| | <p>DP advised today is the last Board meeting for PA and PB and thanked them both for their outstanding contribution to the service, particularly in relation to the establishment of the Integrated Care Board and on behalf of all Board members, thanked both for all they have achieved and wished them both well for the future.</p> <p>DP advised that David Wakefield, Chair at UHNM steps down at the end of May and thanked him for his support and contribution and advised that Jackie Small, Chair at MPFT will stepping into the role on an interim basis.</p> <p>DP thanked Councillor Alan White, the outgoing Leader of Staffordshire County Council for his service and engagement with the ICB and ICP and wished him all the best.</p> | |

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

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| | <p>DP welcomed Councillor Ian Cooper, who has been elected Leader of Staffordshire County Council and looks forward to engaging with him in his leadership going forward.</p> <p>DP referred to the Fit and Proper Person Test and advised that colleagues are in the process of finalising the details, following which a return will be sent to NHS England by the end of May and an update will be provided at the next meeting.</p> <p>DP referred to the pace of the NHS and ICB reform and highlighted that there is a significant amount of work taking place nationally and locally.</p> <p>PA provided an update on the ICB cost reduction work, explaining the need for vertical and horizontal integration to achieve the reduction target to achieve the cost reduction target of £18.76 per head of population and emphasised the importance of delivering both the cost reduction and operating plan agendas and added that the ICB is liaising with other fellow ICBs across the West Midlands, in particular Shropshire, Telford and Wrekin and provided assurance that an update will be provided to the Board at each meeting.</p> <p>PA referred to the operating plan and advised that there is a significant amount of work taking place and the scale of the challenge is significant and there are a number of risks associated with delivering the plan and provided assurance that colleagues are in the process of creating a committee that will report to the Board and will oversee the risks.</p> <p>JH referred to the NHS blueprint which has been published since the last meeting and stated that there is an amount of uncertainty and thanked executive colleagues for their hard work and involvement in this rapid piece of work and added that the 2025/2026 plans and objectives need to be delivered and provided assurance to the public the work continues.</p> <p>The ICB Board:</p> <ul style="list-style-type: none"> • Received the report and were assured that the leadership are working on each topic as raised. | DP |
| 9. | Local Dental Plan | |
| | <p>SJ presented the local dental plan which focusses on improving access to NHS dentistry, including early prevention for younger people and support for older patients and highlighted the importance of targeted action in areas with the poorest oral health and the lowest levels of access, which include the oral health improvement programmes in schools and care homes. She also highlighted efforts being taken to improve recruitment and retention of dental staff by increasing pay rates and offering incentives, as Staffordshire and Stoke on Trent pay the lowest rates of dentistry in the county.</p> <p>SJ advised that a local dental health equity audit has been undertaken, which showed a wide range of data intelligence and patient feedback and has been used to prioritise targeted action, improve access and help health inequalities. She added that the audit supported the identification of 12 initial priority areas with the poorest oral health. She referred the earlier question raised by Ian Syme regarding Staffordshire Moorlands, which has a population circa 95000 with pockets of significant deprivation, but at this time not perceived as a priority area for Dental Service Commissioning and advised that the initial focus will be on the 12 areas identified, however work will continue into the future and will focus across the whole of Staffordshire and Stoke on Trent.</p> <p>JS welcomed the update and stated it was good to note that progress is being made in the areas where needed. She referred to communication to the public and stated that it is a change in mindset in terms of what is available through NHS dentistry and stated that many families may be using the services of the first time. SJ stated that the team are working with the Communications Team and wider communication channels and focusing on all areas, particularly the 12 areas that have been identified where there will be additional focused work with those communities.</p> | |

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| | <p>SL asked how the incentive scheme works and how this will affect the retention of dentists and who will be plan be monitored.to see what progress has been made. SJ stated that the incentive scheme was a one-off national scheme. She was pleased to state that improvements have been made to our local pay rates which will support recruitment and retention and dentists have been appointed into many posts across the area.</p> <p>TA thanked the team for their support and added that the ICB is fortunate that the plan has been put together locally and advised that there are a number of regions which are trying to replicate this. He referred to the Golden Hello scheme and confirmed that it had a number of caveats and safeguards written into the guidance to mitigate if a dentist left prior to the end of the scheme. He referred to the recruitment and retention of dentists and hoped that the plan will attract colleagues. TC stated that it was a dynamic plan and colleagues will continue to monitor the data and provided assurance that huge progress is being made, especially in the 12 priority areas.</p> <p>The ICB Board:</p> <ul style="list-style-type: none"> • Noted that the plan has been approved by Joint Commissioning arrangements of the West Midlands ICBs Tier 1 Chief Executives Joint Commissioning Committee • Received the plan and were assured regarding its delivery and ratify the approach. | |
| <p>10.</p> | <p>National Planning Submission and Re-submission</p> | |
| | <p>DP stated that this planning round has been the most challenging that the system has experienced and it has prompted much discussion and team working and expressed his gratitude that all partner members have engaged assertively and fully with the process. Local Authority members have recorded their concerns about the scale of the ask and have reinforced the requirement for effective impact assessments to be carried out, which is respected and acknowledged and added that the ongoing governance and scrutiny by the board and the executive will be critical if we are to safely land the plan.</p> <p>It was noted that following a full and robust discussion the ICB Board approved and signed off the 2025/26 system plan at its closed Board meeting held on 25th March 2025. As part of the submission of the plan and associated templates to NHSE it was recognised that further work would be required particularly around ensuring that robust QIAs had been completed. As a Board we have consistently reinforced that the quality and safety of our services is paramount and have taken steps to ensure that additional NEM scrutiny is deployed through our Quality and Safety committee. Additionally, JH as SID and Chair of Audit has been requested to review the SBAF and risk register to ensure that they reflect the risks presented in the planning assumptions and manage them. In addition, JH has also been asked to consider the role of internal audit in providing added assurance. Colleagues will also be working with NHS England to regularly review the safe delivery of the plan.</p> <p>Today we are noting that the Board has signed off the plan which is financially balanced but contains significant risk. These risks will require forensic scrutiny throughout the year to ensure that our objectives are delivered safely alongside financial delivery.</p> <p>PA reiterated that the plan has been signed off and work is progressing to convert the plan into deliverables, implementation and changing how we work in certain ways and importantly improving quality of care and improving the transition from re-active to pro-active.</p> <p>PB stated that the process has been very challenging and thanked all colleagues from all providers and Local Authorities and stated that a balanced plan was agreed, albeit with a huge amount of risk. He added that there was a number of “system lock ins,” which included executive colleagues from across the system and Local Authorities colleagues.</p> <p>PB stated that there is a £306 million efficiency plan, which is very challenging and colleagues are working together to make the healthcare better for our local population and colleague continue to work through the schemes and conduct quality impact assessment. He added that here are plans to reduce the workforce, particularly aimed at reducing the use of agency and bank staff.</p> | |

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| | <p>The ICB Board:</p> <ul style="list-style-type: none"> • Formally signed off the system plan for 2025/26 which is a financially balanced plan that is compliant on the majority of the national ambitions/targets. | |
| 11. | <p>Update on Intensive and Assertive Community Mental Health Care</p> | |
| | <p>ED introduced that paper, which has been instigated nationally following a CQC special review into mental health services at Nottingham Healthcare Foundation Trust and the ICB were requested to ensure that there are clear policies and practices in place for patients with serious mental health illness who may require intensive community treatment and follow-up. She advised that the ICB has a co-ordination and commissioning role and a paper was presented to the October Board meeting and today is to provide an update in line with the national risk.</p> <p>NB provided an update on the 10 key recommendations for ICBs from the independent review into Valdo Calocane’s care and treatment. She emphasised the importance of multi-agency working and engagement with family and carers in providing effective care for patients with serious mental illness. She highlighted the challenges in implementing the right care right person planning and the need for ongoing conversations with Staffordshire Police and other agencies.</p> <p>DP welcomed the update, emphasised the importance of the report, and asked how this feed into the assurance process will. NB stated that assurance will be provided by the Quality and Safety Committee, which is a sub-committee of the Board.</p> <p>JS thanked NB and provider colleagues and referred to the role of the CQC, noting that they will undertake a review of community and mental health teams and how confident are we that we are in the best place. NB confirmed that the National Team are correlating the information in relation to what all systems need to ensure delivery for this cohort of patients. She added that a different approach is required and we have a responsibility for these patients and how we care for them in the future, which requires some enhancement and colleagues continue to work on this.</p> <p>SL welcomed the update and referred to the action plan, noting that some recommendations have short, medium or long term action and requested that timescales are included for all recommendations. NB agreed to include in any future reporting.</p> <p>The ICB Board:</p> <ul style="list-style-type: none"> • Noted the assurance provided from the updates to the October 2024 action plan and the review undertaken against the Independent Report on Valdo Calocane’s care and update against the actions. • Noted the requirement to correlate a range of recent and emerging guidance in relation to the patient cohort that require an intensive and assertive approach. • Noted Regional NHSE Teams will work with all systems to review progress against local action plans in June 2025 and January 2026 and report back to the national team and Systems have been asked to continue to focus on the short-term actions with minimal resource implications. | NB |
| 12. | <p>Quality and Safety Report</p> | |
| | <p>BS presented the report and reported on various quality and safety improvements, including CQC ratings for University Hospitals of North Midlands and Midlands Partnership NHS Foundation Trust. She also mentioned the continuation of the Home and Hose pilot, which is aimed at placing patients within a 50-mile radius of their homes and advised that we currently have a compliance of 83%. She also reported that following the implementation of the plans set to reduce the number of people waiting for wheelchair services, we have undertaken routine quality visit and progress is being made and there has been continued improvements over the last ten months efforts to reduce waiting times for wheelchair services and further discussions with the provider are scheduled.</p> | |

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| | <p>BS referred to the paediatric hearing programme and advised that work continues to achieve the targets within all providers. She also referred to the QIA process and highlighted the alignment and close working with the Efficiency Working Group and the Finance and Performance Committee. JS added that the QIA process is presented to the Quality and Safety Committee on a regular basis and will be discussed at the June meeting and stated that the process may change as from June to ensure more scrutiny.</p> <p>The ICB Board:</p> <ul style="list-style-type: none"> • Received the report and were assured in relation to key quality assurance and patient safety activity undertaken in respect of matters relevant to all parts of the Integrated Care System. | |
| Quality and Safety AAA Chairs Report | | |
| | <p>JS presented the report and advised that the Committee received a presentation on the infectious disease response commissioning guidance for ICBs, which was well received and advised that there are a number of outstanding risks and an update will be presented to the Committee in six months.</p> <p>JS advised that the Committee endorsed the Staffordshire and Stoke on Trent Alcohol Strategy and approved the mental health, learning disability and autism host/home commissioners standard operating procedure.</p> <p>JS reported that the Committee received the final report in relation to all ag continuing care and was delighted to report that the process was a success. She advised that the Committee received an update on the paediatric hearing services improvement programme and were assured on progress made.</p> <p>The ICB Board:</p> <ul style="list-style-type: none"> • Received and noted the report. | |
| 13. | Staffordshire and Stoke on Trent Health and Care Senate AAA Chairs Report - March | |
| | <p>PEJ presented the report and advised that the Senate received summary report from the Integrated Medicines Optimisation Group, following their meeting in December. He also reported that the Senate approved pathway for the development of a diagnostic pathway for gynaecology.</p> <p>PEJ advised that the Senate received a presentation in relation to all age palliative care and end of life strategy and stated that the Senate approved the Staffordshire and Stoke on Trent All Aged Palliative and End of Life Strategy.</p> <p>The ICB Board:</p> <ul style="list-style-type: none"> • Received and noted the report. | |
| Staffordshire and Stoke on Trent Health and Care Senate AAA Chairs Report – April | | |
| | <p>PEJ presented the report and advised that the Senate received summary report from the Integrated Medicines Optimisation Group, following their meeting in February. He advised that the Senate clinically approved the ear wax policy and advised that the proposal is to decommission simple ear wax removal as there is no clinical benefit or need.</p> <p>PEJ reported that the Senate were presented and approved the updated Individual Funding Request Policy.</p> <p>The ICB Board:</p> | |

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| | <ul style="list-style-type: none"> • Received and noted the report and endorsed the approval of the Individual Funding request policy. | |
| 14. | ICS Finance and Performance Report | |
| | <p>PB presented the financial element of the report and noted that the month 12 position has improved in comparison to previous reports and as a system we are reporting a year end deficit position of £17.8 million variance to plan. He added that our capital reporting ended the financial year in line with the forecast for operational capital and international financial reporting standard.</p> <p>PB reported that the financial plans for 2025/26 have now been submitted with the system in financial balance and each individual organisation planning to break even. There is currently £97.3 million of unmitigated risk in the position and an efficiency plan of £306.3 million.</p> <p>PS presented that performance element of the report and highlighted the challenges and emphasised the need for continued focus on urgent and emergency care, elective care, and mental health services. He added that 37 out of 39 providers have reported an increase in emergency demand in March and data will be presented to the System Performance Group. It was noted the 4-hour target has improved, however there continues to be significant challenges particular in relation to ambulance response time and handover times.</p> <p>PS advised that a learning event took place this week, which brought together all partners and provided assurance that patient and quality is the main focus and added that learning from local and national data will be presented to the Finance and Performance Committee.</p> <p>PS reported that it was planned to eliminate 65 week waits by the end of March, however the year ended with 233 patients who continue to wait and advised that work continues to get back to an 18-week standard.</p> <p>The ICB Board:</p> <ul style="list-style-type: none"> • Acknowledged the high-level performance against the five priorities. • Acknowledged the high-level key programme deliverables update. • Acknowledged the financial position. | |
| | Finance and Performance Committee AAA Chairs Report - April | |
| | <p>JS presented the report and provided the Board that there is constant scrutiny and challenge and stated that going forward there are clear expectations, which balance between risk and delivery.</p> <p>The ICB Board:</p> <ul style="list-style-type: none"> • Received and noted the report | |
| | Finance and Performance Committee AAA Chairs Report - May | |
| | <p>JS presented that report and advised that the Committee approved the Mental Health Assessment Payment Policy and supported a business case that will be submitted to the West Midlands CAMS Provider Collaborative which supports young people with challenging behaviours.</p> <p>The ICB Board:</p> <ul style="list-style-type: none"> • Received and noted the report | |
| 15. | ICS People, Culture and Inclusion Committee Report | |
| | <p>MI reported on the workforce position, emphasising the need for clear assurance processes and financially linked data to track workforce information and delivery of CIP programs and provided</p> | |

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| | <p>assurance that she is liaising with finance colleagues in provider organisations to understand the reason for variants and the need to have clear finance linked data, which will be presented to the Committee and also presented to the Finance and Performance Committee.</p> <p>The ICB Board:</p> <ul style="list-style-type: none"> • Noted the workforce position, operating plan year end position. | |
| | ICB People, Culture and Inclusion Committee AAA Chairs Report | |
| | <p>SL presented the report and advised that the Committee are currently looking at the data variations and agreed to bring back more detail to the Board.</p> <p>The ICB Board:</p> <ul style="list-style-type: none"> • Received and noted the report. | |
| 16. | Staffordshire and Stoke on Trent ICB Strategic Commissioning and Transformation Committee AAA Chairs Report | |
| | <p>JH presented the report and advised that the Committee discussed the NHS reset and the role of the Committee in strategic commissioning for outcomes. She emphasised the importance of the interface between the Strategic Commissioning Transformation Committee and the Transitional Committee.</p> <p>The ICB Board:</p> <ul style="list-style-type: none"> • Received and noted the report | |
| 17. | Staffordshire and Stoke on Trent ICB Audit Committee AAA Report | |
| | <p>JH presented the report following an Extra-Ordinary meeting of the Audit Committee and advised that there are no escalations. She advised that the Committee approved the draft annual report and accounts. She also added that the Committee received a summary report summarising the results of Grant Thornton independent report assurance engagements on 2023/2024 mental health investment Standard.</p> <p>The ICB Board:</p> <ul style="list-style-type: none"> • Received and noted the report. | |
| 18. | Staffordshire and Stoke on Trent ICB Remuneration Committee AAA Chairs Report | |
| | <p>SL presented the report in which the Remuneration Committee approved the appointment of the Chief Finance Officer for an interim period.</p> <p>The ICB Board:</p> <ul style="list-style-type: none"> • Received and noted the report. | |
| 19. | Items notified in advance to the Chair | |
| | No items were notified to the Chair and no other items of business were raised. | |
| 20. | Questions from the floor relating to the discussions at the meeting | |
| | Ian Syme made an observation in relation to the national planning re-submission agenda item and expressed concern with the re-organisation that is currently being proposed by NHS England. | |

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| | <p>Ian Syme expressed concerns about the reorganisation of ICB and asked about the funding for next year, specifically regarding SDF monies. PB responded, explaining the allocation and use of SDF funds.</p> <p>Ian Syme thanked PA and PB, for their service to the ICB and public and stated that the impact of the ICB and improvements instigated is astonishing.</p> | |
| 21. | Meeting Effectiveness | |
| | The Chair confirmed that the meeting followed the Leadership Compact. | |
| 22. | Close | |
| | There being no further business, the Chair closed the meeting. | |
| 23. | Date and time of Next Meeting | |
| | <p>Date and Time of Next Meeting Thursday 17th July 1.00pm – 3.30pm, Midlands Partnership NHS Foundation Trust Headquarters Boardroom, Mellor House, St George’s Hospital, Corporation Street, Stafford, ST16 3SR</p> | |

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| ACTION STATUS KEY |
| ACTION DUE |
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Staffordshire and Stoke-on-Trent ICB Board Meeting
HELD IN PUBLIC

| Open Actions | | | | | | |
|---------------------|---------------------|--------------------------------------|--|-----------------|----------------------------|---|
| Agenda item | Meeting Date | Agenda Item | Action | Due Date | Responsible Officer | Outcome/update (Completed Actions remain on the Live Action Log for the following committee and are then removed to the 'Closed Actions' Worksheet) |
| 6 | 15th May 2025 | Questions from members of the public | Question raised by Mr Ian Syme regarding the Local Dental Plan, response provided to Dr Paul Edmondson-Jones, who agree to provide a full written response to Mr Ian Syme | 17th July 2025 | Dr Paul Edmondson-Jones | Written response provided to Mr Ian Syme on the 16th June 2025 |
| 8 | 15th May 2025 | ICB Chair and Chief Executive Report | DP advised that colleagues are in the process of finalising details relating to the Fit and Proper Person Test, return due to be sent to NHS England by the end of May, update/confirmation provided to the next meeting | 17th July 2025 | David Pearson | On the agenda |

Enclosure No: 06

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| Report to: | Integrated Care Board | | | | | |
| Date: | 17 July 2025 | | | | | |
| Title: | Chair and Chief Executive Officer Report | | | | | |
| Presenting Officer: | David Pearson, Chair, and Paul Edmondson-Jones, interim CEO | | | | | |
| Author(s): | David Pearson, Chair, and Paul Edmondson-Jones, interim CEO | | | | | |
| Document Type: | Report | | If Other: Click or tap here to enter text. | | | |
| Action Required (select): | Information (I) | <input checked="" type="checkbox"/> | Discussion (D) | <input type="checkbox"/> | Assurance (S) | <input type="checkbox"/> |
| | Approval (A) | <input type="checkbox"/> | Ratification (R) | <input type="checkbox"/> | <i>(check as necessary)</i> | |
| Is the decision within SOFD powers & limits | Yes / No | Choose an item. | | | | |
| Any potential / actual Conflict of Interest? | Yes / No | NO <i>If Y, the mitigation recommendations –</i> Click or tap here to enter text. | | | | |
| Any financial impacts: ICB or ICS? | Yes / No | NO <i>If Y, are those signed off by and date:</i> Click or tap here to enter text. | | | | |
| Any impacts on ICB Undertakings? | Yes / No | NO <i>If Y, are those signed off by and date:</i> Click or tap here to enter text. | | | | |
| Appendices: | Click or tap here to enter text. | | | | | |

(1) Purpose of the Paper:

This report provides a strategic overview and update on national and local matters, relevant to the Staffordshire and Stoke on-Trent health and care system that are not reported elsewhere on the agenda.

It includes a general update from the Chair and Chief Executive as well as a specific focus on our portfolio areas, where applicable, as well as some of our enabling functions. These include:

- Improving Population Health
- Planned Care and Cancer
- Children, Young People and Maternity
- Urgent and Emergency Care
- Community Transformation and Neighbourhood Health
- Mental Health, Learning Disabilities, Autism and Downs Syndrome
- Primary Care
- People Team
- Finance
- Provider Collaboratives
- Key figures from our population
- Quality and safety
- Vaccinations and immunisations

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| (2) History of the paper, incl. date & whether for A / D / S / I (as above): | Date |
| N/A | |

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| (3) Implications: | |
| Legal / Regulatory | The areas discussed reflect ICB Statutory Duties and Functions |
| CQC / Patient Safety | This report type may assist the 2024 ICS CQC inspection |
| Financial (CFO-assured) | N/A for the report, although topics covered each have financial implications |
| Sustainability | N/A for the report |
| Workforce / Training | N/A no specific training implications / workforce matters inherent to each topic |
| Equality & Diversity | N/A in terms of Equality Act 2010 or Public Sector Equality Duty |
| Due Regard: Inequalities | Access to services and reducing inequalities is implicit throughout |
| Due Regard: wider effect | N/A – no decisions are required for the paper itself: it is to raise awareness |

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| (4) Statutory Dependencies & Impact Assessments: | | | | | |
| | | Yes | No | N/A | Details |
| Completion of Impact Assessments: | DPIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>If N, why</i> Click or tap here to enter text. <i>If Y, Reported to IG Group on</i> Click or tap to enter a date. |
| | EIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Click or tap here to enter text. |
| | QIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>If N, why</i> Click or tap here to enter text. <i>If Y, signed off by QIA on</i> Click or tap to enter a date. |
| Has there been Public / Patient Involvement? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Click or tap here to enter text. |

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| (5) Integration with the BAF & Key Risks: | | | | | |
| BAF1 | Responsive Patient Care - Elective | <input checked="" type="checkbox"/> | BAF5 | High Quality, Safe Outcomes | <input checked="" type="checkbox"/> |
| BAF2 | Responsive Patient Care - UEC | <input checked="" type="checkbox"/> | BAF6 | Sustainable Finances | <input checked="" type="checkbox"/> |
| BAF3 | Proactive Community Services | <input checked="" type="checkbox"/> | BAF7 | Improving Productivity | <input checked="" type="checkbox"/> |
| BAF4 | Reducing Health Inequalities | <input checked="" type="checkbox"/> | BAF8 | Sustainable Workforce | <input checked="" type="checkbox"/> |

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| (6) Executive Summary, incl. expansion on any of the preceding sections: |
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| (7) Recommendations to Board / Committee: |
| To receive the report and be assured the leadership are working on each topic as raised. |

1.0 Chair and CEO Update

1.1 ICB Reform update

The ICB submitted an indicative plan to NHS England (NHSE) in May, outlining how it could deliver its core priorities within the 39% reduced running cost envelope. This included a clustering arrangement with Shropshire, Telford and Wrekin ICB and a potential route to create a single unified structure with a common board of directors instead of two, a single executive team and a draft operating model.

This is not a merger and both ICBs will continue to be separate legal entities. It is likely that the process will be similar to CCG clustering, with teams working more closely together to reduce costs by removing duplication, while taking care not to impact delivery of the annual plan.

Following national and regional moderation, NHSE has approved the plan, and work is now underway to develop and refine the draft operating model for the two organisations. This includes the governance framework and delivery structure, to enable the clustering arrangement to be implemented safely and effectively, aligned with the governance model being developed by NHSE across the West Midlands.

Four working groups have been established as part of the delivery structure to support key aspects of the transition process; People, Governance, Technical and Communications, Operating Model and Quality and Safety. They are each led by an Executive Director and will feed into the two separate Transition Committees, one for each organisation, and from there to the individual ICB Boards.

NHS England has relaxed the rules on making joint appointments to multiple organisations which will enable clusters to appoint a Chair and Chief Executive, subject to national guidance. ICBs will then design an Executive structure for the cluster followed by work on ICB functions and structures.

We will continue to work with teams as plans formulate, including our providers who may take on some key functions over time. We will also maintain our focus on delivering operational plan priorities for this year, including bringing down waiting lists, improving access and delivering high-quality patient care for our local population, with as much funding as possible invested into frontline services.

While the overall pace of change is rapid, these changes will take time, and the priority is to deliver the best possible outcomes for our populations and for our dedicated staff working in Staffordshire and Stoke-on-Trent and Shropshire, Telford and Wrekin.

1.2 NHS Ten Year Plan

The government has launched the [10 Year Health Plan](#) which is centred around the concept of easier access to care closer to home. This is through initiatives such as the introduction of a Neighbourhood Health Service, which will integrate diagnostics, mental health, post-operative, rehabilitation, and nursing care within local communities.

The role of ICB's in delivering the plan is outlined in the [draft Model ICB Blueprint](#). NHS England worked with ICB leaders to produce the draft Model ICB Blueprint to give greater clarity on the future purpose, roles and responsibilities of ICBs as strategic commissioners. It recognises the need for ICBs to build strong strategic commissioning skills to improve population health, reduce inequalities and focus on the delivery of the three strategic shifts outlined in the 10 Year Health Plan, which are: sickness to prevention, hospital to community, and analogue to digital.

1.3 Publication of the NHS Oversight Framework 2025/2026

Published on 26 June, the [NHS Oversight Framework 2025/2026](#) sets out an approach to assessing the performance of ICBs and NHS trusts in line with national expectations. Developed through extensive engagement with NHS leaders, staff, representative bodies, and two public consultations, the framework details how NHS England will monitor performance and determine what support is needed. ICBs will still be assessed through a statutory annual assessment, which reviews how well each ICB is performing and its statutory duties. This one-year framework will be reviewed in 2026/2027 to align with the new ICB operating model and priorities of the 10-Year Health Plan.

1.4 Provider Collaborative

Following previous discussions around appointing a non-executive chair to support the ongoing development of the Provider Collaborative and the work of the Provider Collaborative Board (PCB), we are pleased to confirm that Janet Dawson will be taking on this role. Janet will chair the next PCB meeting on Thursday 17 July.

At our last meeting, we agreed on appointing a chief executive sponsor for each of the three agreed priorities, with GP input for priority one and two. These are as follows:

- Priority One: Neighbourhood Health – Jon Rouse and David Atherton
- Priority Two: Community Transformation, including Urgent and Emergency Care and Winter – Neil Carr and Anwar Tufail
- Priority Three: Support/Enabling Services – Buki Adeyemo

As a Board, our next steps are to ensure that appropriate governance structures are in place with clear reporting into existing boards, and that each priority is adequately resourced, particularly in light of ongoing developments within the ICB.

1.5 NHS England Fit and Proper Person Test (FPPT)

Following the update at May's Board meeting, the annual FPPT submission template was completed, approved by the Chair, and submitted to the NHS England Regional Director on 20 June 2025. An FPPT report will be presented to the July Board for assurance confirming that all members of the ICB's Unitary Board meet the Fit and Proper Person Test requirements.

1.6 The Ministry of Defence Swynnerton site

As part of the Afghan Resettlement Programme, the ICB has been working closely with the Ministry of Defence to support the healthcare needs of over 1,200 Afghan evacuees based at Swynnerton Barracks. Comprehensive care has been provided by GP First, Midlands Partnership University NHS Foundation Trust (MPFT) Families Health, and University Hospital of North Midlands (UHNM) maternity teams, with NHS and local public health teams jointly managing the site to ensure safety and support.

In recognition, the ICB was presented with a commemorative plaque from Commander Tayal of the UK Joint Command Unit, for the outstanding partnership working delivered through Operation Lazurite. Commemorative Coins were also presented to key individuals who have supported the site on behalf of the HQ Standing Joint Command Competent Medical Authority. Katie Weston, Emergency Preparedness Resilience and Response (EPRR) Strategic Lead, and Sam Buckingham, Head of Clinical Business and COVID-19 Vaccination Pharmacy and Programme Lead, were awarded for their contributions within the ICB, as well as Carrie Felgate, MPFT Nurse Consultant for Infection Prevention and Control, the UHNM Community Midwifery Team led by Faye Stockley, the MPFT 0–19 Families Service led by Elizabeth Bailey, and Paul Meredith representing GP First. This recognition reflects the commitment and collective effort that has underpinned this work from the outset to support these individuals and families.



1.7 HSJ awards

It has been just over a year since the launch of the Independent Prescribing Pathfinder in Staffordshire and Stoke-on-Trent, marking a significant step towards the future commissioning of NHS community pharmacy clinical services. The independent prescribing pharmacists have worked closely with GPs and secondary care colleagues to free up GP access, address health inequalities, and fill a critical commissioning gap in anticoagulant prescribing within Staffordshire and Stoke-on-Trent ICB. Following this work, the Community Pharmacy Integration Team has been shortlisted for two HSJ Patient Safety Awards:

- Best Use of Integrated Care and Partnership Working
- Improving Medicines Safety

This recognition emphasises the important role of community pharmacist prescribers in medicines optimisation and patient safety, highlighting their contribution to deliver integrated healthcare services and improve access. The HSJ Patient Safety Awards ceremony will take place on 15 September in Manchester, and we extend our best wishes to the team.

2.0 System and general update

2.1 Primary Care

2.1.1 Ageing Well and Dementia community PCN event

The second community health event of the year was held on 30 April and focused on Ageing Well and Dementia. The event aimed to raise awareness, encourage early intervention, and connect individuals with relevant support services. A wide range of stand holders attended including local charities, NHS screening teams, health services and partner organisations, all actively engaging with attendees throughout the day. The event drew a steady number of visitors from the local community and feedback was highly positive, with many organisations expressing interest to participate in future events.

2.1.2 Gill Boast Awarded Chief Nursing Officer Silver Award

Gill Boast, ICB Practice Nurse Facilitator, General Practice Nurse (GPN) Facilitator, and GPN Foundation School Training Programme Lead at the Staffordshire Training Hub, has received the Chief Nursing Officer Silver Award. The award was presented on 03 July 2025 by Professor Jamie Waterall, Chief Public Health Nurse for England, during a ceremony at the Staffordshire GPN Foundation School.

This prestigious national recognition honours nurses and midwives who exceed the expectations of their role. Gill has made a significant impact through her leadership and commitment to education and improving patient outcomes in General Practice Nursing, particularly in supporting newly qualified GPNs through the Foundation School and championing innovation in care delivery. Congratulations to Gill on

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

this well-deserved award. Your dedication to clinical excellence, inclusive practice, and the development of primary care services continues to make a lasting difference to both colleagues and the communities they serve.

2.2 The People Team

The system is reporting a positive workforce position for Month 2 (as of May 2025) within the operational plan, with total Whole Time Equivalent (WTE) below the anticipated levels. This variance is primarily attributed to enhanced grip and control as well as transformation activities. There is a mismatch between workforce numbers and pay spend currently under review to fully understand and reconcile the variance, with further triangulation and clarification expected in Months 3 and 4.

Although the rolling 12-month sickness absence rate is 5.6%, the monthly rate dropped to 4.8% in May 2025, with anxiety, stress and depression consistently being the highest reason for absence. It is recognised that looking after our people, keeping morale high, our workforce engaged and well while we navigate largescale transformation, transition and deliver the financial plan will be critical. In addition to provider actions, the PCI Committee continues to monitor the overall health and wellbeing of the workforce through CPO discussions and the ICS Employee Experience, Health, and Wellbeing Sub-Committee.

2.3 Finance

At Month 2, the system position is a £16.0m deficit, which is £2.9m adverse to plan. The variance sits within the ICB (£1.4m) and MPFT (£1.6m). The biggest driver of our variance to plan is the efficiency programme phasing. Where appropriate, organisations have developed recovery trajectories. At Month 2, we are in a favourable variance to that recovery trajectory by £6.4m, due to CHC savings within the ICB being earlier than anticipated. The system has delivered 71% of its planned year-to-date efficiencies. As a system, we are forecasting to meet our year-end financial plan of break-even, subject to the receipt of £95m deficit support funding (DSF). Net risk has reduced to £70.5m at Month 2 from £97.3m at the final plan submission.

2.4 Planned Care and Cancer

The ICB has been working collaboratively with partner organisations across the system to map the Musculoskeletal (MSK) pathway. This work has brought greater clarity to the current pathway and highlighted a range of issues and opportunities for improvement. Poor MSK health has a significant impact on individuals, employers, the NHS, and the wider economy, accounting for over 30 million lost working days annually in the UK and up to 30% of GP consultations in England. In addition to ICB colleagues, the work has involved GP practices, MPFT, UHNM, University Hospitals of Derby and Burton (UHDB), The Royal Wolverhampton Trust (RWT), Nuffield Health, Ramsay Health Care, and, crucially, a lived experience partner. We are now using the outputs of the mapping to improve the pathway for the benefit of the patient population, with a focus on the three 'lift and shift' priority areas: sickness to prevention; analogue to digital; and hospital to community.

2.5 Urgent and Emergency Care

May and June 2025 have continued to see increased demand for Urgent and Emergency Care services across the System, albeit at a lesser rate than in previous months. Performance against the key metrics of Accident and Emergency for 4-hour and 12-hour time in department, and ambulance average handover time, all achieved and improved against planned expectations in May. June performance has been more challenged, with several key metrics off plan. The implementation of the 24/7 Hospital Ambulance Liaison Officer (HALO) model at Royal Stoke Hospital continues to be embedded and is supporting a reduction in handover delays, supported by the wider UHNM Urgent and Emergency Care improvement programme. Following the publication of the national 'Urgent & Emergency Care Plan 2025/2026' by NHS England and the Department of Health and Social Care on 6 June 2025, colleagues across the system are currently reviewing improvement and delivery plans to ensure alignment, alongside formal winter planning that has commenced.

2.6 Key figures from our population

| | Last 4 months in current financial year | | | | Comparator month | | Change on same month previous year | | |
|--|---|---------|---------|---------|------------------|---------|------------------------------------|--------|-----------|
| | Feb-25 | Mar-25 | Apr-25 | May-25 | Apr-24 | May-24 | No. | % | Direction |
| * 111 calls received | 27,368 | 28,059 | 29,352 | 28,747 | | | | | |
| Percentage of 111 calls abandoned | 1.0% | 0.8% | 1.0% | 0.7% | | | | | |
| A&E and Walk in Centre attendances (UHNM) | 20,116 | 24,350 | 22,303 | 23,436 | | 23,576 | -140 | -0.6% | ↓ |
| A&E and Walk in Centre attendances (other providers) | 16,349 | 18,423 | 17,934 | 19,082 | | 19,970 | -888 | -4.4% | ↓ |
| # Non elective admissions (UHNM) | 7,132 | 8,035 | 6,347 | 6,404 | | 8,360 | -1,956 | -23.4% | ↓ |
| Non elective admissions (other providers) | 6,373 | 7,050 | 6,861 | 6,881 | | 6,813 | 68 | 1.0% | ↑ |
| Elective and Day Case spells (UHNM) | 8,820 | 9,407 | 8,930 | 9,432 | | 9,207 | 225 | 2.4% | ↑ |
| Elective and Day Case spells (other providers) | 8,975 | 9,351 | 9,024 | 9,076 | | 9,468 | -392 | -4.1% | ↓ |
| Outpatient procedures (UHNM) | 10,311 | 11,018 | 10,136 | 10,261 | | 10,218 | 43 | 0.4% | ↑ |
| ## Outpatient procedures (other providers) | 12,816 | 13,114 | 12,175 | 11,465 | | 14,037 | -2,572 | -18.3% | ↓ |
| GP appointments (all) | 533,109 | 564,221 | 521,111 | 518,867 | | 536,241 | -17,374 | -3.2% | ↓ |
| ** Physical Health Community contacts (attended) | 141,285 | 139,840 | 145,510 | 148,160 | | 154,635 | -6,475 | -4.2% | ↓ |
| ** Mental Health Community contacts (attended) | 45,085 | 46,465 | 47,860 | | 43,170 | | 4,690 | 10.9% | ↑ |

* NHS 111 - following the switchover to DHU in April 2024, published data is no longer available. Data is available through a local solution from June 2024 onwards. Please note due to the change in methodology it is not currently advisable to compare to the same month last year, until June 2025.

Most datasets are subject to change upon refresh.

** The comparison with the same month the previous year is the same month for most measures, apart from when measures sometimes lag one month behind (e.g. Mental/ Physical Health contacts, 111 calls).

Variation in Planned Care type activities (e.g. Elective/ Day Case admissions, OP/ GP appointments) is influenced by a variety of factors, including the number of working days in the month (activity in some months is affected by bank holidays and weekend days). Elective, day case and Outpatient procedure figures were revised in the April refresh to exclude specialised commissioning activity to enable a fair comparison with last year.

Since April 2025, the reporting of non-elective admissions at UHNM has revised to exclude Same Day Emergency Care (SDEC) activity. Prior to this change, SDEC activity was included in the inpatient dataset, which resulted in higher reported figures for non-elective admissions.

The decline in Outpatient Procedures carried out by other providers is primarily driven by a significant reduction in activity at University Hospitals of Derby and Burton NHS Foundation Trust this year. An investigation is currently underway to understand the underlying cause.

2.7 Quality and Safety

Members of the Chief Nursing and Therapies Officer (CNTO) team collaborated with Health Innovation West Midlands and partners across the ICS system to review and update the Care Home Resource Pack, relaunched in June 2025. The pack is based on the Prevention, Identification, Escalation and Response (PIER) framework, a key element of the Managing Deterioration National Patient Safety Improvement Programme. It includes a range of practical tools such as the Deteriorating Patient Escalation Pathway Contact List, designed to support care home staff in recognising the early signs of clinical deterioration and in accessing timely and appropriate pathways for intervention. By enabling early identification and response, the resource aims to reduce avoidable hospital admissions and promote the effective management of residents within their usual place of care when clinically safe to do so.

2.8 Improving Population Health

2.8.1 Locality Improvement Framework (LIF)

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Following the launch of the LIF Information and Resource Packs, workshops were delivered across all Staffordshire and Stoke-on-Trent localities during May and June. These brought together partners to strengthen cross-sector collaboration and focus on reducing health inequalities through local Core20 priorities. Following this workshop, each locality will develop and submit a business case for the intervention. Tamworth was awarded £100,000 to develop their intervention using a population health management-based approach, with data showing that Tamworth has the fourth highest obesity rates in England amongst adults and children under 11. Using linked datasets, obesity prevalence has been cross-referenced with clinical conditions and identified 38 high-need households for initial engagement. The key elements for the business case included:

- Pathfinder intelligence and practice data to inform priorities and identify priority cohorts
- A partnership board and governance structure established to create the leadership infrastructure
- Interventions clearly identified as part of the delivery plan
- Detailed outline of how the £100k investment will incentivise change and build on existing resources.

Overall, this business case outlines a long-term, collaborative programme supported by partners across VCSE, primary care, MPFT, and local authority sectors.

2.8.2 Health Literacy workstream

The health literacy workstream has been mobilised and is recognised as a long-term commitment to establishing the Integrated Care System (ICS) as a 'health literate system'. In its first year, the focus will centre on the following priority areas:

- Obesity and weight management
- Vaccinations and immunisations
- Clinical value programme
- Locality development

Each programme will adopt the "Health Literate Organisation" approach to ensure leadership commitment, promote co-production, raise staff awareness and competence in delivering health-literate services, and incorporate considerations around buildings, signage, evaluation, and impact measurement.

In addition to programme-specific efforts, several cross-ICS activities will support the broader ambition:

- Development of a public ICS-wide commitment to becoming a health literate system
- Embedding health literacy principles into relevant policies
- Integrating health literacy practice into workforce development

Governance structures for the workstream are now in place, including a Steering Group made up of provider representatives, community members, and national health literacy experts.

2.8.3 BEAT event

The most recent Heart Health 'B.E.A.T' event, delivered in partnership with the Pumping Marvellous heart failure charity and hosted by East Staffs Primary Care Network, saw over 900 attendees. The event included screening for atrial fibrillation (AF), heart failure, and other cardiovascular risks, bringing the total number of individuals screened across all five BEAT events to over 2,800. In addition to screenings, attendees received advice and sign-up opportunities for the National Diabetes Prevention Programme (NDPP), a welcome pack containing information on Pharmacy First, the NHS App, the JOY app (connecting people to local services), and low-carb health and menu options. A marketplace was also available, offering access to services such as cancer awareness, diabetes education, physical activity support, Everyone Health, digital assistance, Warmer Homes, and more.

Planning is now underway for future events in PCNs with the highest identified risk factors for heart failure, including Newcastle North, Mercian, Hanley, Bucknall and Bentilee, followed by Rugeley and Great Haywood. A potential date in September for the next event is being explored and funding is in place for six additional events through to the end of 2026.

2.9 Learning Disabilities, Autism and Down's syndrome

During the recent quarterly performance meeting with NHS England, our system was commended as an exemplar for its work across the Transforming Care Programme (TCP), Annual Health Checks (AHC), Learning from the lives and deaths of people with a learning disability and autistic people (LeDeR), the Oliver McGowan training, and efforts to reduce inequalities for autistic people and those with a learning disability. NHS England highlighted the system's strong national and regional performance, consistent improvements, and successful delivery against long-term plan targets, including achieving both the 30 per million and the Children and Young People target of 15 per million. Annual Health Checks and LeDeR performance were noted as exceptional, reflecting a sustained, system-wide commitment. While the discussion also acknowledged emerging risks and challenges linked to ongoing changes within the ICB, wider health and the local authority, the collective leadership and dedication of the system were recognised and praised.

David Pearson, ICB Chair

Paul Edmondson-Jones, ICB Chief Executive Officer

Enclosure No: 07

| | | | | | | |
|--|--|--|-------------------------|--|-----------------------------|--------------------------|
| Report to: | Integrated Care Board | | | | | |
| Date: | 17 July 2025 | | | | | |
| Title: | Stoke-on-Trent Joint Health & Wellbeing Strategy 2025-28 | | | | | |
| Presenting Officer: | Elizabeth Disney | | | | | |
| Author(s): | Stoke-on-Trent City Council | | | | | |
| Document Type: | Strategy | | | If Other: Click or tap here to enter text. | | |
| Action Required (select): | Information (I) | <input type="checkbox"/> | Discussion (D) | <input type="checkbox"/> | Assurance (S) | <input type="checkbox"/> |
| | Approval (A) | <input checked="" type="checkbox"/> | Ratification (R) | <input type="checkbox"/> | <i>(check as necessary)</i> | |
| Is the decision within SOFD powers & limits | Yes / No | YES | | | | |
| Any potential / actual Conflict of Interest? | Yes / No | NO <i>If Y, the mitigation recommendations –</i> Click or tap here to enter text. | | | | |
| Any financial impacts: ICB or ICS? | Yes / No | NO <i>If Y, are those signed off by and date:</i> Click or tap here to enter text. | | | | |
| Any impacts on ICB Undertakings? | Yes / No | No | | | | |
| Appendices: | Click or tap here to enter text. | | | | | |

(1) Purpose of the Paper:

To present the Stoke-on-Trent Joint Health & Wellbeing Strategy 2025-28 to the ICB Board for approval.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):

Date

Stoke-on-Trent Joint Health and Wellbeing Board (JHWP) is a formal statutory committee of the local authority, and provides a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of the local population and reduce health inequalities.

Stoke-on-Trent JHWP is responsible for publishing a joint local Health and Wellbeing Strategy which sets out the priorities for improving the health and wellbeing of the local population.

The Stoke-on-Trent Health and Wellbeing Strategy directly informs the development of local joint commissioning arrangements (see section 75 of the National Health Service Act 2006) and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans.

During November and December 2024, each of the City Council's four Overview and Scrutiny Committees were consulted on the emerging draft proposals for the Strategy. In particular, the committees were invited to provide feedback on the draft

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

| | |
|--|--|
| <p>principles and priorities and the discussions that took place at those meetings have been taken into account as part of the process of finalising the draft Strategy. The final draft Stoke-on-Trent Joint Health and Wellbeing Strategy 2025-28 received formal sign off by the JHWB on 21 March 2025. Board members were responsible for ensuring the joint strategy has approval and is and socialised within their own organisations.</p> <p>The final draft Stoke-on-Trent Joint Health and Wellbeing Strategy 2025-28 was recommended to Full Council for adoption as part of the Policy Framework at Cabinet on 29 April 2025.</p> | |
|--|--|

| (3) Implications: | |
|---------------------------------|--|
| Legal / Regulatory | The ICB has a statutory duty to have regard to this strategy in exercising relevant functions |
| CQC / Patient Safety | |
| Financial (CFO-assured) | There are no direct financial implications associated with acceptance of this strategy document. |
| Sustainability | |
| Workforce / Training | |
| Equality & Diversity | |
| Due Regard: Inequalities | |
| Due Regard: wider effect | |

| (4) Statutory Dependencies & Impact Assessments: | | | | | |
|---|-------------|--------------------------|--------------------------|-------------------------------------|---------------------------------|
| | | Yes | No | N/A | Details |
| Completion of Impact Assessments: | DPIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>LA to complete if needed</i> |
| | EIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>Not required</i> |
| | QIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>LA to complete if needed</i> |
| Has there been Public / Patient Involvement? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>LA to complete if needed</i> |

| (5) Integration with the BAF & Key Risks: | | | | | | |
|--|------------------------------------|--------------------------|-------------|-----------------------------|--------------------------|--|
| BAF1 | Responsive Patient Care - Elective | <input type="checkbox"/> | BAF5 | High Quality, Safe Outcomes | <input type="checkbox"/> | |
| BAF2 | Responsive Patient Care - UEC | <input type="checkbox"/> | BAF6 | Sustainable Finances | <input type="checkbox"/> | |
| BAF3 | Proactive Community Services | <input type="checkbox"/> | BAF7 | Improving Productivity | <input type="checkbox"/> | |
| BAF4 | Reducing Health Inequalities | <input type="checkbox"/> | BAF8 | Sustainable Workforce | <input type="checkbox"/> | |

| (6) Executive Summary, incl. expansion on any of the preceding sections: |
|--|
| <p>The strategy was developed by members of the JHWB, with partner members sharing the responsibility for engaging and consulting on the strategy within their own organisations.</p> <p>Evidence-based priorities within the strategy were identified in the Joint Strategic Needs and Assets Assessment, and are confirmed as:</p> |

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

- Reducing health inequalities;
- Supporting family life;
- Supporting people to live independently;
- Supporting physical and mental wellbeing;
- Reducing harms from addictions.

The strategy has a population health management approach focussing on the wider determinants of health and is aligned to other key Council and NHS strategies, such as:

- Our City Our Wellbeing: Stoke-on-Trent City Council Corporate Strategy 2024-2028;
- Staffordshire and Stoke-on-Trent Integrated Care System(ICS) Children & Young People's Framework 2023/28;
- ICB Joint Forward Plan;
- Independent Living Strategy 2025-2033;
- ICB Health Inequalities Strategy;
- Stoke-on-Trent City Council Future 100 Prospectus.

The JHWP will receive regular updates and assurance from supporting delivery groups on action and progress specific to target outcomes to provide evidence that our collective actions are having an impact on our priorities. Outcomes will be monitored with ambitious aspirations provided by year on year improvements on agreed measures.

(7) Recommendations to Board / Committee:

That the ICB Board approves the Stoke-on-Trent Joint Health & Wellbeing Strategy 2025-28.



STOKE-ON-TRENT

Joint Health and Wellbeing Strategy

2025-2028

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Foreword

As Chair and Vice Chair of the Stoke-on-Trent Health & Wellbeing Board, we are pleased to introduce the Joint Health and Wellbeing Strategy 2025-2028.

Stoke-on-Trent is a unique and great place to live, work and visit and we are immensely proud to be able to celebrate 100 years of history and culture during our Centenary in 2025. Yet despite our pride in our rich history, we cannot ignore the fact that Stoke-on-Trent is currently the 13th most deprived local authority in England, where health and wellbeing is generally worse than the England average.

In order to address this challenge, our focus for this strategy is community wellbeing and inclusive growth. In delivering on our priorities, we will work closely with our partners and our residents in order to help the people of Stoke-on-Trent lead more fulfilling lives. Having healthy communities is crucial not only for our residents to live well but also so we have a healthy workforce to fulfil our economic ambitions.

This strategy focuses on access and outcomes for good quality care and support, with particular focus on children and young people and older adults, though clearly cross cutting themes associated with health inequalities are relevant to residents of all ages. The priorities have been developed following engagement with partners and communities, with reference to our Joint Strategic Needs and Assets Assessment (JSNAA), an evidence base that builds a picture of the health, care and wellbeing needs of local people and communities based on a range of data and analysis. The JSNAA informs our plans and strategies, which allows us to plan and commission services to meet the needs of residents across the City.

We are ambitious for our residents and will encourage them to work with us to help shape the future care and support for our City whilst addressing the wider determinants of health. We will adapt our approach to their changing needs by listening to our residents and responding flexibly to their needs. We invite you to work with the Health and Wellbeing Board, using your voices, your energy and your influence to help us improve wellbeing for everyone who lives and works in Stoke-on-Trent.



Councillor Jane Ashworth OBE
Chair of Stoke-on-Trent
Health & Wellbeing Board
Leader of Stoke-on-Trent City Council



Buki Adeyemo
Vice Chair of Health & Wellbeing Board
Chief Executive North Staffordshire
Combined Healthcare NHS Trust

Our Ambition

This is our joint strategy to create healthier and happier lives for all of our citizens. We will do this by developing an environment in which people and organisations can work together to improve the health and wellbeing of all our residents. Our previous strategy followed the City's response from Covid-19 and the impacts it had on the City. Now in pursuit of greater wellbeing, we will have an unrelenting focus on increasing preventative activity deep in communities that prevents poor outcomes for people. We will make a deliberate and permanent shift towards investment in activity that helps people to stay well, as well as to develop themselves and to work collaboratively within their communities.

We will always start from the perspective of understanding the strengths of people and communities, rather than just seeing their needs. That means looking for the positive foundations on which we can build resilience and wellbeing. Working together we will invest in early support, getting alongside people in their communities and giving them the tools to deal with the challenges they face.

Our Future 100 Prospectus recognises the effect poor levels of physical and mental health can damage the lives of families and individuals in the City and seeks to help residents take greater charge of their own health and wellbeing needs but providing access to a wide range of preventative physical, mental and emotional health and wellbeing services and activities. Additionally according to the principles of an Age Friendly City, we aim enhance the quality of life for older people by meeting their specific needs and preferences, whilst promoting their wellbeing, social inclusion and overall satisfaction.

Mirroring the vision and ambition of the Staffordshire and Stoke-on-Trent Integrated Care System, we are striving to create healthier, happier communities in which residents live fulfilling lives (see figure 1 below). We aim to reduce persistent health inequalities through improving access, quality and outcomes from care and support. Additionally, we will ensure our investments go to the areas of greatest need and have added social value.

Our vision, ambition, values, principles

Our vision is to make Staffordshire and Stoke on Trent the healthiest place to live and work

Our ambition is to **work together** putting people and communities at the heart of everything we do to ensure **everyone** has the opportunity to have **healthy, happy, safe** and **prosperous** lives with **fair** access, **improved** experience in **better** outcomes for all

We are Supportive, Inclusive, Collaborative



Build on what works and don't reinvent the wheel



Reducing health inequality central to everything we do as an ICS



Listen, engage and act with our communities



Invest in the VCSE as our trusted delivery partners



Underpinned by population health and the five Ps



People and communities

working with people and communities to empower them to build healthy, supportive and thriving neighbourhoods



Personalised care

holistic, integrated care designed around personal needs and preferences



Personal responsibility

working with individuals to empower them to make healthy choices and manage their health and wellbeing as an active partner



Prevention and Inequalities

promoting healthy decision making, optimising health and wellbeing and ensure fair and equal access for all



Productivity

making best use of resources and targeting those in greatest need, or with greatest ability to benefit



Underpinned by Population Health Management

improve population health outcomes through intelligent change making.



Our People of Stoke-on-Trent

Over many generations, a multitude of factors have conspired to hold back our city and harm the life chances of many residents and there is still much to do to improve the wellbeing of our residents. However, as we celebrate the city's centenary, we will work collaboratively with our strong and well networked voluntary and community sector to improve the wellbeing of our residents, building on the resilience and attitude of our residents, who take pride in the City and its unique heritage. Significant gaps between outcomes for people in Stoke-on-Trent and those in other parts of the England have continued to exist, and in some cases have actually widened in recent years. Whilst there have been improvements across a number of key health outcomes i.e. teenage pregnancy, smoking rates, self-harm and cancer deaths, the health of local people is still generally worse than the England average. The most serious inequalities relate to gaps in outcomes for life expectancy, educational attainment, the development rates for young children and numbers of children in local authority care.

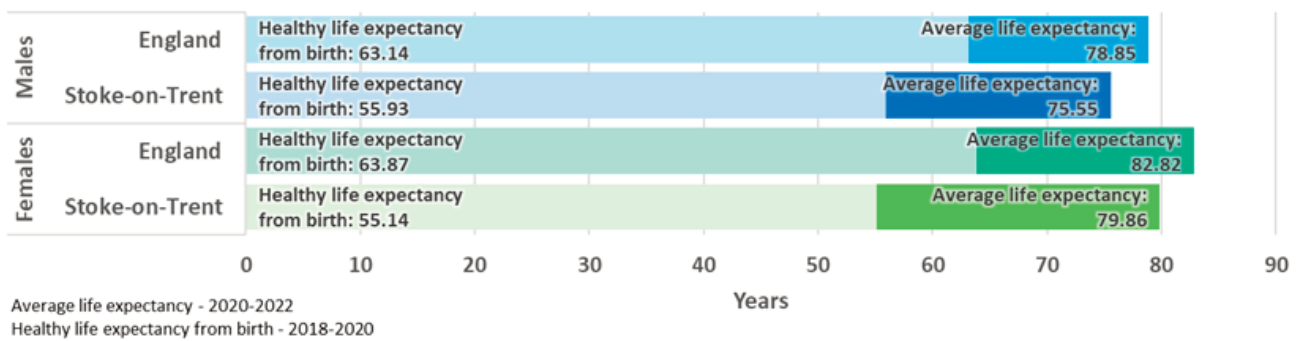


Over the 20-year period from 2001 to 2021 the population of Stoke-on-Trent increased by 7% to 258,037, with the population projected to rise further to 263,265 in 2028. The main driver of population change being the number of births exceeding the number of deaths. Stoke-on-Trent is becoming an increasingly ethnically diverse city with the people from non-white British backgrounds growing by 20.5% between 2001 and 2021 and an increasing number of languages spoken. The age profile remains largely unchanged with the exception of increasing numbers of

children under 5 and adults over 65, which has clear implications for our health and care services. By 2030 the over-65 population of the city is projected to increase by almost 20%, with over-65s whose day-to-day activities are limited by long-term illness predicted to increase further by 2030.

There are more people with long term health conditions in Stoke-on-Trent compared with the England average. In terms of life expectancy, the graph on the following page, demonstrates how life expectancy and healthy life expectancy from birth for men and women in Stoke-on-Trent is also less than the England average.





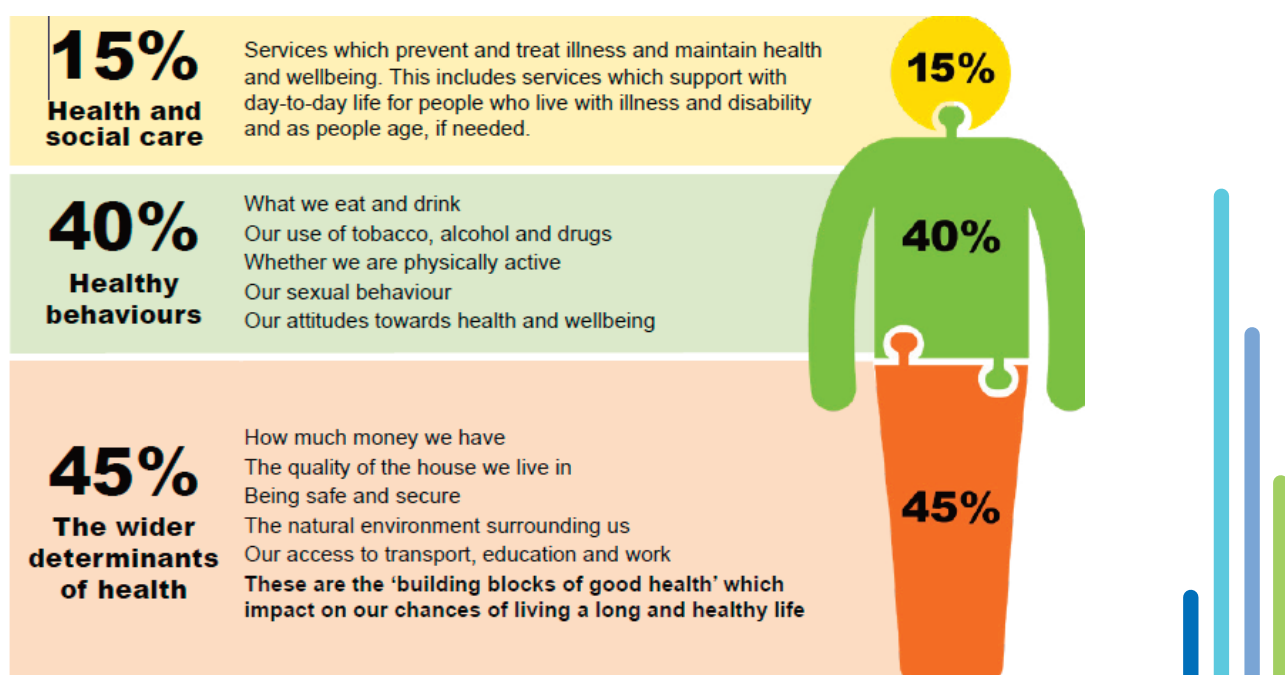
To summarise, the key challenges for the City according to our Joint Strategic Needs and Assets Assessment are:

- Low rates of life expectancy and healthy life expectancy in the city;
- Higher rates of infant mortality, obesity and lower levels of physical activity;
- High numbers of adults and children with poor mental health and high rates of loneliness and isolation;
- Poor physical and/or mental health lead to high levels of economic inactivity;



What has the biggest influence on lives being cut short?

The health of our population is dependent on a complex relationship between our genes, the broader factors of health care, our behaviours and the socio-economic factors. Figure 4 estimates that the contribution of healthy behaviours and the socio-economic determinants of health have a far greater impact on health and wellbeing than contact with services which prevent and treat illness. Therefore it is important to link this strategy and actions with other strategies in the city, notably our economic, housing and community safety strategies.



Role of the Health and Wellbeing Board

Building on the improvements on key measures within the Joint Health and Wellbeing Strategy 2021-25 have led to Stoke-on-Trent closing the gap against a number of England average health and wellbeing indicators. The 2025-2028 strategy focuses in on areas where the City needs to make greater progress and will maintain a focus in our priority areas of:

- Reducing health inequalities
- Supporting family life
- Supporting people to live independently
- Supporting physical and mental wellbeing
- Reducing harms from addictions

The Joint Health and Wellbeing Board is a statutory partnership which brings together leaders from Stoke-on-Trent City Council, the NHS (including primary, acute and community services and the Staffordshire and Stoke-on-Trent Integrated Care Board), along with Healthwatch Stoke-on-Trent, and Voluntary, Community and Social Enterprise (VCSE) sector organisations, further education and emergency services who will work together to improve health outcomes for residents.





Recognising the interconnectedness and co-dependence of our partners and the shared accountability in achievement of our goals, we will strengthen relationships with our peer partnerships who will support the wider influences on health and wellbeing and working with the community, VCSE, statutory and private sectors to collectively improve wellbeing, we will:

- Work with people to help them to improve their health literacy and mental health literacy in order to source, understand, and use information and services to inform health-related decisions.
- Provide added value by holding others to account and supporting partners to align agendas, as well as gaining assurance on the social inequalities impact of proposals and decisions.
- Receiving regular updates and assurance from supporting delivery groups on action and progress on target outcomes who will provide evidence that our collective actions are having an impact on our priorities. Outcomes will be monitored via the Health & Wellbeing Board with ambitious aspirations provided by year on year improvements on agreed measures.

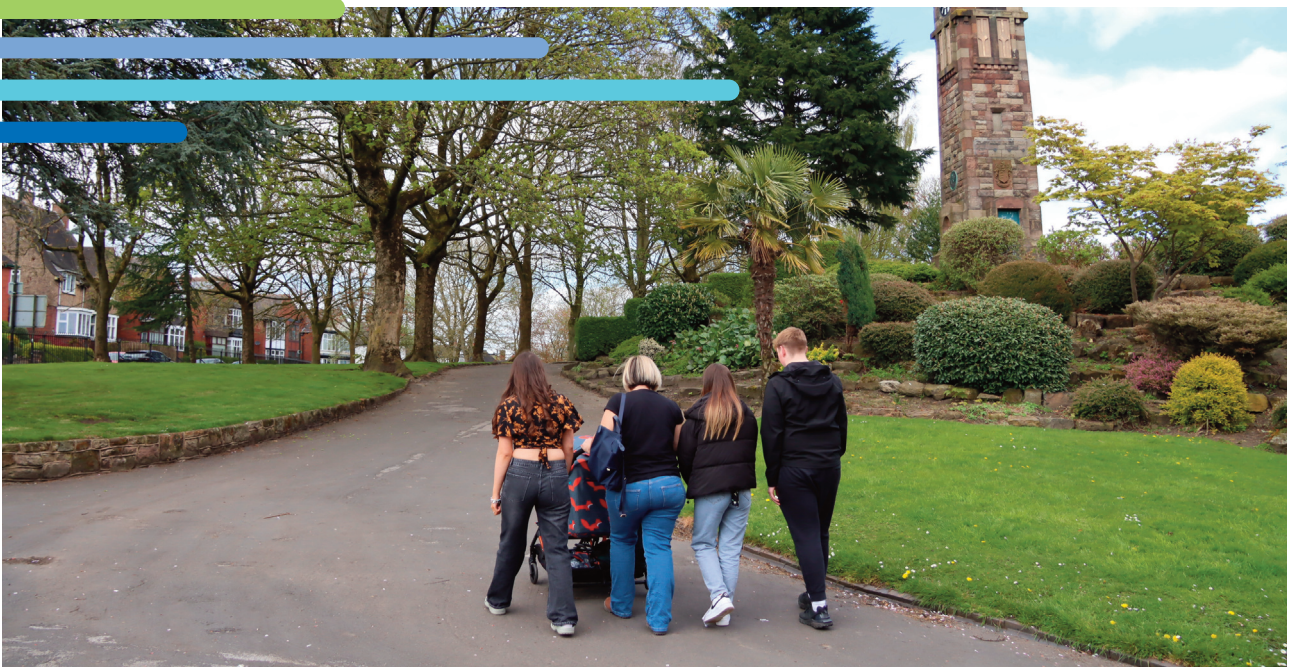
In addition to assurance relating to this Joint Health and Wellbeing Strategy, the Board will fulfil their role of governance around the following statutory duties:

- Pharmaceutical Needs Assessment
- Joint Strategic Needs and Assets Assessment
- Better Care Fund

Our Priorities

The focus for our strategy is to ensure the foundations for good health and wellbeing are in place so that residents have access to care and support where needed. There will be a particular focus on the following priorities which have been developed following engagement with partners and communities, with reference to our Joint Strategic Needs and Assets Assessment.

Reducing health inequalities - In the delivery of our priorities, together with partners we will take a proportionate approach to reducing health inequalities, encouraging improved health literacy and mental health literacy to enable equitable access, outputs and outcomes through the actions we will take. This will mean putting greater resources and adapting our care and support to where there is greater/different need in our communities.



Supporting family life - We will prioritise working together to ensure families, to include grandparents and the wider family, are able to give their children and young people the best possible start in life. We will work together to provide support for families and communities to help avoid family breakdowns where possible and reduce the numbers of children and young people who are placed in the care of the local authority.

Supporting people to live independently - The Health and Wellbeing Board has oversight of the Better Care Fund, a pooled budget between the NHS and the City Council, aiming to reduce the barriers often created by separate funding streams and promote the integration of health and social care. The objectives of the Better Care Fund in Stoke-on-Trent are to enable people to stay well, safe and independent at home for longer and to provide the right care in the right place at the right time.

Supporting physical wellbeing - Keeping active is central to keeping well.

Too often modern lifestyles make it difficult for our communities to be active enough to reap the physical and mental benefits of physical activity. This in turn contributes to many health issues, including excess weight, cardiovascular disease, and mental health challenges such as anxiety and depression. Sedentary habits, driven by work demands, increased screen time, and limited access to safe and inviting spaces for physical activity, can undermine our wellbeing and restrict opportunities for social mobility, skills development and community cohesion. Physical activity provides more than just health benefits, it offers a platform for learning new skills, building confidence, and connecting with others. By promoting active lifestyles, we help individuals improve their health and quality of life whilst enhancing their social and/or economic prospects.

Supporting mental wellbeing - Mental wellbeing is more than just the absence of mental illness; it involves a state of balance, resilience, and the ability to navigate life's challenges. We are steadfast in our commitment to fostering a culture where mental wellbeing is valued as much as physical health. By collaborating with our partners and the public, we aim to empower residents to take proactive steps on their mental health journeys, to create a community where mental wellbeing is at the forefront of our minds, reducing stigma and ensuring that every person living in Stoke-on-Trent has the opportunity to thrive.



Reducing harms from addictions - Addictions bring harm to individuals, their families, close associates and the wider society. Our ambition is to reduce addiction and the harms caused by it. Actions will include reducing or stopping consumption and empowering communities, with professionals who are confident and well-equipped to challenge behaviour and support recovery making with treatment and recovery services accessible across the city to bring about sustainable change to local communities. We will continue to integrate our collective services in various ways, such as building on the community lounges model.

Principles of the Strategy

The focus of this strategy will be on what is uniquely the role of the Stoke-on-Trent Health and Wellbeing Board to improve health and wellbeing of our residents, whilst recognising the significant impact on wellbeing that other partnerships across the city have. Therefore on behalf of residents of the city, board members will strive to provide respectful challenge to each other and other partnerships in order that the aims and objectives of the strategy are met and residents are enabled to achieve the best possible outcomes. To demonstrate this, an Assurance Framework will be developed and progress reviewed at Health & Wellbeing Board meetings, to include case study evidence where possible, to determine the effectiveness of delivery of the priorities.

We will work collaboratively to share what works and what doesn't to ensure that our efforts have real impact for our communities. We will have a preventative mind-set in everything we do to support individuals and communities to build their own health and care resilience, ensuring coordination with other partnerships to support the social and economic determinants of health and wellbeing. We will seek innovative approaches to improve the impact of our interventions, looking widely for best practice both across the system and with reference to and aligned to regional and national strategies.

We will seek opportunities to problem solve key health issues and inequalities in our City, engaging with communities and ensuring the voices of residents are heard to improve our understanding of the issues associated with the social determinants of health, whilst analysing our interventions to ensure our efforts have a meaningful impact.

To summarise we will:

- Take a population approach, working with communities and groups to improve wellbeing ensuring the most vulnerable are supported to reduce health inequalities;
- Take a holistic approach to wellbeing focusing on mental, physical, and social wellbeing;
- Work with our local communities using lived experience and community voices to shape our work and develop longer term priorities;
- Coordinate our work with key partnerships to align actions, to include the sharing of insight and analytical capability, to engage communities in a joined up and systemic way.¹

¹ The strategy will align to other Council and NHS key strategies, for example, Our City Our Wellbeing: Stoke-on-Trent City Council Corporate Strategy 2024-2028, Future 100 Prospectus, Staffordshire and Stoke-on-Trent Integrated Care System (ICS) Children & Young People's Framework 2023/28, the ICB Joint Forward Plan and the ICB Health Inequalities Strategy.

Target Outcomes & Measures: Reducing Health Inequalities

Life expectancy and healthy life expectancy from birth for men and women in Stoke-on-Trent is less than the England average. Prevention strategies including early education, advice and signposting to services are paramount in reducing health inequalities and Community champions can have a significant role in supporting this.

In the delivery of our priorities, we will ensure health inequalities are reduced, ensuring that there is equitable access, outputs and outcomes in the actions in which we will take. We aim to reduce the gap in healthy life expectancy against the England average.

| Target Outcome | Aspiration | Measure(s) |
|--|---|---|
| Improve healthy life expectancy of residents | Increase male healthy life expectancy from birth in line with the England average | 56.2 years in 2021-2023 against England average of 61.5 years |
| | Increase female healthy life expectancy from birth in line with the England average | 55.9 years in 2021-2023 against England average of 61.9 years |



Target Outcomes & Measures: Supporting Family Life

Reduce Infant Mortality

During 2019-2021 70 infants died during their first year of life in Stoke-on-Trent, which equates to 7.5 per 1,000 live births, which was the highest in the country and significantly higher than the England rate of 3.9 per 1,000 live births.

There will be a continued focus on maternity safety, to include the wider determinants or maternal lifestyle factors, and service improvement as a system approach to maternity and neonatal care is further developed. The Infant Mortality Steering Group will work collaboratively leading on a systematic and coordinated approach to reduce infant mortality.

| Target Outcome | Aspiration | Measure(s) |
|---|---|--|
| Improved survival of babies and young children to reduce infant mortality rates | Infant mortality rate (per 1,000 live births) to reduce in line with England average | 7.6 in 2021-2023 against England average of 4.1. |
| | Under 18's conception rate (Rate per 1,000) to reduce in line with England average | 24.4 in 2021 against England average of 13.1 |
| | Reduction in the number of mums smoking at time of delivery in line with the England average | 10.3% in 2023-2024 compared to the England average of 7.4% |
| | Reduction in the number of pre-term births and babies with low birth rates in line with England average | 3% of local babies had a birth weight below 2500 grams in 2022 compared to 2.9% across England |

Family Led Decision-Making

One of overarching aims of Stoke-on-Trent's Family Matters programme is to support more children to live safely at home with their families and within their communities; recognising that for most children, their outcomes are better when they live with family.

Our relational practice approach places an emphasis on the importance of investing in relationships, and working "with" families, rather than "doing for" or "doing to", keeping children and young people at the heart of everything they do. This emphasises that families are part of the solution.

Stoke-on-Trent City Council together with partners will deliver Family Matters, a multi-agency programme to include the NHS, voluntary and community sector and businesses to provide families access to all the advice, tips and opportunities they need to give their children the best start in life. The Future 100 Prospectus will expand on this essential service to ensure that Stoke-on-Trent children can grow up free from the threat of harm and able to lead and build fulfilling lives of opportunity and possibility.

| Target Outcome | Aspiration | Measure(s) |
|--|---|---|
| Safely reduce children being at risk of or being taken into care | To support children where possible to live safely at home with their families and within their communities. | As at 31/3/23 the rate of children in care in the City was 181 per 10,000 population (u18's) vs the statistical neighbour rate of 115 |



Target Outcomes & Measures: Supporting Family Life

Children achieve and sustain a healthy weight

The prevalence of obesity within Stoke-on-Trent is worse than the England average for both children, young people and adults. Unhealthy weight and obesity can have a significant impact on a child's quality of life, often leading to psychological problems and serious health conditions in later life.

Improvements in nutrition and access to physical activity are key factors and we will work closely with schools, sports clubs, cultural groups, and the voluntary and community sector.

| Target Outcome | Aspiration | Measure(s) |
|--|---|--|
| Children and young people achieve and sustain a healthy weight | <p>Reduce the number of children with prevalence of overweight (including obesity) in line with the England average</p> <p>Note - prevalence of obesity in boys is higher than girls for both age groups and twice as high for children living in the most deprived areas</p> | According to 2023-2024 figures the prevalence of obesity amongst children of Reception age was 12.9% against the England average of 9.6%. In Y6 the prevalence of obesity was 26.5% against the England average of 22.1% |

Effectively manage long term conditions of children

To improve care and outcomes for children and young people with asthma, epilepsy and diabetes and reduce variation in treatment and care to ensure the right support is provided to enable them to manage their condition close to home.

We will strive to increase competency and capability across all settings that have contact with a child or young person who has a long-term condition. This will help us to improve care and outcomes for children and young people to improve consistency in treatment and care.

| Target Outcome | Aspiration | Measure(s) |
|---|---|---|
| Management of long term conditions to reduce avoidable admissions | Reduction in the number of u19's with common conditions that are admitted to hospital in line with England averages | 2022-2023 indicators: Asthma - 152.7 against England average of 122.2 Epilepsy - 112.5 against England average of 74.1 Diabetes - 56.2 against England average of 52.4 |



Target Outcomes & Measures:

Supporting people to live independently

Reduce long term adult social care

Specifically the over 65's, to include people with physical and learning disabilities, those with long term mental health conditions and older people suffering frailty, and acknowledging the impact long term physical conditions can have on mental health.

We will work in partnership to connect people with communities, and communities with services to enable people to live independent lives. The partnership between health and social care will be strengthened to promote integration and choice to improve the experience of the city's residents. We will enable people to stay well, safe and independent at home for longer and provide the right care in the right place at the right time.

| Target Outcome | Aspiration | Measure(s) |
|--|---|--|
| Support people to live independently and have greater control over their lives and futures | Reduce unplanned admission for ambulatory sensitive chronic conditions | Planned reduction against predicted 2024-25 figure of 1174.5* |
| | Reduce emergency hospital admissions due to falls in people aged 65+ | Planned reduction against predicted 2024-25 figure of 1457.3* |
| | Reduce admission to long term residential care for over 65's | In 2024-2025 permanent admissions into council-funded residential care was 695 per 100,000 population up from 521 in 2023-24 |
| | Increase discharge from hospital to usual place of residence | Planned increase from 94.99% in 2024-25* |
| | Increase the number of people aged 65+ discharged who are still at home after 91 days | In 2024-2025 71% of people were still at home after 91 days down from 78% in 2023-24 |

* figures are understated due to delays in clinical coding restricting the ability to accurately identify relevant activity within national data submissions.

Reduce premature deaths amongst the under 75's

Avoidable deaths are those that are either preventable or treatable. A death is considered preventable if it can be avoided through effective public health and primary prevention interventions and a treatable death is a premature death which could be avoided through timely and effective health care interventions.

We will work with our partners to understand and effect improved health outcomes to close the gap between the under 75 mortality rate from preventable causes.

| Target Outcome | Aspiration | Measure(s) |
|--|---|--|
| Reduce premature deaths amongst the under 75's | Reduce the u75 mortality rate from causes considered preventable in line with England average | 214.2 deaths per 100,000 population in 2023 against the England average of 153 |



Target Outcomes & Measures: Supporting physical wellbeing

Despite an improving trend in the number of adults who are doing the recommended weekly physical activity levels, in order to close the gap on the national figure there needs to be further improvement so that residents can benefit from the preventative health measures of keeping active. As a consequence, there are a comparatively high number of working age adults who are long-term unemployed due to poor health, which impacts on productivity, pay levels and living standards. The Future 100 Prospectus references the dedicated health offer under the Connectors programme which will seek to increase health participation and productivity levels.

We will continue to promote good physical health by seeking to engage with communities, groups and individuals and who have previously had no, or limited participation, in the range of physical activities or active leisure opportunities the city has to offer. We will encourage more movement in the daily lives of our residents through initiatives and partnerships that improve access to and availability of a wide range of physical activities. By doing so, we not only contribute to healthier, more vibrant communities, but also create environments where residents can develop valuable skills, strengthen social ties, and improve their overall quality of life.

| Target Outcome | Aspiration | Measure(s) |
|--|---|--|
| Physical activity levels increase to improve health outcomes and reduce the number of economically inactive adults | Increase the number of adults who walk or cycle at least 3 times each week in line with the England average | 34.7% in 2023 against the England average of 46.1% |
| | Increase in the number of adults doing recommended physical activity levels (150 mins pw) in line with England average | 55.4% in 2023 against the England average of 63.4% |
| | Reduce the numbers of people of working age who are unable to work for health reasons (long term sick) in line with the England average | As at September 2024 41.4% compared to the England average of 34.5% |
| Increase physical activity amongst children and young people to improve health and economic outcomes in adulthood | Increase the number of children or young people being 'active' for 60 mins or more each day to be above the national average | For the academic year 2023-2024 locally 48% in line with the England average |

Target Outcomes & Measures: Supporting mental wellbeing

It is widely reported that the covid pandemic had an adverse effect on the mental health of, in particular, children and young people. According to a recent nationwide study 1 in 6 children aged 5 to 16 were identified as having a probable mental health problem in July 2021, a huge increase from 1 in 9 in 2017 .

Within the context of children and young people’s emotional health and wellbeing Mental Health Support Teams operate within schools across the city in addition to core CAMHS services that continue to work in partnership with voluntary and community sector providers as part of the both the Staying Well service and the wider Thrive framework. In respect of adult mental health, partners are pursuing close integration particularly in relation to co-occurring needs and appropriate accommodation strategies to support independence and recovery, and the role of the VCSE sector will support communities by using the City Alliance as an enabler.

| Target Outcome | Aspiration | Measure(s) |
|--|--|---|
| Young people can achieve their potential and enjoy good emotional wellbeing and positive mental health | School age children with social, emotional and mental health needs in line with England average | 3.3% in 2022/23 which on par with the England average however the percentage is increasing according to nationally held data as at March 2024 |
| Improvement in adult mental health and reduction in suicide rates | Suicide rate (per 100,00 population) in line with England average | Figures for 2021-2023 were 14.7 against England average of 10.7 |
| | Reduction in emergency hospital admissions as a result of self-harm (all ages) Standardised rate per 100,000 | At 110.5 per 100,000 population it was below the England average of 117.5 in 2023-2024 |
| Improvement in personal well-being | Average ratings of life satisfaction - out of 10 - in line with the England average | In 2023 7.43 compared to England average of 7.46 |

Target Outcomes & Measures: Reducing harms from addictions

Addiction is most commonly associated with gambling, drugs, alcohol and smoking though it is possible for individuals to be addicted to just about anything, though in the case of drugs, alcohol and nicotine, these substances affect the way you feel, both physically and mentally. It is clear that addictions bring harm to individuals, their families, close associates and wider society therefore our ambition is to reduce the harms caused by addiction. There is a high prevalence of opiate and crack use in Stoke-on-Trent and challenges around the use of synthetic cathinone's (monkey dust) which is a priority for our Police and Community Safety Partnership Board colleagues. Addiction issues are exacerbated by unmet mental health needs and there is a high incidence of drug and alcohol deaths.

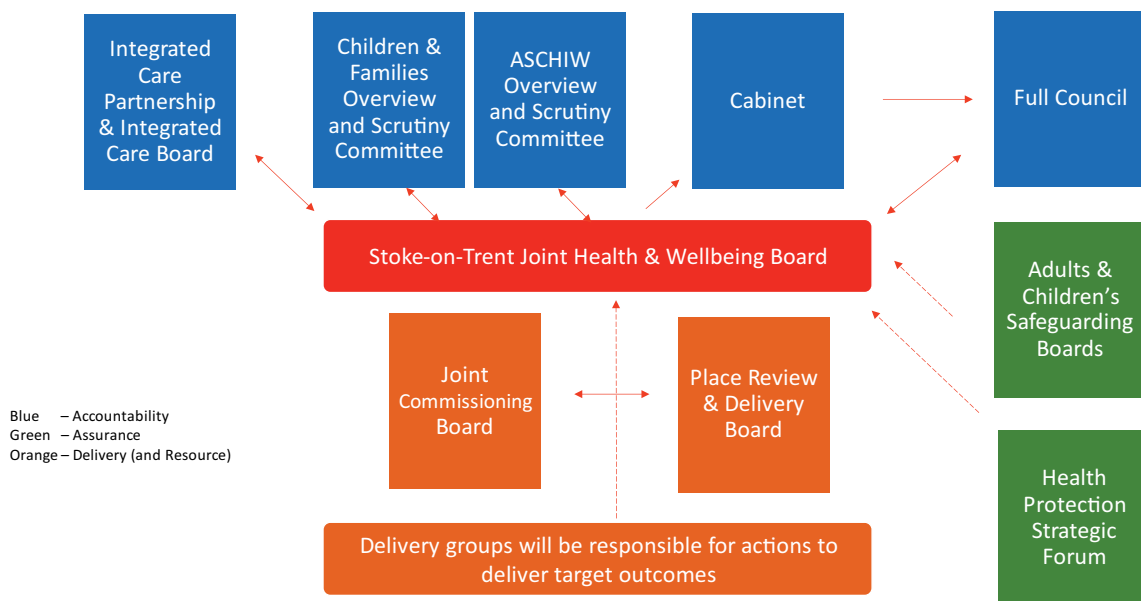
Pathways between social care and Stoke-on-Trent Community Drug and Alcohol Service (CDAS) will be improved with co-located substance misuse and lived experience workers, and develop the partnership between housing providers and CDAS to provide tenants with drug and alcohol support. Plans will be developed to improve mental health support for people experiencing co-occurring drug and alcohol conditions through links with the Family Support Programme, the Rough Sleeper Team and Housing Services.

| Target Outcome | Aspiration | Measure(s) |
|---|--|---|
| Deliver an effective partnership approach to tackling drug and alcohol abuse and dependency | Reduce the number of alcohol-related hospital admissions (per 100,000 population) in line with England average | 2936 in 2023-2024 compared to the England average of 1824 |
| | Reduce alcohol-related mortality (per 100,000 population) in line with the England average | 51.5 in 2023 compared to the England average of 40.7 |
| | Reduce deaths from drug misuse (per 100,000 population) in line with the England average | 7.5 in 2021-2023 compared to the England average of 5.5 |

Governance and Delivery Assurance

Implementation of the strategy will be overseen by the Health and Wellbeing Board, with specific delivery groups delivering actions to meet the outcomes of the strategy. Each partner agency will consider the strategy through their internal governance arrangements to support and enhance the accountability role of the Health and Wellbeing Board.

Assurance will take the form of quarterly reports detailing the outputs from the delivery groups or stakeholder/partner organisations. These will detail progress towards the strategy's outputs and outcomes. Additional reports may be requested by the Health and Wellbeing Board for specific measures as required.



The Health and Wellbeing Board is established as a committee of the Council in accordance with Section 194 of the Health and Social Care Act 2012. The Board carries out executive functions and its terms of reference and membership are set out in the council's constitution.

The Adult Social Care Health Integration and Wellbeing Overview and Scrutiny Committee and the Children and Families Overview and Scrutiny Committee have a key relationship with the Health and Wellbeing Board as they consist of democratically elected local councillors who are able to voice the views of constituents, and in the case of Adult Social Care Health Integration and Wellbeing Overview and Scrutiny Committee, hold relevant NHS bodies and health service providers to account by reviewing and scrutinising health matters relating to the planning, provision and operation of the health service in Stoke-on-Trent. Both committees are able to make suggestions to the Stoke-on-Trent Health and Wellbeing Board.

The following boards/partnerships/forums have a strong relationship to the Health and Wellbeing Board, in terms of resource and delivery, however this list is not exhaustive as there will be a number of delivery groups responsible for actions to deliver target outcomes.

- Integrated Care Partnership and Integrated Care Board - to jointly determine the integrated approach that will best deliver holistic care and prevention activities including action on wider determinants in our communities;
- Cabinet - The Health and Wellbeing Board is established as a committee of the Council in accordance with Section 194 of the Health and Social Care Act 2012. The Board carries out Executive functions and it's terms of reference and membership are set out in the council's constitution;
- Joint Commissioning Board - oversees the commissioning of health and care services in Stoke on Trent and sets the outcomes and resources available to deliver those outcomes;
- Place Review and Delivery Board - oversees the delivery of health and care services in the City and ensures they are of a good quality and accessible for all residents and patients;
- Health Protection Strategic Forum - oversees action to protect residents and patients of Stoke on Trent covering infectious diseases, immunisations, screening and links with the Local Health Resilience Forum.



Healthwatch Stoke-on-Trent ensures the views and experiences of patients, carers and other service users, to include those from marginalised communities, are taken into account to help to inform where services are doing well or where they could be improved. Through evidence-based feedback Healthwatch can help to inform and shape the commissioning and delivery of local health and social care services and influence needs assessments and strategies.

The work of the Board is underpinned by population health management, which informs decision making and helps track the changing needs of our communities.



Enclosure No: 08

| | | | | | | |
|--|---|--|-------------------------|-------------------------------------|-----------------------------|-------------------------------------|
| Report to: | Integrated Care Board | | | | | |
| Date: | 17 July 2025 | | | | | |
| Title: | Q1 2025/26 System Board Assurance Framework (SBAF) Update | | | | | |
| Presenting Officer: | Claire Cotton, Director of Governance, UHNM | | | | | |
| Author(s): | Lia Pitarokoili, Head of Governance | | | | | |
| Document Type: | Report | If Other: Click or tap here to enter text. | | | | |
| Action Required (select): | Information (I) | <input type="checkbox"/> | Discussion (D) | <input checked="" type="checkbox"/> | Assurance (S) | <input checked="" type="checkbox"/> |
| | Approval (A) | <input type="checkbox"/> | Ratification (R) | <input type="checkbox"/> | <i>(check as necessary)</i> | |
| Is the decision within SOFD powers & limits | Yes / No | NO | | | | |
| Any potential / actual Conflict of Interest? | Yes / No | NO | | | | |
| Any financial impacts: ICB or ICS? | Yes / No | NO | | | | |
| Any impacts on ICB Undertakings? | Yes / No | NO | | | | |
| Appendices: | SBAF Q1 2025/26 report | | | | | |

(1) Purpose of the Paper:

The enclosed report sets out the refreshed System Board Assurance Framework (SBAF) for Quarter 1 2025-26 and is submitted to ICB Board for oversight and assurance. The SBAF has been presented to or circulated offline among all ICB Committees during July.

| (2) History of the Paper & Whether for I-D-S-A-R (as above): | Date |
|---|----------------------------------|
| Finance and Performance Committee (D/S) | 1/7/2025 |
| Strategic Commissioning and Transformation Committee (D/S) | 2/7/2025 |
| People, Culture and Inclusion Committee (D/S) | 4/7/2025 (circulated offline) |
| Audit Committee (D/S) | 7/7/2025 |
| Quality and Safety Committee (D/S) | 9/7/2025 |

(3) Implications:

| | |
|--------------------------------|--|
| Legal / Regulatory | UK Corporate Governance Codes and Controls Assurance Audits. SBAF completion is a key component of the ICB's Risk Management Strategy. |
| CQC / Patient Safety | There are no implications for CQC or other regulators |
| Financial (CFO-assured) | Managing financial risks will help mitigate Financial Management Concerns |
| Sustainability | Managing 'Greener NHS' risks will help mitigate Sustainability Concerns |

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

| | |
|---------------------------------|--|
| Workforce / Training | Mitigation of workforce risks to meet the requirements of NHS Long Term Workforce Plan. There are no training implications resulting from this paper |
| Equality & Diversity | N/A |
| Due Regard: Inequalities | N/A |
| Due Regard: wider effect | N/A |

(4) Statutory Dependencies & Impact Assessments:

| | | Yes | No | N/A | Details |
|---|-------------|--------------------------|--------------------------|-------------------------------------|--------------------------------|
| Completion of Impact Assessments: | DPIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A in relation to this Report |
| | EIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A in relation to this Report |
| | QIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A in relation to this Report |
| Has there been Public / Patient Involvement? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A in relation to this Report |

(5) Integration with the System Board Assurance Framework & Key Risks:

| | | | | | |
|--------------|---|-------------------------------------|--------------|-----------------------------|-------------------------------------|
| SBAF1 | Responsive Patient Care - Elective | <input checked="" type="checkbox"/> | SBAF5 | High Quality, Safe Outcomes | <input checked="" type="checkbox"/> |
| SBAF2 | Responsive Patient Care - UEC | <input checked="" type="checkbox"/> | SBAF6 | Sustainable Finances | <input checked="" type="checkbox"/> |
| SBAF3 | Proactive Integrated Community Services | <input checked="" type="checkbox"/> | SBAF7 | Improving Productivity | <input checked="" type="checkbox"/> |
| SBAF4 | Reducing Health Inequalities | <input checked="" type="checkbox"/> | SBAF8 | Sustainable Workforce | <input checked="" type="checkbox"/> |

(6) Executive Summary, incl. expansion on any of the preceding sections:

The System Board Assurance Framework (SBAF) sets out the principal risks to the achievement of the ICB's Strategic Ambitions and provides a practical tool for the Committees and Board to assess delivery of these. It also serves as a key source of evidence in demonstrating how the ICB is discharging its responsibilities for internal control. The SBAF outlines the key controls in place to manage each risk and the assurances available to support judgements as to whether the controls are having the desired impacts. It also identifies any gaps in control or assurance that need to be addressed to reduce the risk levels, and details the actions required to further reduce risks to our Strategic Ambitions.

The attached SBAF provides the Board with the Q1 update for 2025/26. To refresh the SBAF for 2025/26, and in line with our annual review progress, a Board Development session was held in April 2025. This session provided an opportunity to review each strategic risk and determine whether it remained relevant, with a particular focus on ensuring risks were described at a system wide level. As a result, it was agreed that all strategic risks would be carried forward into 2025/26, while some minor changes were agreed. The SBAF is a dynamic, evolving document which will continue to be developed and improved in terms of format and function throughout 2025/26 and beyond.

During Q1, SBAF objective owners reviewed the rationale for each risk level and assessed the progress made during the quarter (i.e. mitigating actions taken to reduce the risk). They evaluated the key controls framework, sources of planned assurance, and identified any gaps in control or assurance. In addition, they outlined future actions aimed at improving assurance or further reducing risk levels. Objective owners also ensured that each SBAF objective is aligned with the risks identified in the planning assumptions for the 2025/26 National Planning Submissions.

The SBAF includes eight Strategic Risks which provide coverage of the four Strategic Ambitions. The Strategic Framework is set out in Section 2 of the appended report.

All Strategic Risks for this quarter are assessed as High, reflecting the continued complexity and challenges across the system.

SBAF 4 (Reducing Health Inequalities) is showing a downward trend in risk movement, indicating a reduction in associated risk levels. SBAF 6 (Sustainable Finances) is exhibiting an upward risk trend, signalling the emerging and escalating financial pressures. The risk levels across all other Strategic Objectives have remained static since the last update.

SBAF 8 (Sustainable Workforce) has the highest number of linked operational risks (16) whereas SBAF 4 (Reducing Health Inequalities) has the lowest number of linked operational risks (6).

Strategic Ambition 2 (Address inequalities in access, experience and outcomes from health and care services) and Strategic Ambition 3 (Achieve a sustainable and resilient Integrated Care System) remain the 'most threatened', each with 5 Strategic Risks posing a threat.

The majority of Strategic Risks (6 out of 8) are currently rated as having 'Partial Assurance', indicating that while some controls are in place, further work is required to fully mitigate risks. SBAF 5 (High Quality, Safe Care Outcomes) and SBAF 8 (Sustainable Workforce) have 'Acceptable Assurance'.

(7) Recommendations to Committee:

The ICB Board is asked to consider whether each risk level and assurance assessment accurately reflects the current position discuss and discuss and confirm the adequacy of those controls and assessments.



Staffordshire and
Stoke-on-Trent
Integrated Care Board

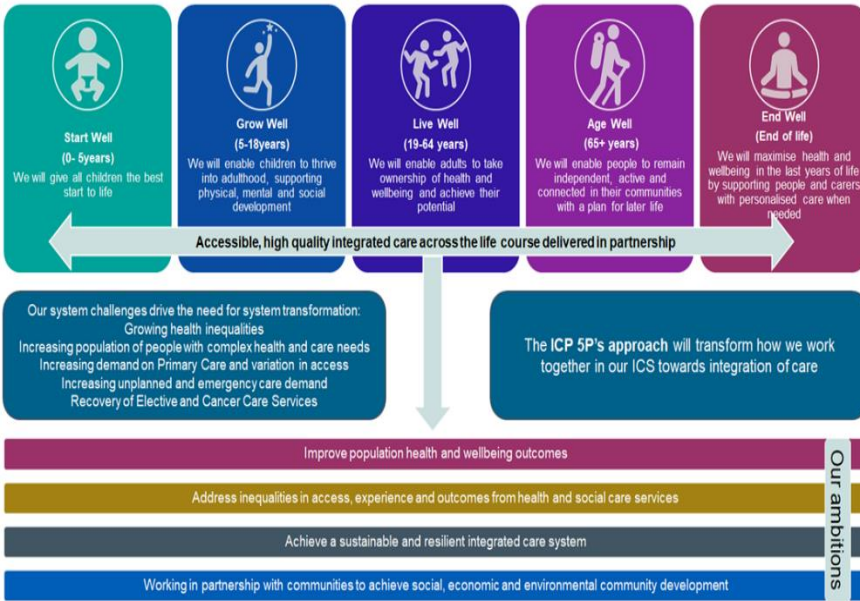
Integrated Care Board

System Board Assurance Framework (SBAF)

Quarter 1 2025/26



1 Introduction and Overview



The [System Board Assurance Framework \(SBAF\)](#) provides the ICB with a structured and dynamic mechanism to identify, assess, and monitor the strategic risks which might compromise the achievement of its Strategic Ambitions (SA) (see Strategic Framework within [ICP Strategy](#)).

The SBAF sets out the key controls in place to manage those risks. It evaluates the strength and adequacy of the assurances available to the ICB and highlights any gaps in controls or assurance, along with the actions needed to address them which are aimed at either providing additional assurance or to reduce the likelihood or consequence of the risk, towards the target. The target risk score ('tolerance') is aligned with our Risk Appetite Statement ([Risk Management Strategy](#), Appendix 4).

Background

To refresh the SBAF for 2025/26, and in line with our annual review progress, a Board Development session was held in April 2025. This session provided an opportunity to review each strategic risk and determine whether it remained relevant, with a particular focus on ensuring risks were described at a system wide level. As a result, it was agreed that all strategic risks would be carried forward into 2025/26, while some minor changes were agreed. The SBAF is a dynamic, evolving document which will continue to be developed and improved in terms of format and function throughout 2025/26 and beyond.

Assessment

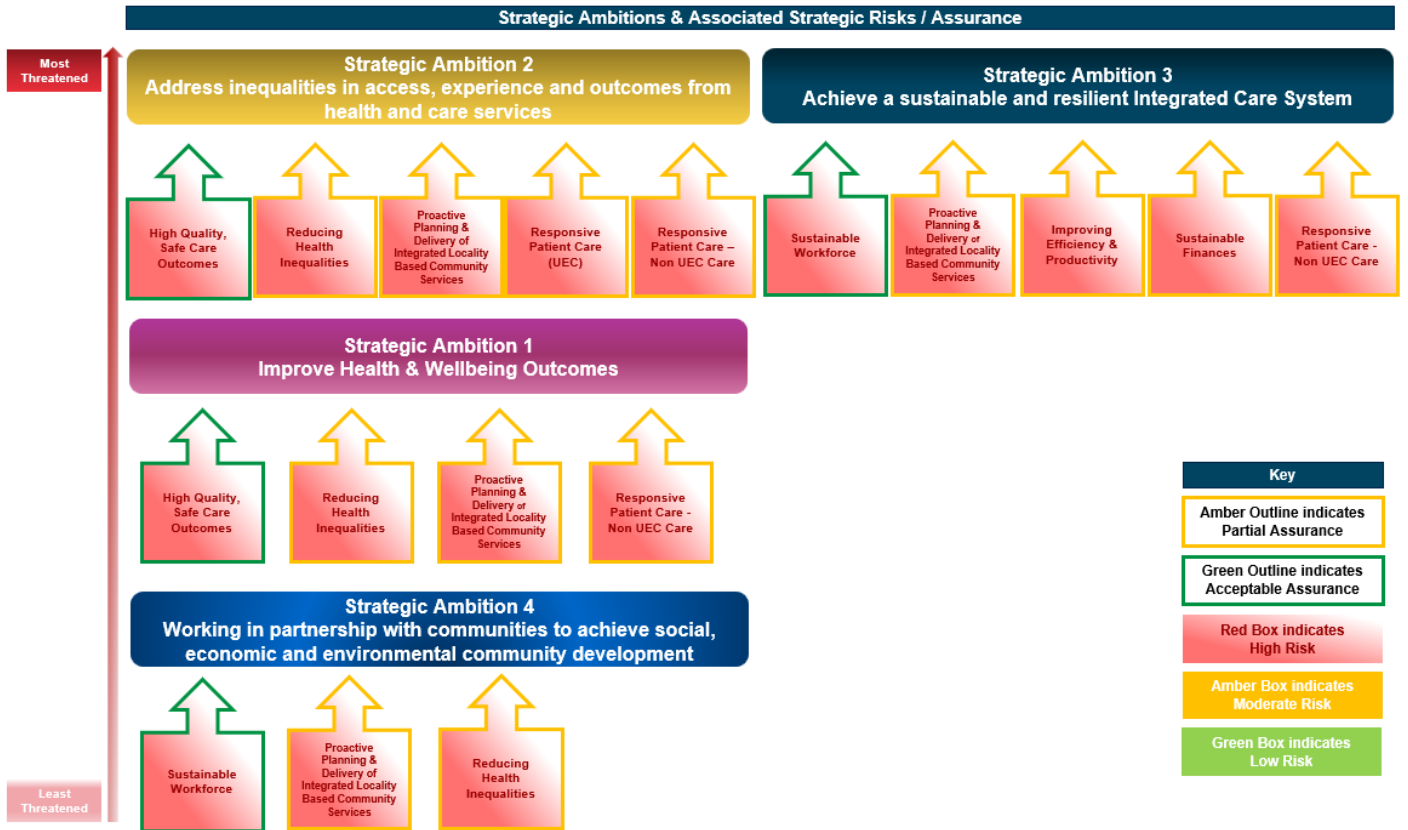
| | |
|--|--|
| | All Strategic Risks for this quarter are assessed as High , reflecting the continued complexity and challenges across the system. |
| | SBAF 4: Reducing Health Inequalities is showing a downward trend in risk movement, indicating a reduction in associated risk levels. SBAF 6: Sustainable Finances is exhibiting an upward risk trend, signalling the emerging and escalating financial pressures. The risk levels across all other Strategic Objectives have remained static since Q4 2024/2025. |
| | SBAF 8: Sustainable Workforce has the highest number of linked operational risks (16) whereas SBAF 4: Reducing Health Inequalities has the lowest number of linked operational risks (6). |
| | Strategic Ambition 2: Address inequalities in access, experience and outcomes from health and care services and Strategic Ambition 3: Achieve a sustainable and resilient Integrated Care System remain the 'most threatened', each with 5 Strategic Risks posing a threat. |
| | The majority of Strategic Risks (6 out of 8) are currently rated as having ' Partial Assurance ', indicating that while some controls are in place, further work is required to fully mitigate risks. SBAF 5: High Quality, Safe Care Outcomes and SBAF 8: Sustainable Workforce have ' Acceptable Assurance '. |

Recommendations

- Consider whether each risk level and assurance assessment accurately reflect the current position
- Consider whether the actions identified are sufficient to either reduce the risk level or provide additional assurance

| SBAF Risk Level RAG Rating | | Assurance Assessment Ratings | |
|----------------------------|-----------------------|--|--|
| Low | Significant Assurance | High level of confidence in delivery of existing mechanisms / objectives | |
| Moderate | Acceptable Assurance | General confidence in delivery of existing mechanisms / objectives | |
| High | Partial Assurance | Some confidence in delivery of existing mechanisms / objectives, some areas of concern | |
| | No Assurance | No confidence in delivery | |

2 Threat to our Strategic Ambitions



3 Summary Board Assurance Framework (SBAF)

| Assurance Committee | No. | Strategic Risk Title | Q1 | Q2 | Q3 | Q4 | Risk Movement | Assurance Assessment | Linked Risks | Threat to Ambitions |
|--|--------|--|------|----|----|----|---------------|----------------------|--------------------------|---------------------|
| Finance & Performance Committee | SBAF 1 | Responsive Patient Care - Urgent & Emergency Care | High | | | | → | Partial Assurance | High: 4, Mod: 4, Low: 2 | SA2 |
| | SBAF 2 | Responsive Patient Care - Non UEC Care (e.g. Elective, Cancer Diagnostics, Community/Mental Health/Primary Care) | High | | | | → | Partial Assurance | High: 2, Mod: 4, Low: 2 | SA1, SA2, SA3 |
| Strategic Commissioning & Transformation Committee | SBAF 3 | Proactive Planning & Delivery of Integrated Locality Based Community Services | High | | | | → | Partial Assurance | High: 1, Mod: 4, Low: 2 | SA1, SA2, SA3, SA4 |
| | SBAF 4 | Reducing Health Inequalities | High | | | | ↓ | Partial Assurance | High: 4, Mod: 4, Low: 2 | SA1, SA2, SA4 |
| Quality & Safety Committee | SBAF 5 | High Quality, Safe Care Outcomes | High | | | | → | Acceptable Assurance | High: 4, Mod: 4, Low: 2 | SA1, SA2 |
| Finance & Performance Committee | SBAF 6 | Sustainable Finances | High | | | | ↑ | Partial Assurance | High: 2, Mod: 4, Low: 2 | SA3 |
| | SBAF 7 | Improving Efficiency & Productivity | High | | | | → | Partial Assurance | High: 1, Mod: 4, Low: 2 | SA3 |
| People, Culture & Inclusion Committee | SBAF 8 | Sustainable Workforce | High | | | | → | Acceptable Assurance | High: 10, Mod: 4, Low: 1 | SA3, SA4 |

4 Linked Operational Risks and Risk Overview

| SBAF 1 | Risk Title | Risk Score |
|--------|---|------------|
| 1197 | D2A Capacity | 15 |
| 1199 | Ambulance handover delays | 25 |
| 1206 | A&E Four Hour performance | 12 |
| 1215 | Services not delivered by SoT CC within budget | 16 |
| 1503 | NHS Reform Requirements | 9 |
| 1504 | ICB Statutory duties & functions - delivery | 9 |
| 1505 | ICB Statutory duties & functions - reassignment | 9 |
| 1506 | ICB Capacity and capability to lead the ICS | 4 |
| 1507 | ICS Capacity and capability to support system working | 9 |
| 1508 | NHS Reform Programme | 4 |

| SBAF 6 | Risk Title | Risk Score |
|--------|---|------------|
| 1215 | Services not delivered by SoT CC within budget | 16 |
| 1479 | De-escalation of system surge capacity | 16 |
| 1503 | NHS Reform Requirements | 9 |
| 1504 | ICB Statutory duties & functions - delivery | 9 |
| 1505 | ICB Statutory duties & functions - reassignment | 9 |
| 1506 | ICB Capacity and capability to lead the ICS | 4 |
| 1507 | ICS Capacity and capability to support system working | 9 |
| 1508 | NHS Reform Programme | 4 |

| SBAF 2 | Risk Title | Risk Score |
|--------|---|------------|
| 1219 | UHNM Electronic Patient Records (EPR) | 20 |
| 1479 | De-escalation of system surge capacity | 16 |
| 1503 | NHS Reform Requirements | 9 |
| 1504 | ICB Statutory duties & functions - delivery | 9 |
| 1505 | ICB Statutory duties & functions - reassignment | 9 |
| 1506 | ICB Capacity and capability to lead the ICS | 4 |
| 1507 | ICS Capacity and capability to support system working | 9 |
| 1508 | NHS Reform Programme | 4 |

| SBAF 7 | Risk Title | Risk Score |
|--------|---|------------|
| 1176 | Digital Cyber security | 16 |
| 1503 | NHS Reform Requirements | 9 |
| 1504 | ICB Statutory duties & functions - delivery | 9 |
| 1505 | ICB Statutory duties & functions - reassignment | 9 |
| 1506 | ICB Capacity and capability to lead the ICS | 4 |
| 1507 | ICS Capacity and capability to support system working | 9 |
| 1508 | NHS Reform Programme | 4 |

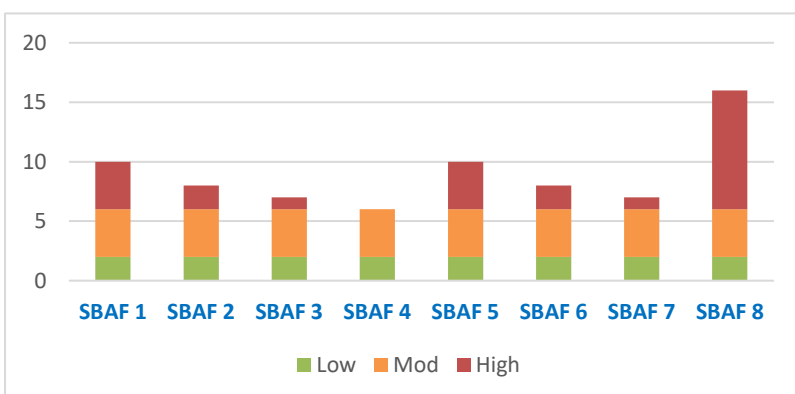
| SBAF 3 | Risk Title | Risk Score |
|--------|---|------------|
| 1219 | UHNM Electronic Patient Records (EPR) | 20 |
| 1503 | NHS Reform Requirements | 9 |
| 1504 | ICB Statutory duties & functions - delivery | 9 |
| 1505 | ICB Statutory duties & functions - reassignment | 9 |
| 1506 | ICB Capacity and capability to lead the ICS | 4 |
| 1507 | ICS Capacity and capability to support system working | 9 |
| 1508 | NHS Reform Programme | 4 |

| SBAF 8 | Risk Title | Risk Score |
|--------|--|------------|
| 1191 | Employee health, wellbeing and experience | 16 |
| 1196 | UEC Workforce / Staffing | 15 |
| 1239 | Neonatal consultant workforce | 12 |
| 1444 | Demand for paediatric dietetic services | 20 |
| 1479 | De-escalation of system surge capacity | 16 |
| 1511 | Ability to deliver the 25/26 Operational workforce plan | 16 |
| 1512 | Ability to deliver required ICB & NHS Infrastructure reductions | 16 |
| 1513 | Impact of focussing on and implementing NHS Reform | 16 |
| 1514 | Ability to deliver the workforce transformation and change | 16 |
| 1515 | Impact on culture behaviour and leadership of uncertain and significantly financially challenged environment | 16 |
| 1503 | NHS Reform Requirements | 9 |
| 1504 | ICB Statutory duties & functions - delivery | 9 |
| 1505 | ICB Statutory duties & functions - reassignment | 9 |
| 1506 | ICB Capacity and capability to lead the ICS | 4 |
| 1507 | ICS Capacity and capability to support system working | 9 |
| 1508 | NHS Reform Programme | 4 |

| SBAF 4 | Risk Title | Risk Score |
|--------|---|------------|
| 1503 | NHS Reform Requirements | 9 |
| 1504 | ICB Statutory duties & functions - delivery | 9 |
| 1505 | ICB Statutory duties & functions - reassignment | 9 |
| 1506 | ICB Capacity and capability to lead the ICS | 4 |
| 1507 | ICS Capacity and capability to support system working | 9 |
| 1508 | NHS Reform Programme | 4 |

| SBAF 5 | Risk Title | Risk Score |
|--------|---|------------|
| 1215 | Services not delivered by SoT CC within budget | 16 |
| 1430 | Inadequate provision of Epilepsy Nurse Specialists | 16 |
| 1444 | Demand for paediatric dietetic services | 20 |
| 1479 | De-escalation of system surge capacity | 16 |
| 1503 | NHS Reform Requirements | 9 |
| 1504 | ICB Statutory duties & functions - delivery | 9 |
| 1505 | ICB Statutory duties & functions - reassignment | 9 |
| 1506 | ICB Capacity and capability to lead the ICS | 4 |
| 1507 | ICS Capacity and capability to support system working | 9 |
| 1508 | NHS Reform Programme | 4 |

Visual Risk Matrix Overview: The table represents a comprehensive breakdown of risks across the SBAF strategic objectives.



SBAF 8: Sustainable Workforce, SBAF 1: Responsive Patient Care (UEC) and SBAF 5: High Quality, Safe Care Outcomes, have the highest number of **linked operational risks**.

6 System Board Assurance Framework (SBAF)

SBAF 1: Responsive Patient Care – Urgent & Emergency Care Finance & Performance Committee | Chief Delivery Officer

Risk Description and Impact on Strategic Ambitions

| | | | |
|-----------------------------|--|------------|---|
| Cause (Likelihood) | If the Urgent and Emergency Care (UEC) system does not have sufficient and appropriate capacity across the entire system pathway to meet demand and support flow, | | |
| Event | then should demand outstrip capacity, there will be pressure points within the UEC system, | | |
| Effect (Consequence) | resulting in poor outcomes and experience for patients, increased pressure for our workforce and consequently poor performance and non-delivery of operational planning targets. | | |
| SA1 | Improve Health and Wellbeing Outcomes | SA3 | Achieve a sustainable and resilient Integrated Care System |
| SA2 | Address inequalities in access, experience and outcomes from health and social care services | SA4 | Working in partnership with communities to achieve social, economic and environmental community development |

Risk Assurance and Tolerance

| Quarter | Q1 | Q2 | Q3 | Q4 | Risk Tolerance Statement | Linked Risks | | |
|--------------------------------|------|----|----|----|--|--------------|---|---|
| Risk Level (Low/Moderate/High) | High | | | | The consequence of not having the correct capacity in the UEC system will inevitably impact on delivery and patients not able to access the UEC they require. The biggest risk is having long waits for ambulances in the community. | Low | 2 | ↑ |
| | | | | | | Mod | 4 | ↑ |
| | | | | | | High | 4 | ↓ |

Assurance Assessment

| | | |
|---------------------|--|---|
| Significant | High level of confidence in delivery of existing mechanisms / objectives | |
| Acceptable | General confidence in delivery of existing mechanisms / objectives | |
| Partial | Some confidence in delivery of existing mechanisms / objectives, some areas of concern | ● |
| No Assurance | No confidence in delivery | |

Rationale for Risk Level & Progress Made in the Quarter (e.g. mitigating actions to reduce risk level):

For Q1 the key priority areas for improvement remain 4-hour Emergency Department (ED) performance towards achieving 78% by March 2026, 12-hour ED performance, and reducing ambulance handover delays and therefore category 2 performance. Our UEC governance infrastructure continues to ensure collective leadership for system oversight for delivery and improvement, with all system partners.

During 25/26 we will once again develop a system-wide surge plan, with oversight in place that replicates that of 24/25 which will outline investment across UEC pathways to increase capacity and initiatives/schemes designed to optimise admission and attendance avoidance. The 2025/26 surge plan will build upon the recently undertaken system winter review and thematic learning to address key considerations such as surges in activity above forecasted levels and the ongoing increased Infection Prevention and Control arrangements that have impacted flow of patients within bed-based services. A full refresh and reset of the system capacity bed model is in progress to ensure forecasts are updated to reflect the issues observed this past winter. Full governance review of the winter review outputs and actions is also underway to ensure tangible actions are taken to mitigate issues prevalent during periods of increased demand and activity in UEC pathways.

During the quarter the focus for the portfolio has been in delivery of the system UEC improvement plan and associated actions. Improvement actions relating to front door processes, assessment units, management of frail and deteriorating patients, discharge transformation have been prioritised. Concurrently, admission and attendance avoidance actions relating to the ongoing development of the system Integrated Care Coordination (ICC) offer and community transformation will be pivotal in delivery of plans.

Operational pressures have remained a reality, with particular consideration given to mitigate the number of bank holidays occurring during Q1. Operational mitigations and actions are monitored daily via our System Coordination Centre (SCC) and via wider UEC Governance.

Key Controls Framework

- Daily System Co-ordination Centre (SCC) & Daily System calls. (Twice daily when required)
- Regional Capacity Calls attended by System Co-ordination Centre.
- System UEC Improvement plan – the system has agreed a focused plan to drive improvements across the UEC system.
- System UEC 25/26 Surge Plan is in development via a multidisciplinary approach and will once again be presented to partner organisations boards and to ICB Board for final ratification. Outputs from the system winter review will be presented to provider boards, Health Overview and Scrutiny Committee (HOSC) and ICB Board in the coming weeks.
- The SCC proactively manages the daily capacity and demand across the system and leads daily system COO calls to manage pressure. Following recent peer review and assessment by NHS England the SCC has been recommended for national accreditation.
- System Escalation Plan, a further refreshed system escalation plan will be developed in 2025/26 with system partners. The revised plan will be reviewed in line with the updated NHSE OPEL Framework and supported by collaboration with our system partners and ahead of sign off at the UEC Board.
- System UEC Strategy – whilst outlining longer term plans of improvement, the UEC Strategy development ensures that the UEC Portfolio has a clear vision for UEC development, any in year improvements will be striving to meet the improvements set out in the long-term System UEC Strategy.
- ICB Finance & Performance Committee and System Performance Group; these groups are tasked with being assured on delivery and offer good-strength controls into the decision-making processes, supporting the other principal controls outlined. Surge reports monthly to these forums.
- ICB Strategic Commissioning & Transformation Committee is tasked with being assured on transformation and ensuring alignment between Portfolios (Transformation Programmes) and SBAF controls.

Assurance Map

| Defence Line | Sources of Planned Assurance | Q1 | Q2 | Q3 | Q4 |
|--|---|----|----|----|----|
| 1 st Line (organisation) | Daily System Calls | | | | |
| | Realtime data feeds and escalation via SHREWD | | | | |
| | Weekly UEC Performance Reports | • | | | |
| | Monthly UEC MDT Weekly COO Group Meeting | | | | |
| 2 nd Line (system) | System Performance Report to Finance & Performance Report to Finance & Performance Committee and ICB Board. | • | | | |
| | Monthly updates to System Delivery Group. | • | | | |
| | Monthly update to System Performance Group. | • | | | |
| | Monthly update to Finance and Performance Committee including productivity/operating plans and financial updates. | • | | | |
| | Fortnightly SLT update. | • | | | |
| | Surge Plan Assurance by: | | | | |
| | • UEC Board. | | | | |
| | • Children & Young People (CYP) Programme Board. | | | | |
| | • UEC Clinical Advisory Group. | | | | |
| | • Finance & Performance Committee. | | | | |
| • UHNM Trust Board. | | | | | |
| • Clinical Senate. | | | | | |
| • SOTCC Operational Business Meeting. | | | | | |
| • MPFT Trust Board. | | | | | |
| • NSCHT Trust Board. | | | | | |
| • SCC Health & Care Senior Leadership Team. | | | | | |
| • Staffordshire Health Overview & Scrutiny Committee | | | | | |
| • System Quality Committee. | | | | | |
| • ICS People, Culture & Inclusion Committee (Ref. UEC Workforce) | | | | | |
| • Local Health Resilience Partnership (LHRP) | | | | | |
| 3 rd Line (external) | Tier 2 UEC Improvement framework – Executive monthly. | • | | | |
| | Stoke-on-Trent Health Overview & Scrutiny Committee | • | | | |
| | Surge Plan Assurance. | | | | |
| | NHS England - Surge Plan Assurance Visit. | | | | |
| | NHS England Regional Assurance Visit/Peer Review. | | | | |

Gaps in Control or Assurance

What are the gaps to be addressed to improve adequacy of assurance?

- Residual bed capacity gap.
- Operational pressures resulting from the implementation of enhanced IPC measures, which may temporarily reduce available capacity.
- Workforce deliverability across all areas of UEC pathway.
- Surge beyond the predicted peak.
- Service delivery challenges linked to sustained IPC practices within the Care Home sector.
- Unforeseen demand due to major incident.
- Individual organisation risk management.

FUTURE Actions

(Actions to Increase Assurance or to Reduce Likelihood / Consequence Scores)

| No. | Action Required | Outcome of Action | Lead Director | Next Quarter's Planned Actions |
|-----|--|--|---|--|
| 1 | Delivery of System UEC Improvement Plan against trajectory | Achieve Operational Plan requirements. 4-Hour ED Target 12-hour ED target Cat 2 response – 30 mins. | Chief Delivery Officer | Action plans and delivery underway. UEC Conveyance audit to be undertaken in June. 24/7 Hospital/Ambulance Liaison Officer (HALO) to be deployed. Discharge audits & reviews to be formalised and action plan developed. UEC pathway improvement actions implemented. |
| 2 | System surge planning | Development of system plan to mitigate increased activity prior, during & post winter. | Chief Delivery Officer | Full refresh & reset of system capacity bed model. Presentation of system winter review & learning to inform 25/26 surge planning. Presentation to F&PC, ICB Board and HOSCs to share outputs and actions. Commencement of delivery of action plan. Scoping and agreement of surge capacity and initiatives. |
| 3 | Integrated Care Coordination | Increasing appropriate utilisation and efficacy of system ICC offer. | Chief Delivery Officer/ Chief People Officer | Opening of additional referral pathways. Embedding digital solutions to facilitate increased 111 referrals. Review of unmet demand data to identify improvement opportunities. Finalisation of senior clinical decision maker model. |



SBAF 2: Responsive Patient Care – Non UEC Care (e.g. Elective, Cancer Diagnostics, Community/Mental Health/Primary Care)

Finance & Performance Committee | Chief Delivery Officer

Risk Description and Impact on Strategic Ambitions

| | |
|-----------------------------|---|
| Cause (Likelihood) | If the system fails to deliver on the specific expectations set out in the 2025/26 (and earlier) planning guidance relating to improvements of all aspects of health and care services, |
| Event | then services will not improve in line with national expectations, |
| Effect (Consequence) | resulting in potential patient harm and reputational damage to the ICS. |

| | | | | | |
|-----|--|---|-----|---|---|
| SA1 | Improve Health and Wellbeing Outcomes | ● | SA3 | Achieve a sustainable and resilient Integrated Care System | ● |
| SA2 | Address inequalities in access, experience and outcomes from health and social care services | ● | SA4 | Working in partnership with communities to achieve social, economic and environmental community development | |

Risk Scoring and Tolerance

| Quarter | Q1 | Q2 | Q3 | Q4 | Risk Tolerance Statement | Linked Risks | | |
|-----------------------------------|------|----|----|----|---|--------------|---|---|
| Risk Level (Low/Moderate/High) | High | | | | The tolerance of failing to deliver against this risk should be low as underachievement will have a knock-on effect to subsequent milestones. All efforts must therefore be focussed on delivery. | Low | 2 | ↑ |
| | | | | | | Mod | 4 | ↑ |
| | | | | | | High | 2 | ↓ |

Assurance Assessment

| | | |
|--------------|--|---|
| Significant | High level of confidence in delivery of existing mechanisms / objectives | |
| Acceptable | General confidence in delivery of existing mechanisms / objectives | |
| Partial | Some confidence in delivery of existing mechanisms / objectives, some areas of concern | ● |
| No Assurance | No confidence in delivery | |

Rationale for Risk Level and Progress Made in the Quarter (e.g. mitigating actions to reduce risk level):

Significant progress has been made in reducing long wait patient cohorts.

Performance against the 2025/26 planning guidance metrics is on plan for four of the five elective measures, with 62-day cancer performance being the measure currently off plan (based on April 2025 data). However, there are still circa 100 patients forecast to be waiting for 65 weeks or longer at the end of June; although work is underway to improve this position. Clearance of long waiters has been impacted by reduced elective capacity over the winter due to UEC pressures and there is now reduced opportunity to deliver additional activity to recover because the 2024/25 ERF funded schemes ceased at the end of March. Nevertheless, progress is being made to achieve zero 65 week-waits and business cases have been approved during quarter one to deliver additional activity.

For cancer, the main driver for being off plan at the end of April is limited surgical capacity at UHNM in key areas (gynaecology, urology and colorectal), alongside staffing pressures within the corporate Cancer service team, and complex diagnostic pathways. Actions to improve include a collaborative working group between Histopathology, Directorates and Cancer Services at UHNM to identify specimens for reporting on appropriate triage pathway; additional consultant Oncology resource and the development of capacity management plans.

Key Controls Framework

- Weekly Tier 2 accountability meetings with NHS England (NHSE).
- 2025/26 operational plan delivery and reporting.
- Portfolio performance steering group (reporting to portfolio Board).
- Regular monitoring backlogs of Staffordshire and Stoke-on-Trent patients in other systems to ensure equitable access to recovery milestones.
- Weekly meeting with UHNM to review specialty level challenges.
- System improving productivity through Getting it Right First Time (GIRFT) review and best practice adoption.
- NHSE supporting provision of mutual aid as required.
- Review of core capacity and demand across the system.

| Assurance Map | | | | | |
|-------------------------------------|---|----|----|----|----|
| Defence Line | Sources of Planned Assurance | Q1 | Q2 | Q3 | Q4 |
| 1 st Line (organisation) | Weekly Elective Oversight Management Group (EOMG) | ● | | | |
| | Weekly COO Group | ● | | | |
| 2 nd Line (system) | System Performance Report to Finance & Performance Committee and ICB Board | ● | | | |
| | Portfolio Performance Steering Groups (reporting to Portfolio Boards – IPH, Children, Young People & Maternity, Mental Health, Learning Disabilities and Autism. Frailty and Long Term Conditions, Primary Care, Planned Care & Cancer) | ● | | | |
| 3 rd Line (external) | NHSE oversight via Tier 1 meeting (replaced by Tier 2 meeting from November 2024) | ● | | | |

| Gaps in Control or Assurance | |
|--|--|
| What are the gaps to be addressed to improve adequacy of assurance? | |
| ICB team to maintain focus on development of speciality pathways, to ensure that patients are following the most appropriate pathway, with the most appropriate tests and treatment setting. | |

| FUTURE Actions (Actions to Increase Assurance or to Reduce Likelihood / Consequence Scores) | | | | |
|--|--|---|---|--|
| No. | Action Required | Outcome of Action | Lead Director | Next Quarter's Planned Actions |
| 1 | Develop plan for focused speciality review with end of end pathway approach. | Identification of opportunities to reduce duplication and improve productivity | Chief Delivery Officer | The 5 clinical symptomatic pathways that were developed and approved in 2024/25 will continue to be implemented. Work will also continue on developing the second phase of pathways. |
| 2 | System capacity and demand review. | Greater understanding of opportunities for productivity improvement | Chief Delivery Officer | Opportunities for productivity improvement are ongoing, including GIRFT (Getting It Right First Time) recommendations and pathway review. Ophthalmology is a key GIRFT area of focus for UHNM. |
| 3 | System collaborative for contracts to develop plans for efficiency and delivery of elective activity. | Increased delivery of activity and continued reduction of long wait patients supporting Elective Recovery | Chief Delivery Officer & SRO System Collaborative | Elimination of 65 week waits and continued focus on delivery against the 2025/26 national success measures. |
| 4 | Additional capacity investment to increase activity and productivity and clear remaining >65 week waits. | Longest waiting patients treated | UHNM | Elimination of 65 week waits and continued focus on delivery against the 2025/26 national success measures. |
| 5 | Provider indicative activity plans set that balance the national operational planning standards with levels of financial resources available | Greater control of activity and financial costs | Chief Delivery Officer | Indicative Activity Plans to be agreed with providers by 30 June for monitoring and management during Q2 and beyond. |
| 6 | Excluded Restricted Procedure (ERP) reflected in all provider contracts | Unapproved restricted procedures will not be funded to ensure that resources are spent effectively | Chief Delivery Officer | Monitor compliance with the ERP and clinical audit of restricted procedures. |



SBAF 3: Proactive Planning and Delivery of Integrated Locality Based Community Services

Strategic Commissioning and Transformation Committee | Chief Transformation Officer

Risk Description and Impact on Strategic Ambitions

| | | | |
|-----------------------------|--|---|--|
| Cause (Likelihood) | If we do not deliver integrated community services based on population need, | | |
| Event | then services will remain reactive and generic and not sensitive to the needs of the population, | | |
| Effect (Consequence) | we will continue to see increases in demand and acuity of need. | | |
| SA1 | Improve Health and Wellbeing Outcomes | ● | SA3 Achieve a sustainable and resilient Integrated Care System ● |
| SA2 | Address inequalities in access, experience and outcomes from health and social care services | ● | SA4 Working in partnership with communities to achieve social, economic and environmental community development ● |

Risk Assurance and Tolerance

| Quarter | Q1 | Q2 | Q3 | Q4 | Risk Tolerance Statement | Linked Risks | | |
|---------------------------------------|-------------|----|----|----|--|--------------|---|---|
| Risk Level (Low/Moderate/High) | High | | | | The consequence of not mitigating this risk and moving to a more proactive needs-based community model of care is that our system will remain reactive and reliant on services, particularly secondary and UEC. This will not meet the needs of our population, will challenge the sustainability of services and is not in line with our strengths-based strategy for our population. | Low | 2 | ↑ |
| | | | | | | Mod | 4 | ↑ |
| | | | | | | High | 1 | ↓ |

Assurance Assessment

| | | |
|---------------------|--|---|
| Significant | High level of confidence in delivery of existing mechanisms / objectives | |
| Acceptable | General confidence in delivery of existing mechanisms / objectives | |
| Partial | Some confidence in delivery of existing mechanisms / objectives, some areas of concern | ● |
| No Assurance | No confidence in delivery | |

Rationale for Risk Level and Progress Made in the Quarter (e.g. mitigating actions to reduce risk level):

Mental Health Urgent & Emergency Care (UEC)

Anyone seeking urgent mental health support in England will be able to do so via the 111 number. In recognition of the significant role the ambulance service plays in responding to mental health calls, there is a dedicated national investment programme to improve capacity of the ambulance service to meet mental health needs. In conjunction with this wrap around care, funding has been allocated to invest in alternative models of crisis support, such as crisis cafes, safe havens, and crisis houses, providing an alternative to A&E or inpatient psychiatric admission. The aspirations and vision of this programme is the development and implementation of comprehensive crisis pathways that are able to meet the continuum of needs and preferences for accessing crisis care, whether it be in communities, people's homes, emergency departments, accessing MH services or transport by ambulance.

Right Care Right Person – All phases have now been completed by Staffordshire Police. There is the development of an MOU between all emergency services in SSOT. Partnership meetings are taking place around points of escalation, e.g. power of entry, timeliness of response, role of ambulance for welfare check response to AWOL detained patients.

Crisis Assessment Centre (MPFT) - New mental health crisis care facility opening on 09/06/2025 at St. George's Hospital site in Stafford. Operating 24 hours a day, seven days a week, the specialised facility will offer urgent assessment and support to individuals experiencing a mental health crisis who have come into contact with emergency services. It serves as an alternative to emergency departments for people facing urgent but non-life-threatening mental health needs. The new facility provides a Crisis Care Suite comprising two crisis assessment rooms and houses

MPFT's new 136 Suite, offering a health-based place of safety for people detained under Section 136 of the Mental Health Act. A key aspect of the 136 Suite is its ability to accommodate both a child or young person, as well as an adult admission at the same time should this be required.

Crisis SMS Text Support - In June 2025 a New 24/7 urgent mental health support text services launched across Staffordshire and Stoke-on-Trent. Anyone across Staffordshire and Stoke-on-Trent can now access 24/7 urgent mental health support by text with the launch of two new free text services across the area. The text services are delivered by Midlands Partnership University NHS Foundation Trust (MPFT) and North Staffordshire Combined Healthcare NHS Trust (NSCHT) and are commissioned by Staffordshire and Stoke-on-Trent ICB. The services allow individuals to text a trained responder at any time of day or night.

Community Mental Health Transformation

Mental Health services have long played a crucial yet under-recognised role in the delivery of mental health care, providing vital support to people with mental health problems closer to their homes and communities.

The implementation of the Mental Health Framework provides a historic opportunity to address this gap and achieve radical change in the design of community mental health care by moving away from siloed, hard-to-reach services towards joined-up care and whole population approaches and establishing a revitalised purpose and identity for community mental health services.

The Framework sets out how the vision for a new place-based community mental health model can be realised, and how we can modernise mental health services to shift to whole person, whole population health approaches. In particular, the need to drive a renewed focus on people living within their communities with a range of long-term severe mental illnesses.

This programme of work has a particular focus on transforming adult eating disorders, personality disorder, emotional regulation and community rehabilitation services. Dementia services also being a key priority in delivery and implementation of the Mental Health Framework to ensure patients are offered co-ordinated, continuity and meaningful care. The collective aim being to improve access to services and care, ensuring this is flexible, personalised and holistic in delivery.

Intensive & Assertive Outreach Actions:

The Sheffield Criteria has been adopted to identify service users requiring an Assertive Outreach approach. This has been incorporated into the Rio eligibility form.

Integrated Mental Health Teams (IMHTs), Older Adult Teams (OATs), Early Intervention in Psychosis Teams (EITs), and Forensic community teams have assessed caseloads and completed eligibility forms based on the Sheffield Criteria.

A workforce resource has been established, and the IAOT resource has been returned to ICB Staffordshire.

A short-term solution has been developed to identify service users who could benefit from Intensive Assertive Outreach, aiding clinical decision-making regarding eligibility.

An IAO Status board has been implemented, allowing teams to track engagement and plan actions. This board is reviewed at each MDT meeting, and necessary actions are taken.

Within the Integrated Community Equipment (ICE) contract, targeted initiatives, including the development of a new eligibility framework, refinement of decision-making panels, and sustained engagement with frontline teams, are driving improvements in service sustainability. A strong emphasis on operational efficiency is reflected in actions to increase recycling rates and implement tighter controls, such as same-day order gateways. These efforts are critical to reducing waste, managing overspend, and ensuring long-term financial resilience. Alongside this, continuous engagement with staff, system-wide education initiatives, and closer collaboration with local authorities are helping to build a more informed, cohesive workforce and ensure that services are co-designed with partners and communities.

In parallel, the ongoing review and realignment of the Better Care Fund (BCF) ensures that resources are strategically deployed to meet population needs and strengthen system resilience. Phase 2 of the BCF review will focus on those schemes not reviewed in phase 1 and include some more detailed evaluations of schemes already reviewed where significant overspends and inefficiencies are apparent. There is significant appetite in Stoke-on-Trent to review and develop the local frailty offer to better meet needs and demand.

Further work is progressing to map and strengthen support for care homes, aiming to improve coordination across the system and promote greater consistency and equity in service provision. Importantly, focus is on a more preventative, community-based model of care in line with the BCF objectives. Initiatives to review and integrate falls prevention pathways, enhance wraparound care home support, and further develop Home First and Discharge to Assess (D2A)

pathways, underpinned by improvements in data integrity, will enable earlier interventions, reduce avoidable hospital admissions, and support individuals to remain independent within their communities. This work will span various portfolios.

Work on strengthening relationships with the local authorities continues with honouring secondment opportunities and joint commissioning meetings.

Neighbourhood health aims to create healthier communities, helping people of all ages live healthy, active and independent lives for as long as possible while improving their experience of health and social care, and increasing their agency in managing their own care. This will be achieved by better connecting and optimising health and care resource through 3 key shifts at the core of the government's health mission:

- from hospital to community – providing better care close to or in people's own homes, helping them to maintain their independence for as long as possible, only using hospitals when it is clinically necessary for their care
- from treatment to prevention – promoting health literacy, supporting early intervention and reducing health deterioration or avoidable exacerbations of ill health
- from analogue to digital – greater use of digital infrastructure and solutions to improve care

Through our 2025/26 Neighbourhood Health and Care programme we will standardise our approach using 6 core components for consistency:

1. Population Health Management
2. Modern General Practice
3. Standardising Community Health Services
4. Neighbourhood Multidisciplinary Teams (MDTs)
5. Integrated Intermediate Care ('Home First' Approach)
6. Urgent Neighbourhood Services

The integrated care system will prioritise specific groups within this cohort where there is the greatest potential to improve levels of independence and reduce reliance on hospital care and long-term residential or nursing home care, both improving outcomes and freeing up resources so systems can go further on prevention and early intervention.

Focus on around 2% to 4% of the population. Examples of population cohorts with complex needs include:

- adults with moderate or severe frailty (physical frailty or cognitive frailty, for example, dementia)
- people of all ages with palliative care or end of life care needs
- adults with complex physical disabilities or multiple long-term health conditions
- children and young people who need wider input, including specialist paediatric expertise into their physical and mental health and wellbeing
- people of all ages with high intensity use of emergency departments

At the heart of the new vision for integrating primary care is bringing together previously siloed teams and professionals to do things differently to improve patient care for whole populations. This is usually most powerful in neighbourhoods of 30-50,000, where teams from across primary care networks (PCNs), wider primary care providers, secondary care teams, social care teams, and domiciliary and care staff can work together to share resources and information and form multidisciplinary teams (MDTs) dedicated to improving the health and wellbeing of a local community and tackling health inequalities.

Key Controls Framework

- Mental Health portfolio team (manages implementation programme)
- Mental Health portfolio programmes (cross system working)
- Mental Health Portfolio Board in place with system mental health SRO
- Neighbourhood Health Steering Group established reports to Strategic Commissioning & Transformation Committee
- Regular updated to Stoke-on-Trent and Staffordshire joint Commissioning Board
- Programme boards for End of life, Frailty and Long-term conditions.
- Community Transformation Portfolio board to be reviewed in line with ICB Reform and Provider Collaborative arrangements
- Alignment of neighbourhood health programme with portfolio and enabling function boards
- PHM data being extracted to identify 2-4% and population segmentation approach
- Review of priority service specifications aligned to BCF

| Assurance Map | | | | | |
|-------------------------------------|--|----|----|----|----|
| Defence Line | Sources of Planned Assurance | Q1 | Q2 | Q3 | Q4 |
| 1 st Line (organisation) | Community Transformation team meetings: Delivery plan reviewed to assure programme actions are on track for delivery | ● | | | |
| | Children and Young People team meetings: Delivery plan reviewed to assure programme actions are on track for delivery | ● | | | |
| | Mental Health team meetings: Delivery plan reviewed to assure programme actions are on track for delivery. | ● | | | |
| 2 nd Line (system) | Strategic Commissioning and Transformation Committee: Neighbourhood Health Programme update received monthly | ● | | | |
| | Finance & Performance Committee: receive appropriate papers aligned to operational delivery plans | ● | | | |
| | Mental Health Portfolio Board: system forum to oversee the system-wide delivery of health and wellbeing initiatives | ● | | | |
| | Health & Wellbeing Board: one for each LA held quarterly to assure the system-wide delivery of health and wellbeing initiatives | | | | |
| | Joint Commissioning Board: one for each LA to jointly plan and oversee joint commissioning opportunities | ● | | | |
| 3 rd Line (external) | Regional Long Term Conditions and Frailty Meetings Programme: Reports for progress assurance against Operational Plan and NHSE Guidance. | ● | | | |

| Gaps in Control or Assurance | |
|--|--|
| What are the gaps to be addressed to improve adequacy of assurance? | |
| <ul style="list-style-type: none"> Risks and Issues highlighted through normal Governance routes. Development of Provider Collaborative will impact Governance and roles and responsibilities. | |

| FUTURE Actions (Actions to Increase Assurance or to Reduce Likelihood / Consequence Scores) | | | | |
|--|---|--|------------------------------|--|
| No. | Action Required | Outcome of Action | Lead Director | Next Quarter's Planned Actions |
| 1 | Agree neighbourhood footprint aligned to PCNs and early implemented sites | Clarity to PCNs and other Providers | Chief Transformation Officer | <p>Confirm neighbourhood geographies</p> <p>Utilise pathfinder tool to identify 2-4% population at PCN level</p> <p>Work with Provider Collaborative to establish early implemented work programmes</p> |
| 2 | Agree changes to Stoke Joint Commissioning Boards (JCB) governance | Strengthened governance with broader system membership | Chief Transformation Officer | Implement the agreed changed and explore similar review of Staffs JCB governance. |
| 3 | Alignment of Community Transformation Programmes to the Better Care Fund (BCF) to maximise value for money and implementation of neighbourhood health | Clarity on BCF funding to support neighbourhood health | Chief Transformation Officer | <p>Systematic Review aligned to Component 3 of the neighbourhood health guidance including Primary Care and Voluntary Sector</p> <p>Integrated Commissioning with Local Authorities regarding D2A (subject to review outcome)</p> <p>Review of workforce aligned to neighbourhood health</p> |



SBAF 4: Reducing Health Inequalities

Strategic Commissioning and Transformation Committee | Chief Medical Officer

Risk Description and Impact on Strategic Ambitions

| | | | |
|-----------------------------|---|---|--|
| Cause (Likelihood) | If we are unable to work together as an Integrated Care System across organisation and sector boundaries, | | |
| Event | then we will have less (or no) impact on reducing health inequalities of the population of Staffordshire and Stoke-on-Trent, | | |
| Effect (Consequence) | resulting in sustained or increased health inequalities, worsening health and wellbeing of the population, potentially increased cost of health and care and worsened quality of service experienced. | | |
| SA1 | Improve Health and Wellbeing Outcomes | ● | SA3 Achieve a sustainable and resilient Integrated Care System |
| SA2 | Address inequalities in access, experience and outcomes from health and social care services | ● | SA4 Working in partnership with communities to achieve social, economic and environmental community development |

Risk Assurance and Tolerance

| Quarter | Q1 | Q2 | Q3 | Q4 | Risk Tolerance Statement | Linked Risks | | |
|--------------------------------|------|----|----|----|---|--------------|---|---|
| Risk Level (Low/Moderate/High) | High | | | | Tolerance is low as reducing health inequalities and working in partnership impacts on 3 of the 4 Strategic Ambitions. The target date is long-term and as such risk scoring would be expected to reduce over a longer period as health inequalities improvement is made and can be demonstrated. | Low | 2 | ↑ |
| | | | | | | Mod | 4 | ↓ |
| | | | | | | High | 0 | ↓ |

Assurance Assessment

| | | |
|---------------------|--|---|
| Significant | High level of confidence in delivery of existing mechanisms / objectives | |
| Acceptable | General confidence in delivery of existing mechanisms / objectives | |
| Partial | Some confidence in delivery of existing mechanisms / objectives, some areas of concern | ● |
| No Assurance | No confidence in delivery | |

Rationale for Risk Level & Progress Made in the Quarter (e.g. mitigating actions to reduce risk level):

Early targets for progress to reduce health inequalities were set against the agreement of an Integrated Care Partnership Strategy which was published at the end of March 2023, (this was reflected in the target risk). Evaluation of the reduction of health inequalities will be over a longer period (c. 10 years) and the target risk will be reviewed on this basis. The foundations to achieving this have been progressed in terms of the Integrated Care Partnership Strategy, Health Inequalities Strategy, Alcohol Strategy, procurement of a strategic partner to support the scale, spread and sustainment of a Population Health Management approach for SSOT that will positively impact on HI, establishment of the Improving Population Health (IPH) Portfolio Board, agreement of localities inside the two Place's aligned with UTLA's (Staffordshire – District and Borough Council alignment (8) and Stoke-on-Trent – Geographical alignment (4)), and now the launch of the Locality Improvement Framework (LIF) at Q1 2025/26.

The LIF invests £2.2m in localities, providing a basis to incentivise integrated locality working based on population need and reducing health inequalities. Each locality will have an allocation of funding that it will be able to use for projects that will have clear and measurable impact on health outcomes, following changes in lifestyle and behaviour by working together as integrated community services. The HI Outcomes Framework is still in development and will bridge the HI Strategy and LIF.

Key Controls Framework

- Portfolio governance heavily partnership based with District/Borough Council leadership in role of CE Sponsor.
- People and Communities is one of the 5P's of the ICP Strategy.
- Place Development Boards have agreed the construct of 'Place'.
- IPH Team (manage implementation programme to scale, spread and sustain PHM approach across SSOT).
- IPH Portfolio Programmes (cross working to ensure HI and Prevention are considered during design).
- Other Portfolios (matrix working with portfolios to design interventions and deliver transformational change).

Key Controls Framework

- H&CS (provide system health and care viewpoint on any interventions being designed).
- IPH Portfolio Board (provide strategic oversight and is the portfolio aligned with this risk).
- ICP (has ICS partnership wide oversight).
- Defined scope of IPH Portfolio and incumbent programmes.
- CSU Procurement guidance to ensure procurement exercises have been/are robust.
- Report/ed procurement exercise outcomes to ICB EWT.
- PHM Strategic Partner contracted (3 years) to support scale, spread and sustain of PHM approach for SSOT.
- Locality development plans well-articulated and co-produced.
- HI Strategy developed collaboratively through workshops and extended partnership discussions.
- HI Strategy principles formally endorsed on 3 June by ICP.
- Regular committee reporting moved from Quality & Safety Committee to Strategic Commissioning & Transformation Committee (reporting requirements still to be agreed).
- HI Outcomes Framework in development.
- Locality Improvement Framework agreed, transacted, and launched from 1 April 2025 for delivery over 3 years.
- LIF Evaluation Panels briefed and scheduled to evaluate locality business cases.
- Alignment with large, locality-based initiatives i.e. Supportive Communities, Together Active, Family Matters, Strengthening Communities.
- PHM support to Neighbourhood Development Programme.

Assurance Map

| Defence Line | Sources of Planned Assurance | Q1 | Q2 | Q3 | Q4 |
|-------------------------------------|---|----|----|----|----|
| 1 st Line (organisation) | IPH Team Meetings: MS Planner reviewed to assure programme actions are on track for delivery (weekly). | • | | | |
| 2 nd Line (system) | Strategic Commissioning & Transformation Committee: IPH Portfolio Progress update provided to assure committee of progress (bi-monthly). | | | | |
| | Finance & Performance Committee: IPH elements of Quarterly Stocktake and ICS Operational Plan to provide assurance against LTP and 1YOP delivery. | • | | | |
| 3 rd Line (external) | Regional HI Programme: IPH Portfolio Progress Reports for progress assurance against LTP. | • | | | |
| | Regional Prevention: IPH Portfolio Progress Reports for progress assurance against LTP. | • | | | |
| | NHSE: IPH elements of Quarterly System Review provided to assure progress against LTP and 1YOP delivery. | • | | | |

Gaps in Control or Assurance

What are the gaps to be addressed to improve adequacy of assurance?

- Maintaining stakeholder relationships, engagement, involvement and commitment to ICP Strategy aims by all ICP partners.
- GP DSA sign-up for PHM to include primary care data in the linked dataset (engagement with individual practices and weekly review of position continues) – progress is visible since Collective Action ceased.

FUTURE Actions

(Actions to Increase Assurance or to Reduce Likelihood / Consequence Scores)

| No. | Action Required | Outcome of Action | Lead Director | Next Quarter's Planned Actions |
|-----|-------------------------------|----------------------|-----------------------|--|
| 1 | Develop HI Outcomes Framework | Additional Control | Chief Medical Officer | Develop and agree approach to co-produce HI OF (ensure alignment with System OF) |
| 2 | LIF Delivery | Additional Assurance | Chief Medical Officer | Continue with locality SPRINTS, Business Case development, Evaluation Panels, Contracting and Funding Transfer. |
| 3 | HI Annual Report | Additional Assurance | Chief Medical Officer | Update and publish HI Annual Report (data). |
| 4 | Impact Sustainability | Additional Control | Chief Medical Officer | Begin to develop approach to systematically demonstrate impact of investment (leading to systematic evaluation of return on investment and then sustainable funding of |

FUTURE Actions
(Actions to Increase Assurance or to Reduce Likelihood / Consequence Scores)

| No. | Action Required | Outcome of Action | Lead Director | Next Quarter's Planned Actions |
|-----|-----------------|-------------------|---------------|--|
| | | | | interventions/projects/services that have been invested in using transformation monies). |



SBAF 5: High Quality, Safe Care Outcomes

Quality & Safety Committee | Chief Nursing & Therapies Officer

Risk Description and Impact on Strategic Ambitions

| | | | | |
|-----------------------------|---|---|-----|---|
| Cause (Likelihood) | If we cannot ensure high quality, equitable and safe patient care, | | | |
| Event | then we will be unable to achieve high standards of quality and safety, | | | |
| Effect (Consequence) | resulting in actual or potential harm to patients, loss of reputation, intervention from regulators, failure to deliver our statutory quality duties and increased costs associated with poor standards of care | | | |
| SA1 | Improve Health and Wellbeing Outcomes | ● | SA3 | Achieve a sustainable and resilient Integrated Care System |
| SA2 | Address inequalities in access, experience and outcomes from health and social care services | ● | SA4 | Working in partnership with communities to achieve social, economic and environmental community development |

Risk Assurance and Tolerance

| Quarter | Q1 | Q2 | Q3 | Q4 | Risk Tolerance Statement | Linked Risks | | |
|-----------------------------------|------|----|----|----|--|--------------|---|---|
| Risk Level (Low/Moderate/High) | High | | | | The system will prioritise quality and safety over performance and finance to prevent patient harm but will tolerate moderate risk levels resulting from system pressures. | Low | 2 | → |
| | | | | | | Mod | 4 | ↓ |
| | | | | | | High | 4 | ↓ |

Assurance Assessment

| | | |
|--------------|--|---|
| Significant | High level of confidence in delivery of existing mechanisms / objectives | |
| Acceptable | General confidence in delivery of existing mechanisms / objectives | ● |
| Partial | Some confidence in delivery of existing mechanisms / objectives, some areas of concern | |
| No Assurance | No confidence in delivery | |

Rationale for Risk Level & Progress Made in the Quarter (e.g. mitigating actions to reduce risk level):

LeDeR

The improvement plan put into place to support the achievement of the National Key Performance Indicators and reduce the inherited backlog has now moved into BAU phase as a result of the considerable progress that has been made which sees Staffordshire and Stoke on Trent having achieved 99% of reviews within the stipulated timeframe.

UEC

An in-depth analysis of immediate ED Harms related to ambulance delays and extended waits within ED has been undertaken and presented to the Quality and Safety Committee, UEC Delivery Group, Board and NHSE Regional Quality Group. The paper provided assurance that there was no evidence of immediate harm within 90% of patients. Areas of improvement have been identified through the audit which have been built into the UEC Improvement plan overseen by the UEC Board. It has been recognised that the audits have been focusing upon immediate, physical harm and do not reflect the entirety of a patient's pathway nor the experience of being delayed. The ED Harms group is currently identifying ways of widening its scope to address the gaps.

To provide further assurance in-keeping with the Fundamentals of Care requirement, the ICB CNTO team have undertaken joint bimonthly informal visits to UHNM ED departments with UHNM patient experience team. To date the visits have identified no areas of concerns.

Perinatal Services

Due to the high rates of infant mortality across the system a joint OHID (Office for Health Improvement & Disparities) and NHSE supportive system review is underway with an action plan being developed.

The committee received assurance there had been sustained improvement over a twelve-month period for induction of labour breach performance.

Final reports have been received from the CQC following the inspections of the Royal Wolverhampton NHS Trust's maternity services at New Cross Hospital and University Hospital of North Midlands NHS Trust (UHNM) maternity services at Royal Stoke University Hospital have been rated 'Good'. University Hospital of Deby and Burton (UHDB) Maternity Services were inspected during Q4 (2024) the outcome of the report is still awaited.

IHA/RHA

Initial Health Assessment (IHA) timeliness remains below the threshold of 85%, however, during quarter 4, there has been steady improvement in IHAs being completed within statutory timescales for Staffordshire & Stoke-on-Trent children. This demonstrates continued positive progress against the recovery plan as a health system with the exception of children placed outside of our area which are being escalated on a case by case basis.

Review Health Assessment (RHA) timeliness also remains below the threshold of 85%, although some improvement was noted in February 2025, for Staffordshire & Stoke-on-Trent children who remain in our area and children placed out.

Providers have instigated harm reviews and so any health assessment undertaken outside of expected timescales, where a child has experienced harm, will be reported as an incident. To date, there have been no incidents of harm reported as a direct result of a delay in health assessment.

QIA

Quality and Safety Committee has received an overview of the QIA work programme and the actions being taken to ensure the ICBs statutory duty is fulfilled. The committee were informed of the eighteen QIAs completed within the period October 2024 to January 2025, eight of these were done so retrospectively, however, between February 2025 and May 2025, 83% (10/12) QIAs were completed in advance of the decision made by the ICB. This is a continued trend of improvement from the previous reporting periods.

During April and May 2025 Staffordshire County Council and Stoke-on-Trent City Council have written to NHS England Midlands Region to share their concerns regarding the deliverability and safety of the 2025/26 system plan. Specifically, the impact of planning submissions on patient safety, clinical outcomes, and the health & wellbeing of the local population. It has been agreed that NHS England Midlands Region will formally undertake a quality assurance review of the ICB's QIA process, including governance and decision making. The review will evaluate the robustness and effectiveness of the ICB's process, adherence to the process and identify any areas for improvement and notable areas of good practice.

Wheelchair Services

The total number of service users waiting over 18 weeks has decreased for 10 consecutive months; a reduction of 57% from May 2024 to March 2025. However, the number of service users waiting 52+ weeks remains higher than expected. Contractual plans are in place to recover wheelchair assessment and delivery performance to 92% within 18 weeks by July 2025.

The ICB has worked with the provider to strengthen the quality governance arrangements including sharing best practice from NHS system partners to update the duty triage guidelines including reprioritisation and clinical harm review.

Newborn Hearing Screening Improvement Programme (NHSIP)

All partners have made progress against the recovery plan managed through the Bronze Cell. There have been delays in commencing the 5-year lookback review at UHNM due to securing subject matter expert time to support the review. This has now been commissioned. Both MPFT and UHNM are currently working towards readiness for Improving Quality in Physiological Services (IQIPS) accreditation. Following an initial assessment UHDB Queens Hospital of Burton (QHB) are responding to the recommendations.

Key Controls Framework

- Quality Impact Assessment agreed and implemented (Policy and Procedures).
- ICB Quality Strategy with agreed outcomes.
- Local Maternity and Neonatal Service Partnership Board and Quality and Safety Oversight Forum (sub-group) and attendance at relevant internal UHNM meetings. Meets Monthly.
- Established system wide Safeguarding arrangements.
- Quality & Safety Committee (QSC)
- System Quality Group (SQG)
- Reporting to and attendance at NHSE meetings, i.e. monthly SSOT Delivery Oversight Meeting.
- All Age Continuing Health Care has a robust governance process in place and reports internally through QSC, Finance & Performance Committee and externally to NHSE against progress.
- LeDeR group including system partner attendance and shared learning as well reporting into QSC (quarterly) and Learning Disabilities and Autism Partnership (LDAP) board monthly.
- Portfolio groups/boards or other meetings which meet monthly.
- Established system wide Safeguarding arrangements in place including Staffordshire and Stoke-on-Trent Safeguarding Partnership.
- PSIRF monthly oversight meetings.
- Contract quality review meetings undertaken monthly.

Assurance Map

| Defence Line | Sources of Planned Assurance | Q1 | Q2 | Q3 | Q4 |
|-------------------------------------|---|----|----|----|----|
| 1 st Line (organisation) | Monthly Quality and Safety Assurance report to ICB Board | • | | | |
| | Bimonthly Assurance paper and Chair Update from Quality & Safety Committee to ICB Board | • | | | |
| | Bi-Monthly LMNS report, SQG Assurance Paper and Peoples Assembly update to Quality & Safety Committee | • | | | |
| | Quarterly Quality Strategy implementation plan updates to Quality & Safety Committee | • | | | |
| | Tri-annually QIA Assurance and CQI Sub group report to Quality & Safety Committee | • | | | |
| | Quarterly LeDeR Assurance Report and SEND Update and Assurance Report to SQG | • | | | |
| | AD hoc assurance reports from IHA/RHA working group/CHC Assurance report and Paediatric Audiology Improvement Programme update received by Quality & Safety Committee | • | | | |
| | Monthly Provider Update/Assurance and escalation reports to SQG | • | | | |
| | Bimonthly PSIRF oversight report to SQG | • | | | |
| | Quarterly Soft Intelligence/Complaints report to SQG | • | | | |
| 2 nd Line (system) | Monthly Provider Update and Assurance report to SSoT LMNS Partnership Board. | • | | | |
| | Update reports to Staffordshire and Stoke-on-Trent Health Safeguarding and Looked after Children Strategic Oversight Group | • | | | |
| | Deep Dive presentation to QSC | • | | | |
| | Neonatal Update to Infant Mortality Group | • | | | |
| | Infection Prevention Control (Health Economy Group) Update/Assurance report to QSC received quarterly | • | | | |
| | Quarterly Update and Assurance report to Regional Quality Group – NHSE led | • | | | |
| 3 rd Line (external) | Provider's escalation of CQC activity to SQG | • | | | |
| | Monthly NOF Assurance Report (UHNM) | • | | | |
| | Quarterly System Review Meeting Assurance Report. | • | | | |
| | Quarterly NOF Assurance Report (NSCHT/MPFT) | • | | | |

| | | | | | |
|--|---|---|--|--|--|
| | Escalation to Paediatric Audiology Improvement Silver & Gold cells (ad hoc). | ● | | | |
| | ICS update to the Regional Infant Mortality Group | ● | | | |
| | Bi-monthly Midlands Nursing and Midwifery Excellence network report. | ● | | | |
| | Monthly Staffordshire County Council and Stoke-on-Trent City Council Care home updates to SQG | ● | | | |

Gaps in Control or Assurance

What are the gaps to be addressed to improve adequacy of assurance?

- Maintaining Patient safety and achieving fundamentals of care within UEC pathways during periods of pressure requires further work
- Risk and potential harm which may be as a result of delays within specific community services requires an agreed improvement plan to be put into place, subsequent monitoring
- Improving workforce within Community Paediatric services is necessary to support achievement of the IHA/RHA targets

FUTURE Actions

(Actions to Increase Assurance or to Reduce Likelihood / Consequence Scores)

| No. | Action Required | Outcome of Action | Lead Director | Next Quarter's Planned Actions |
|-----|--|---|---|--|
| 1 | Collaboration with system partners and regional and national ICBs to look at innovative ways of improving the IHA challenges locally, regionally and nationally. | Reduction in timeline | Assistant Chief Nursing & Therapies Officer | UHNM are reporting no waiting list within their patient cohort. MPFT continue to report delays due in part to the Community Paediatric team not currently at full capacity work is ongoing to increase capacity. Monitoring continues with the dashboard is showing improvement in IHA compliance. |
| 2 | ED Harms oversight approach with UHNM established which will see bi-monthly visits to ED supporting continuous learning and improvement approach. | Patients experience safe and effective care | Chief Nursing & Therapies Officer | Following completion of the ED Harm review process an action plan has been developed which incorporates learning from the review. The plan has been presented to the UEC Board who retain oversight. The UEC delivery group will continue to support completion of the actions against the agreed timeline. |
| 3 | Collaborative approach to understanding and mitigating risk and potential harm resulting from delays within specific service provision. | The potential for harms as a result of a delay is reduced | Chief Nursing and Therapies Officer | Paediatric Dietetics – a T&F group has been established to support a system approach to the management of continued delays within the Paediatric Dietetic Service. A business case is in development to support improvement within the service. Oversight for this programme has been confirmed to be with the CYP Board. Wheelchair Services – following discussions with the provider it has been agreed that an improvement plan will be developed to support oversight of any patient waiting in line with the “wait well” principles. Compliance monitoring will be undertaken through the contract. |
| 4 | Maternity Transformation plan in place which outlines a 3-year approach to | Achieve Ockenden recommendations and respond to national guidance/requirements across maternity | Chief Nursing and Therapies Officer | The Quality and Safety Oversight Forum (QSOF) continues monthly. LMNS continues oversight of Year 3 (25/26) implementation of the Three-year delivery plan for maternity and neonatal services across the system. Progress against the three-year delivery plan continues with UHNM |

| | | | | |
|---|---|---|-------------------------------------|--|
| | improving services. | and neonatal services | | confirmed as achieving overall implementation of 97% of the care bundle recommendations. Following a tragic maternal death Maternity and Newborn Safety Investigation team (MNSI) have completed their investigation making four safety recommendations. The LMNS will co-ordinate and ensure there is collaboration across the system to ensure the recommendations are implemented and embedded. |
| 5 | System approach to improving outcomes of patients who are CHC eligible. | Individualised and need appropriate care commissioned which supports optimum patient outcomes | Chief Nursing and Therapies Officer | Work continues to progress to reduce the number of delays in assessment and reviews. The IHAT team are now established and embedded within the process focusing upon supporting personalised and least restrictive care for individuals. Improvement continues with regards to achieving national KPIS. |



SBAF 6: Sustainable Finances

Finance & Performance Committee | Chief Finance Officer

Risk Description and Impact on Strategic Ambitions

| | | | |
|-----------------------------|--|------------|---|
| Cause (Likelihood) | If financial cost pressures are not controlled, | | |
| Event | then we will not achieve our statutory financial duties, | | |
| Effect (Consequence) | resulting in financial intervention from NHSE including reduced local discretionary decision making, reduce capital resources, reduced opportunity to apply for additional funds, impacting on services and waiting lists. | | |
| SA1 | Improve Health and Wellbeing Outcomes | SA3 | Achieve a sustainable and resilient Integrated Care System |
| SA2 | Address inequalities in access, experience and outcomes from health and social care services | SA4 | Working in partnership with communities to achieve social, economic and environmental community development |

Risk Assurance and Tolerance

| Quarter | Q1 | Q2 | Q3 | Q4 | Risk Tolerance Statement | Linked Risks | | |
|---------------------------------------|-------------|----|----|----|--|--------------|---|---|
| Risk Level (Low/Moderate/High) | High | | | | Tolerance is high as costs related to maintaining patient safety and workforce issues may cause additional financial demand. | Low | 2 | ↑ |
| | | | | | | Mod | 4 | ↓ |
| | | | | | | High | 2 | ↓ |

Assurance Assessment

| | | |
|---------------------|--|---|
| Significant | High level of confidence in delivery of existing mechanisms / objectives | |
| Acceptable | General confidence in delivery of existing mechanisms / objectives | |
| Partial | Some confidence in delivery of existing mechanisms / objectives, some areas of concern | ● |
| No Assurance | No confidence in delivery | |

Rationale for Risk Level & Progress Made in the Quarter (e.g. mitigating actions to reduce risk level):

The System has submitted a break even financial plan for 2025/26. Achievement of the 2025/26 plan requires the in-year delivery of £306.3m System savings. At Month 1, the level of CIP delivery currently seen as high risk is £143.6m which is 46.9% of the total plan (a reduction from 48.9% at the time of the plan submission) resulting in a higher risk level in Q1 than the target risk for the end of the year.

Key Controls Framework

- System Financial Plan agreed.
- Weekly monitoring of CIP position for each organisation.
- Weekly meetings of ICB Efficiency Oversight Group.
- Reporting on progress through System Performance Group and Finance and Performance Committee.
- Monthly budget holder meetings to ensure delivery remains on track.
- Weekly meeting of System Chief Finance Officers.
- Weekly System Finance Deputies meetings held to support System meetings.
- Fortnightly System Senior Leadership Team meeting.

Assurance Map

| Defence Line | Sources of Planned Assurance | Q1 | Q2 | Q3 | Q4 |
|---|---|----|----|----|----|
| 1st Line (organisation) | Monthly System finance reports articulating risk / mitigations. | ● | | | |
| 2nd Line (system) | Monthly System Finance Report to Finance & Performance Committee. | ● | | | |
| | Monthly Provider Collaborative Report to Finance & Performance Committee. | ● | | | |
| | Monthly System Performance Report to Finance & Performance Committee. | ● | | | |
| 3rd Line (external) | Annual value for money assessments completed by external auditors. | ● | | | |
| | Annual Internal audit review of efficiency programme plans and delivery. | ● | | | |

Gaps in Control or Assurance

What are the gaps to be addressed to improve adequacy of assurance?

The Financial Plan has significant gaps in the identification and delivery of efficiency schemes, the System is working towards a Financial Plan for the year to ensure all risks are understood and mitigated wherever possible.

FUTURE Actions

(Actions to Increase Assurance or to Reduce Likelihood / Consequence Scores)

| No. | Action Required | Outcome of Action | Lead Director | Next Quarter's Planned Actions |
|-----|--|----------------------|--|---|
| 1 | System to focus on identification and delivery of additional efficiency plans to mitigate the current unidentified savings gap primarily through the touch choices workstream. | Additional Assurance | Chief Finance Officer/Tough Choices Workstream SRO | <p>Weekly SPG meeting agreed implementation of schemes. Delivery now the responsibility of the 4 System partners.</p> <p>ICB Financial Improvement and CIP schemes workshop taking place on 10 June to understand current status and develop further plans.</p> <p>Put into delivery new ideas on tough choices to support the 2025/26 financial position.</p> <p>Drive further benefit from existing workstreams and seek to mitigate risks.</p> |
| 2 | System Finance and Operational Teams to develop a medium-term plan to define the transformational solutions and actions that will ensure the delivery of the integrated care strategy and trajectory for return to financial sustainability. | Additional Assurance | Chief Finance Officer | <p>The task for Q1 is for CFOs to review the Underlying Positions following the agreement to the 2025/26 plan. These ULPs to be signed off by the CFO Group and reported through to System Finance & Performance Committee.</p> <p>Thereafter, the System will be working on the development of a medium / longer term financial model as part of the national timescale.</p> |
| 3 | Financial Recovery Director in post to ensure delivery of the CIP target. | Additional Assurance | Chief Finance Officer | <p>System Recovery Director to ensure that plans for the £306m are fully developed and embedded into Business as Usual. CFO to ensure that the responsibility for the oversight, monitoring and reporting of those plans is transferred.</p> |
| 4 | Deloitte/Kingsgate to continue support to a number of projects to reduce the risk to CIP delivery and financial improvement. | Additional Control | Chief Finance Officer | <p>Deloitte/Kingsgate to complete support on existing workstreams and to continue support in developing workstreams.</p> <p>Organisations to agree any further support needed to drive their CIP programmes.</p> |
| 5 | Provider Collaborative to develop the CIP of £14.2m for Enabling Functions | Additional Control | Provider Collaborative MD | <p>Deloitte/Kingsgate support in place and options for delivery to follow after completion of their review at the end of July.</p> <p>Provider Collaborative to develop schemes for the delivery of the £14.2m requirement.</p> |



SBAF 7: Improving Efficiency and Productivity

Finance & Performance Committee | Chief Finance Officer

Risk Description and Impact on Strategic Ambitions

| | | | |
|-----------------------------|---|------------|---|
| Cause (Likelihood) | If the ICB and provider partners are unable to develop and deliver recurrent efficiency schemes and productivity gains, during 2025/26 required to address the system recurrent deficit of c. £278m. | | |
| Event | then we will fail to achieve the operational improvements, aligned with the national agenda, which underpin our performance targets and fail to deliver the recurrent financial efficiency requirements which underpin delivery of our statutory financial target of breakeven, | | |
| Effect (Consequence) | resulting in financial intervention from NHSE including reduced local discretionary decision making, reduced capital resources, reduced opportunities to apply for additional funds, impacting on services and waiting lists. | | |
| SA1 | Improve Health and Wellbeing Outcomes | SA3 | Achieve a sustainable and resilient Integrated Care System |
| SA2 | Address inequalities in access, experience and outcomes from health and social care services | SA4 | Working in partnership with communities to achieve social, economic and environmental community development |

Risk Assurance and Tolerance

| Quarter | Q1 | Q2 | Q3 | Q4 | Risk Tolerance Statement | Linked Risks | | |
|---------------------------------------|-------------|----|----|----|---|--------------|---|---|
| Risk Level (Low/Moderate/High) | High | | | | Efficiency and Productivity improvement is an essential ingredient of the System Plan and so a lower risk appetite target has been set. | Low | 2 | ↑ |
| | | | | | | Mod | 4 | → |
| | | | | | | High | 1 | ↓ |

Assurance Assessment

| | | |
|---------------------|--|---|
| Significant | High level of confidence in delivery of existing mechanisms / objectives | |
| Acceptable | General confidence in delivery of existing mechanisms / objectives | |
| Partial | Some confidence in delivery of existing mechanisms / objectives, some areas of concern | ● |
| No Assurance | No confidence in delivery | |

Rationale for Risk Level & Progress Made in the Quarter (e.g. mitigating actions to reduce risk level):

The Intervention & Investigation (I&I) regime supported by Deloitte/Kingsgate commenced in November 2024 and has been supported by a number of follow on projects and areas of support. The approved business case for £1.6m remains in place with various support projects now ongoing. Three further support requests are being scoped to support improvement delivery.

The Tough Choices workstream continues with CMO as the SRO. To maintain momentum on the initial prioritised 21 schemes (now generally referred to as Bronze schemes), transitional support was provided through I&I by Deloitte. The SRO and Recovery Director continue to move the overall workstream forward with support from the TDU. The continued support also led to the development of two further lists of opportunities referred to as the Silver and Gold schemes. A major proportion of the savings projected for 2025/26 from Bronze schemes will contribute to planned CIP across all System organisations with a large number aligned to the ICB. Of the 21 initial schemes 15 are fully embedded with 2025/26 CIP plans for delivery with other programmes still being developed or checked for their current status. A number of the Silver and Gold schemes have also been included within the financial plan for 2025/26, either as a direct element of the plan or through a CIP programme. Some of these improvements also link to the national mandates for cost reductions at the ICB and within Providers.

M01 CIP delivery is £13.7m against a plan of £19.3m which is £5.6m adverse to plan.

As part of 2025/26 financial plan submission, the System CIP has been set at £306.3m, this level of improvement results in the submission of a break-even financial plan for the System. £306.3m of CIP equates to 7.2% of organisational cost base / system total income. The level of CIP delivery currently seen as high risk is £143.6m (46.9% of the total plan) which has slightly reduced from the plan position.

Providers will continue to lead on driving productivity improvements in their own organisations but there will be agreed standardised improvement targets so that all are improving productivity in their organisation at the same rate.

Pre pipeline schemes have reduced by £53.1m with the remaining £14.2m being in relation to Enabling Functions aligned to the Provider Collaborative although the CIP value is held in the ICB's financial position. Unidentified schemes have reduced by £15.7m to just £4.7m which continues to be developed by UHNM. Overall, £151.2m of CIP is either 'Implemented' or has its plan 'Fully Developed', this is a good position as the end of M02 is approached although further work is still clearly required to continue CIP development. The Regional ask to have all schemes Fully developed (or better) by the 16 May was not however achieved.

The delivery of the financial and operational plans requires full System participation including Primary Care and whilst national collective action has paused, some local actions are still in place. Primary Care (general practice) contribution to efficiency and productivity in 2025/26 is through:

1. The Provider Collaborative as a collective partner delivering on the neighbourhood health agenda and any in-year delivery priorities agreed. Primary Care Collaboratives are emerging across SSOT to create a strong and unified general practice voice to engage with and feed out of the system (including at the Provider Collaborative). Progress is being made but an approach has not fully emerged across all of SSOT and therefore this will continue to be an ongoing action that the Primary Care Team supports. This could therefore risk progress if general practice is not fully represented and engaged at Provider Collaborative level.
2. General practice provider productivity and efficiency activities (managing activity out of hospital settings). 18.6% more appointments have been delivered over the last 5 years (3.7% per year) and general practice become more productive with the introduction of a number of new reforms which continue to drive improvements across the healthcare system (including Pharmacy First, care navigation, ARRS roles, digital approaches as part of a modern general practice approach and winter hubs). Good progress has been made, and actions continue into 25/26 to maximise opportunities.

Key Controls Framework

- Monthly monitoring of the delivery of all efficiency plans by the TDU across the System and reporting on progress through System Performance Group and Finance and Performance Committee.
- Weekly System Collaborative Programme meetings.
- Weekly System/IFP finance deputies meetings held to support System meetings.
- Weekly System CFOs meeting.
- Fortnightly System Senior Leadership Team meetings.

Assurance Map

| Defence Line | Sources of Planned Assurance | Q1 | Q2 | Q3 | Q4 |
|-------------------------------------|--|----|----|----|----|
| 1 st Line (organisation) | Bi-monthly System finance reports articulating risk / mitigations. | ● | | | |
| | Responsibility for acute productivity improvement taken forward by Providers. Progress reported to System Finance & Performance Committee. | ● | | | |
| 2 nd Line (system) | System Finance Report to Finance & Performance Committee. | ● | | | |
| | System Performance Report to Finance & Performance Committee. | ● | | | |
| | QIA Process incl. reports to Quality & Safety Committee to support checking of schemes from productivity programmes | ● | | | |
| | Productivity Report to System Performance Group. | ● | | | |
| 3 rd Line (external) | Annual value for money assessments completed by external auditors. | ● | | | |
| | NHSE & Auditor review of QIA process that supports all schemes rolled out for Efficiency Programme | ● | | | |
| | Internal audit review of efficiency programme plans, and delivery. Findings presented annually at the March Audit Committee | | | | |

Gaps in Control or Assurance

What are the gaps to be addressed to improve adequacy of assurance?

- Under-delivery of £5.6m in M01.
- Regional ask to fully develop all schemes by 16 May was missed.

FUTURE Actions
(Actions to Increase Assurance or to Reduce Likelihood / Consequence Scores)

| No. | Action Required | Outcome of Action | Lead Director | Next Quarter's Planned Actions |
|-----|--|----------------------|-----------------------|--|
| 1 | Continue to develop and apply the agreed System approach to improving productivity encompassing all sectors. | Additional assurance | Chief Finance Officer | To be encompassed within the I&I work and reported to the Finance and Performance Committee quarterly. |
| 2 | Further support projects are currently being considered and scoped to further deliver against financial improvement targets/CIP. | Additional assurance | Chief Finance Officer | MPFT: Non-pay, Contracts and Procurement UHNM: Job plan activity delivery Provider Collaborative: Enabling Functions improvement support, scope received and approved by the Provider Collaborative Board, submitted for final agreement |
| 3 | Primary Care Collaboratives fully in place covering all of SSoT | Additional assurance | Chief Medical Officer | Continued support to emerging primary care collaboratives including shared learning approaches. |



SBAF 8: Sustainable Workforce

People, Culture & Inclusion Committee | Chief People Officer

Risk Description and Impact on Strategic Ambitions

| | | | |
|-----------------------------|--|------------|---|
| Cause (Likelihood) | If recruitment activity across the ICS reduces due to financial pressures; and there is an ongoing reduction in recruitment to non-registered and / or trainee posts, | | |
| Event | then workforce gaps will increase, employee health and wellbeing will be affected, and turnover may increase; and the future pipeline will destabilise. | | |
| Effect (Consequence) | resulting in the inability to meet the requirements of the NHS Long Term Workforce Plan, deterioration of employee health, wellbeing and retention, with actual or potential impact on service delivery and quality of care. | | |
| SA1 | Improve Health and Wellbeing Outcomes | SA3 | Achieve a sustainable and resilient Integrated Care System |
| SA2 | Address inequalities in access, experience and outcomes from health and social care services | SA4 | Working in partnership with communities to achieve social, economic and environmental community development |

Risk Assurance and Tolerance

| Quarter | Q1 | Q2 | Q3 | Q4 | Risk Tolerance Statement | Linked Risks | | |
|---------------------------------------|-------------|----|----|----|---|--------------|----|---|
| Risk Level (Low/Moderate/High) | High | | | | Tolerance is high in recognition of the workforce pressures and financial position in health and social care. It may not be possible to deliver the Long-Term Workforce Plan, secure a robust future pipeline, retain people in the current climate and deliver the demand within the workforce constraints and current productivity levels. The system work programmes will focus on reform, collaboration, productivity, maintaining safe staffing levels, and developing operational and innovative approaches to reduce the impact. | Low | 2 | ↑ |
| | | | | | | Mod | 4 | → |
| | | | | | | High | 10 | ↑ |

Assurance Assessment

| | | |
|---------------------|--|---|
| Significant | High level of confidence in delivery of existing mechanisms / objectives | |
| Acceptable | General confidence in delivery of existing mechanisms / objectives | ● |
| Partial | Some confidence in delivery of existing mechanisms / objectives, some areas of concern | |
| No Assurance | No confidence in delivery | |

Rationale for Risk Level & Progress Made in the Quarter (e.g. mitigating actions to reduce risk level):

Recognising the financial challenges and challenging landscape for 2025/26, the overarching risk reflects the current workforce challenges and system position.

Summary of the risk register, rationale for the Q1 score and progress as follows:

- All risks were reviewed, and a new set of System People risks have been identified to reflect the challenging 25/26 Operational Plan, NHS & ICB Infrastructure reductions and Reform.
- All residual risk scores on the risk register are currently 16 or under.
- Regular review and scrutiny around risks continues via PCI Committee, ensuring risks are reflective of the system-wide health and social care workforce challenges.
- In addition to individual risk actions, the overarching risk is being addressed via targeted programmes of work, interventions and collaborative work at System and organisational level with evidence of an improved position in several areas including retention, wellbeing and strengthening the future pipeline.

- Whilst turnover is decreasing, and sickness absence rates remain high therefore actions continue at Trust and System level to prevent further deterioration through prevention and targeted support. All monitored and driven via the ICS Employee Experience, Health and Wellbeing Sub-Committee.
- In addition, the 2024 Staff Survey Results have been analysed at Trust and System level, with actions being identified to further improve experience and wellbeing of our workforce.
- The System OD plan is currently being reviewed to address the risk around culture, behaviour and leadership in an uncertain and financially challenged environment.
- The ICS People Delivery Plan for 2025/26 is currently being finalised. The plan will consider the overarching workforce risks, challenges and priorities, aligning to the 25/26 Operational Plan.

Key Controls Framework

- Several strategies and plans provide direction and a framework including ICS People Plan and strategic delivery plan, ICS Operational Workforce Plan, National NHS Long Term Workforce plan and Skills for Care Workforce Strategy (translated locally and plans reviewed to respond to the ambitions and targets).
- NHS Chief People Officer (CPO) forum and CPO and Deputies Forum.
- System People Assurance report to ICB Board.
- System Workforce Planning Group including collaboration on strategic, portfolio and operational planning.
- System Education, Training and Development Sub-Committee – strategy, and delivery plans on track.
- System Employee Experience and Health and Wellbeing Group – strategy in development, workstreams identified and plans on track.
- System Organisational Development (OD) Plan being reviewed
- System Leadership and Talent Steering Group, strategy and delivery plans on track.
- System Equality, Diversity & Inclusion (EDI) Group and programme activities under review.
- NHSE support and review meetings.

Assurance Map

| Defence Line | Sources of Planned Assurance | Q1 | Q2 | Q3 | Q4 |
|-------------------------------------|---|----|----|----|----|
| 1 st Line (organisation) | Trust People Committees (review and assurance) | ● | | | |
| | People Metrics, Key performance indicators and assurance reporting. | ● | | | |
| | People Risk Register and Board Assurance Framework. | ● | | | |
| | NHS Trust and ICB Vacancy Oversight process and meetings. | ● | | | |
| | Trust vacancy oversight panels. | ● | | | |
| 2 nd Line (system) | ICS People, Culture & Inclusion Committee | ● | | | |
| | People Metrics, Key performance indicators and assurance reporting presented. | ● | | | |
| | Operational Plan and workforce Controls reporting, monitoring and assurance. | ● | | | |
| | Annual deep drive of high scoring risks driving the BAF risk. | ● | | | |
| | ICB Board | ● | | | |
| | ICS People Culture and Inclusion Committee highlight and People Assurance Report. | ● | | | |
| | ICB Finance & Performance Committee | ● | | | |
| | People Metrics Report presented including agency, vacancies, workforce position, workforce controls and performance against operational plan. | ● | | | |
| 3 rd Line (external) | NHSE - System Review Meetings | ● | | | |
| | People Metrics and KPI report presented to assure performance against Operational plan | ● | | | |
| | NHSE – Regional Workforce Transformation and Development teams | ● | | | |
| | Quarterly review meetings to report and assess the progress of workforce development funding spend. | ● | | | |

Gaps in Control or Assurance

What are the gaps to be addressed to improve adequacy of assurance?

- Capacity to meet reporting and assurance requirements from NHSE
- Ability to meet demand and Long-Term Workforce Plan growth with financial deficit, workforce controls, supply, future pipeline, and availability of registrants.

- Workforce development funds limited from NHSE and other sources to support innovative future workforce supply solutions and programmes.

FUTURE Actions (Actions to Increase Assurance or to Reduce Likelihood / Consequence Scores)

| No. | Action Required | Outcome of Action | Lead Director | Next Quarter's Planned Actions |
|-----|---|----------------------|----------------------|---|
| 1 | Collaboratively review and update the long-term ICS People Plan in line with ICB Blueprint, 10 Year Plan and refreshed Long Term Workforce Plan | Additional Assurance | Chief People Officer | Once ICB Blueprint and Regional blueprint finalised, and 10-year plan published, work will commence to review the ICS People Plan and future work programmes. |
| 2 | Horizon Scanning for alternative workforce development funding sources. | Additional Assurance | Chief People Officer | Ongoing work via Sub-Committees and Delivery groups |

| | | | | | |
|--|---|--|-------------------------|--------------------------|--|
| Report to: | Integrated Care Board | | | | |
| Date: | 17 July 2025 | | | | |
| Title: | Fit and Proper Person Test Report | | | | |
| Presenting Officer: | Tracey Shewan, Director of Corporate Governance | | | | |
| Author(s): | Lia Pitarokoili, Head of Governance | | | | |
| Document Type: | Report | If Other: Click or tap here to enter text. | | | |
| Action Required (select): | Information (I) | <input type="checkbox"/> | Discussion (D) | <input type="checkbox"/> | Assurance (S) <input checked="" type="checkbox"/> |
| | Approval (A) | <input type="checkbox"/> | Ratification (R) | <input type="checkbox"/> | <i>(check as necessary)</i> |
| Is the decision within SOFD powers & limits | Yes / No | YES | | | |
| Any potential / actual Conflict of Interest? | Yes / No | NO | | | |
| Any financial impacts: ICB or ICS? | Yes / No | NO | | | |
| Any impacts on ICB Undertakings? | Yes / No | NO | | | |
| Appendices: | NHS FPPT submission reporting template | | | | |

(1) Purpose of the Paper:

The purpose of this paper is to provide assurance to the Board that the ICB is compliant with the NHSE Fit and Proper Person Test Framework for Board members (as it applies under current CQC Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014), and that robust processes are in place to assess and maintain that members of the ICB Unitary Board continue to be fit and proper.

(2) History of the Paper & Whether for I-D-S-A-R (as above):

Date

N/A

(3) Implications:

| | |
|--------------------------------|--|
| Legal / Regulatory | The Fit and Proper Person Test (FPPT) is a legal requirement under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |
| CQC / Patient Safety | The introduction of the FPPT takes into account the requirements of the CQC in relation to directors being fit and proper for their roles. |
| Financial (CFO-assured) | There could be financial ramifications if a board member is found not to be fit and proper for their roles in relation to decisions made by the board which may have a financial impact. |
| Sustainability | Sustainable compliance is achieved through an embedded, cyclical review process which ensures ongoing due diligence for all new and existing members of the Board. This includes regular updates, DoI, HR checks, and an annual revalidation process aligned with board assurance processes. |

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| | |
|---------------------------------|--|
| Workforce / Training | All board members are required to carry out all mandatory training and is documented as part of the FPPT. |
| Equality & Diversity | The FPPT process is applied consistently and transparently across all individuals, irrespective of protected characteristics. No adverse impacts relating to equality and diversity have been identified through the FPPT process. |
| Due Regard: Inequalities | Reviewed as part of the FPPT process- due regard has been given to inequalities by ensuring directors are competent to make inclusive decisions that address inequality |
| Due Regard: wider effect | Compliance with FPPT contributes to public confidence and trust in leadership, reinforcing the ICB's commitment to integrity, accountability, and high standards. |

| (4) Statutory Dependencies & Impact Assessments: | | | | | |
|---|-------------|--------------------------|--------------------------|-------------------------------------|---------|
| | | Yes | No | N/A | Details |
| Completion of Impact Assessments: | DPIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A |
| | EIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A |
| | QIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A |
| Has there been Public / Patient Involvement? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A |

| (5) Integration with the System Board Assurance Framework & Key Risks: | | | | | |
|---|---|-------------------------------------|--------------|-----------------------------|-------------------------------------|
| SBAF1 | Responsive Patient Care - Elective | <input checked="" type="checkbox"/> | SBAF5 | High Quality, Safe Outcomes | <input checked="" type="checkbox"/> |
| SBAF2 | Responsive Patient Care - UEC | <input checked="" type="checkbox"/> | SBAF6 | Sustainable Finances | <input checked="" type="checkbox"/> |
| SBAF3 | Proactive Integrated Community Services | <input checked="" type="checkbox"/> | SBAF7 | Improving Productivity | <input checked="" type="checkbox"/> |
| SBAF4 | Reducing Health Inequalities | <input checked="" type="checkbox"/> | SBAF8 | Sustainable Workforce | <input checked="" type="checkbox"/> |

| (6) Executive Summary, incl. expansion on any of the preceding sections: |
|---|
| <p>This report provides the Board with assurance of the ICB's compliance with the NHSE Fit and Proper Person Test (FPPT) Framework for Board members.</p> <p>All Executive and Non-Executive members of the Board have been assessed against the FPPT criteria using a structured framework, which includes identity verification, DBS checks, professional registration validation (where applicable), employment history, reference checks, training and development, disciplinary checks, grievance or whistleblowing checks, social media checks, and insolvency or disqualification register checks. All Fit and Proper checks have been carried out on all ICB Board members, and these have been signed off by the Chair and the Chief Executive Officer.</p> <p>Annual FPPT self-attestations have been completed, reviewed for accuracy and completeness and signed off by the ICB Chair. The Chair's FPPT self-attestation form has been completed and signed off by the Senior Independent Director.</p> <p>The Chair has received assurance from all partner organisations that each representative from their respective organisation is fit and proper to sit on the ICB Board as a partner member. The Chair has also received reaffirmation from NHS and non-NHS partner members of their ongoing commitment to their roles as a Partner Member on the ICB's Unitary Board.</p> |

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

No issues have been identified that would render any current member of the ICB Unitary Board unfit or improper to carry out their role.

The annual FPPT submission template has been completed and signed off by the Chair and was submitted to NHSE Regional Director on the 20th June 2025.

The ICB's Governance and HR teams have appropriate mechanisms in place to support ongoing FPPT compliance, including for future appointments and in response to any significant events. The FPPT process will be audited in 2027, as guidance states a review should be held at least every three years but will be continuously monitored to identify any learning / best practices.

(7) Recommendations to Board / Committee:

The Board is asked to receive the FPPT report and note the assurance provided that all members of the ICB's Unitary Board meet the Fit and Proper Person Test requirements.

Appendix 5: NHS FPPT submission reporting template

This is a submission form. If anything changes during the year, submit a new form and notify an RD immediately. Do not alter the form.

| NAME OF ORGANISATION | TYPE OF ORGANISATION <i>Select organisation</i> | | NAME OF CHAIR | FIT AND PROPER PERSON TEST PERIOD / DATE OF AD HOC TEST: |
|--------------------------------------|--|------------------|---------------|--|
| Staffordshire and Stoke-on-Trent ICB | <input type="checkbox"/> | Trust | David Pearson | June 2025 |
| | <input type="checkbox"/> | Foundation Trust | | |
| | <input checked="" type="checkbox"/> | ICB | | |

Part 1: FPPT outcome for board members including starters and leavers in period

| Role** | Total Number Count | Confirmed as fit and proper? | | | Leavers only | |
|-------------------------|--------------------|------------------------------|----|--|-------------------|--|
| | | Yes | No | How many Boad Members in the 'Yes' column have mitigations in place relating to identified breaches? * | Number of leavers | Number of Board Member References completed and retained |
| Chair/NED board members | 5 | x | | None | 1 | 1 |
| Executive board members | 9 | x | | None | 0 | 0 |
| Partner members (ICBs) | 7 | x | | None | 0 | 0 |
| Total | 21 | x | | None | 1 | 1 |

* See 3.8 'Breaches to core elements of the FPPT (Regulation 5)' in the Framework.

** Do not enter names of board members.

| | | |
|--|---|-----------------------------|
| Have you used the Leadership Competency Framework as part of your FPPT assessments for individual board members? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
|--|---|-----------------------------|

Part 2: FPPT reviews / inspections


Use this section to record any reviews or inspections of the FPPT process, including CQC, internal audit, board effectiveness reviews, etc.

| Reviewer / inspector | Date | Outcome | Outline of key actions required | Date actions completed |
|----------------------|-----------------|---|---|---|
| Internal Audit | Q3 2024/2025 | Findings identified the ICB has written procedures and guidance in place which are followed at both the recruitment of executive and non-executive members of the Board, as well as when undertaking annual FPPT reviews. A completed checklist and self-attestation form was provided for each Board Member, detailing that all relevant checks had been undertaken. The completed checklists also identified where concerns had been raised when undertaking the checks. Auditors' testing identified that all noted concerns were followed up by the Chief Executive Officer (CEO) and Chair prior to authorisation. | The ICB will review the Recruitment and Selection Policy and Recruitment SOP with a view to include reference to the FPPT policies and guidance. The ICB will continue to review and work within the ESR system to compile a report that shows immediately where information or checks are missing within the FPPT requirement for all Board Members to allow these to be followed up at the earliest opportunity. The ICB will review the ESR records to ensure, as far as possible, dates are added for each Board Member confirming when the FPPT checks have been undertaken. The ICB will continue to work with all Board Members to ensure signed self-attestation forms are provided every 12 months, which are to be brought in line with the date of individual appraisals for all by the end of June 2025 | Actions to be completed by 30/06/2025 or 30/09/2025 |

| | | | | |
|---|--------------------------|---|---|--|
| Senior Managers/HR | February 2025 | The ICB FPPT SOP was reviewed as part of its annual review cycle. The Governance Team completed a self-assessment which aimed to identify any gaps in the process and impro. The Recruitment and Selection Policy and Recruitment SOP will be reviewed as part of the policy's review cycle. | None | |
| Committee Effectiveness review | December 2024-March 2025 | During 2024/25, all ICB established committees carried out a 'Committee Effectiveness' survey to judge how the committees were carrying out their statutory obligations; All Committees have discussed the key findings and suggestions for improvement which will be part of their individual annual plan for 2025/26 as required. Key messages are listed in our Annual Report for 2024/25. | Further details can be found in our Annual Report 24/25 once published. | |
| SID/Chair | May 2025 | SID and Chair met to sign off the Chair's FPPT | None | |
| Chair/CEO | June 2025 | Chair and CEO reviewed evidence (checklists) and confirmed whether Board members are Fit and Proper | None | |
| Director of Corporate Governance/ Senior Managers | July 2025 | High level outcome of the FPPT assessment to be reported to ICB Board | None | |

Add additional lines as needed

Part 3: Declarations

| DECLARATION FOR Staffordshire and Stoke-on-Trent ICB 2024/25 | | | | |
|--|--|--|------------|---------------------------|
| For the SID/deputy chair to complete: | | | | |
| | Completed by (role) | Name | Date | Fit and proper? Yes/No |
| FPPT for the chair (as board member) | Senior Independent Director (SID) | Julie Houlder <i>Julie A. Houlder</i> | 04/04/2025 | Yes |
| For the chair to complete: | | | | |
| Have all board members been tested and concluded as being fit and proper? | Yes/No | If 'no', provide detail: | | |
| | Yes | | | |
| Are any issues arising from the FPPT being managed for any board member who is considered fit and proper? | Yes/No | If 'yes', provide detail: | | |
| | No | | | |
| <i>As Chair of [organisation], I declare that the FPPT submission is complete, and the conclusion drawn is based on testing as detailed in the FPPT framework.</i> | | | | |
| Chair signature: |  | | | |
| Date signed: | 17 th June 2025 | | | |
| For the regional director to complete: | | | | |
| Name: | | | | |
| Signature: | | | | |

Date:

| | | | | | | |
|--|--|--|-------------------------|--------------------------|-----------------------------|-------------------------------------|
| Report to: | Integrated Care Board | | | | | |
| Date: | 17 July 2025 | | | | | |
| Title: | Quality and Safety Report | | | | | |
| Presenting Officer: | Heather Johnstone, Chief Nursing and Therapies Officer (CNTO) | | | | | |
| Author(s): | Lee George, Associate Director – Quality Assurance and Improvement | | | | | |
| Document Type: | Report | If Other: Click or tap here to enter text. | | | | |
| Action Required (select): | Information (I) | <input type="checkbox"/> | Discussion (D) | <input type="checkbox"/> | Assurance (S) | <input checked="" type="checkbox"/> |
| | Approval (A) | <input type="checkbox"/> | Ratification (R) | <input type="checkbox"/> | <i>(check as necessary)</i> | |
| Is the decision within SOFD powers & limits | Yes / No | YES | | | | |
| Any potential / actual Conflict of Interest? | Yes / No | NO <i>If Y, the mitigation recommendations –</i> Click or tap here to enter text. | | | | |
| Any financial impacts: ICB or ICS? | Yes / No | NO <i>If Y, are those signed off by and date:</i> Click or tap here to enter text. | | | | |
| Any impacts on ICB Undertakings? | Yes / No | NO | | | | |
| Appendices: | Appendix A: Quality and Safety Report – Detail July 2025. | | | | | |

(1) Purpose of the Paper:

To provide assurance to the Integrated Care Board (ICB) regarding the quality, safety, experience, and outcomes of services across the entire health economy.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):

Date

This paper is a combination of corresponding papers (D/S/I) presented and discussed at Quality and Safety Committee.

This paper is a combination of corresponding papers (D/S/I) presented and discussed at system Quality Group.

(3) Implications:

| | |
|---------------------------------|---|
| Legal / Regulatory | Risks identified and managed via the Board Assurance Framework and Corporate Risk Register. |
| CQC / Patient Safety | Updates provided against relevant organisations. Continuous Quality Improvement update aligns to known links between providers and systems. |
| Financial (CFO-assured) | N/A |
| Sustainability | N/A |
| Workforce / Training | Details contained within the report relating to providers by exception. |
| Equality & Diversity | Details contained within the report. |

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| | |
|---------------------------------|---|
| Due Regard: Inequalities | Update contained within the report. |
| Due Regard: wider effect | Quality Impact Assessment update supports the ICB, and system partners, having due regard to all likely effects of decisions. |

| (4) Statutory Dependencies & Impact Assessments: | | | | | |
|---|-------------|--------------------------|--------------------------|-------------------------------------|---|
| | | Yes | No | N/A | Details |
| Completion of Impact Assessments: | DPIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>If N, why</i> Click or tap here to enter text. <i>If Y, Reported to IG Group on</i> Click or tap to enter a date. |
| | EIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Click or tap here to enter text. |
| | QIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>If N, why</i> Click or tap here to enter text. <i>If Y, signed off by QIA on</i> Click or tap to enter a date. |
| Has there been Public / Patient Involvement? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Click or tap here to enter text. |

| (5) Integration with the BAF & Key Risks: | | | | | | |
|--|------------------------------------|-------------------------------------|--|-------------|-----------------------------|-------------------------------------|
| BAF1 | Responsive Patient Care - Elective | <input type="checkbox"/> | | BAF5 | High Quality, Safe Outcomes | <input checked="" type="checkbox"/> |
| BAF2 | Responsive Patient Care - UEC | <input type="checkbox"/> | | BAF6 | Sustainable Finances | <input type="checkbox"/> |
| BAF3 | Proactive Community Services | <input type="checkbox"/> | | BAF7 | Improving Productivity | <input type="checkbox"/> |
| BAF4 | Reducing Health Inequalities | <input checked="" type="checkbox"/> | | BAF8 | Sustainable Workforce | <input type="checkbox"/> |

| (6) Executive Summary, incl. expansion on any of the preceding sections: |
|---|
| <p>The paper summarises key areas discussed by the Quality and Safety Committee (QSC) and the System Quality Group (SQG) at the meetings held in June and July 2025.</p> <p>Several key programmes of work were discussed, and the paper is intended to provide assurance to the Integrated Care Board in relation to:</p> <ul style="list-style-type: none"> • Safeguarding Adults and Children • Quality Impact Assessment • Continuous Quality Improvement • Care Home Resource Pack • System Wide Urgent and Emergency Care Winter Quality Review • Learning from the lives and deaths of people with a learning disability and autistic people |

| (7) Recommendations to Board / Committee: |
|--|
| <p>Members of the Integrated Care Board are asked to:</p> <ul style="list-style-type: none"> • Receive this report, seek clarification, and further action as appropriate. • Be assured in relation to key quality assurance and patient safety activity undertaken in respect of matters relevant to all parts of the Integrated Care System. |

Appendix A: Quality and Safety Report – Detail July 2025

1.0 Safeguarding Adults and Children

1.1 From 1st April 2025, in Staffordshire and Stoke-on-Trent, the Multi-agency Safeguarding Hub (MASH) has been renamed the Safeguarding Integrated Front Door (SIFD). The SIFD remains the point of contact for enquiries and referrals relating to children and young people made by professionals, families, and the public with the intention to deliver:

- Fewer points of contact and referral and fewer referral forms, making it simpler for professionals and families to get the right help.
- Working towards improved co-location and integration of professionals to assist in information sharing and decision making.
- Effective information sharing between professionals informs decision making and avoids children and families telling their stories multiple times and allows for the appropriate timely response to need.

1.2 Workshops have been held in May and June 2025 where partner agencies have been working together to discuss ideas for change and how we can collectively improve.

2.0 Quality Impact Assessment (QIA)

2.1 The production of QIAs (within scope of the policy) has been embedded into the financial governance arrangements for the development of the ICB's efficiency programme. Work is currently underway to strengthen the visibility of reporting of the ongoing monitoring of quality impacts following the implementation of ICB efficiency schemes. This approach has been iteratively developed since May 2025 and reported through Efficiency Oversight Group, Finance and Performance Committee and Quality and Safety Committee to support the improvement of joint oversight and monitoring.

2.2 Representatives from both upper-tier local authorities have been invited to participate in the ICB's QIA Panels to support strengthened QIAs through different professional/experiential perspectives. The ICB's Quality and Safety Committee, which both upper-tier councils are committee members of, provides assurance to the Board that a robust QIA process is in place and implemented effectively.

2.3 NHS England, on the request of the ICB, is conducting an independent review of the ICB's QIA process to evaluate the robustness and effectiveness of the ICB's QIA process. Findings are expected at the end of July 2025. Further, the National Quality Board (NQB) have published (June 2025) a QIA Framework which provides good practice principles and guidance for undertaking QIAs as part of the decision-making process. This framework updates the 2012 NQB how-to guide. Representatives from the ICB contributed to NHS England's engagement prior to publication. Both documents will inform and support the continuous improvement of the ICB's QIA Policy.

2.4 The ICB, as part of implementing a continuous quality improvement approach, is using the application of Lean improvement and implementation techniques to create process efficiencies. Using the Pareto principle (80/20 rule) to understand how to achieve the greatest impact when supporting the timeliness of QIAs, it has been identified that the area of focus should be schemes which originate outside of the Portfolio areas e.g., system and provider collaboratives. Targeted support work is taking place to embed quality buddies within the workstreams to support these areas. Further, to reduce duplication and create administrative efficiencies, all QIA records backdated to April 2024 have been entered onto the ICB's Datix web-based information system. This approach went 'live' from 1st June 2025.

3.0 Continuous Quality Improvement (CQI)

3.1 The latest joint, Shropshire, Telford and Wrekin ICS and Staffordshire and Stoke-on-Trent ICS, Quality Improvement Network meetings took place in April 2025 and focused on celebrating and sharing the impact of quality improvement work completed by the membership over the last year. The total membership of the network continues to grow with 713 people now on the distribution for these events – an increase of 56% in the past 12 months – with new members joining from across primary care, care homes and social care. The next Network meeting is scheduled to take place during July 2025 with a focus on Demand and Capacity and its links to improvement.

3.2 A CQI approach is being taken to sustainably improve the performance of community equipment provision across all delivery speeds. Midlands Partnership University Foundation NHS Trust's (MPFT) strategic quality improvement lead is providing ICB leads with coaching, advice and guidance on where and how to use quality improvement methodology with oversight at the system steering group.

4.0 Care Home Resource Pack

4.1 A resource pack to further support care homes and care staff in recognising and responding to deterioration in their residents has been published by the ICS. Developed by health and social care partners across the ICS, the pack is an updated version of the 2019 resource and brings together a suite of information, service details and support resources, as well as content on specific healthcare areas such as frailty, mental health conditions, and palliative and end of life care. The pack is available to access on the ICB website and is being distributed to care homes across Staffordshire and Stoke-on-Trent.

5.0 System Wide Urgent and Emergency Care Winter Quality Review

5.1 System Quality Group received a report detailing the work carried out by the ICB's Quality Team during the 2024/25 winter season to gain assurance of the services provided in Urgent and Emergency care areas across Staffordshire and Stoke-on-Trent. This included harm reviews undertaken for patients held in an ambulance for over 8 hours and patients within the emergency department for over 48 hours. This work has been in collaboration with system partners and all improvements and actions identified were made jointly to progress the overall patient safety and care. The reviews have confirmed no identifiable harm, although the reviews are by their nature undertaken very early so longer term harms are not captured such as deconditioning with only a limited number of moderate harms such as development of skin damage. The focus has remained on identifying the learning and working together to improve patient experiences and outcomes within the urgent and emergency care systems. It has been requested that the report is updated to include information for out of area acute hospitals that residents of South Staffordshire access and report to a future Board meeting.

6. Learning from the lives and deaths of people with a learning disability and autistic people (LeDeR) Programme Annual Report 2024/25

6.1 System Quality Group received the LeDeR Programme Annual Report 2024/25 which gave an overview of the progress and impact of the LeDeR Programme in Staffordshire and Stoke-on-Trent, in its aims to reduce premature mortality, health inequalities and improve outcomes for people living with a learning disability and autistic people. The report highlighted the key achievements of the programme, as well as areas where further improvement and development is needed.

6.2 The ICB recruited and established an internal bank LeDeR review team, with performance against the National Key Performance Indicators improving month on month; from 24% in May 2024 to 81% in April 2025. The ICB completed the backlog of all historic reviews inherited from the previous service provider, closing 47 reviews relating to notifications in 2022/23 and 2023/24.

6.3 There has been a 26% increase in the total number of notifications received, when compared with the previous year. In 2024/25, the Staffordshire and Stoke-on-Trent system observed a decrease in the average age at death; with Q1 at 63, Q2 at 62, in Q3 the average age of death decreased but increased again in Q4. The average age of death is lower than the previous year but higher than in 2022/23 and 2020-2022. The highest causes of deaths for 2024/25 were consistent with previous years: 1. Respiratory related (mainly Aspiration Pneumonia) 2. Cardiovascular Disease 3. Cancer and Septicaemia.

6.4 Where learning and improvements have been identified from reviews, these have been discussed at the LeDeR Steering Group, they have subsequently been themed/trended, prioritised, and taken forward as 'Learning into Action' during 2024/25. Progress includes but is not limited to: (i) dedicated LeDeR webpage has been produced and provides information, briefings and resources to Primary Care to support staff when providing care to people with a Learning Disability and Autistic people (ii) refresh and amend the ICB LeDeR website pages to ensure they are more user friendly to individuals with a Learning Disability and Autistic people (iii) bi-monthly LeDeR briefing has been produced for both health and social care colleagues. These briefings highlight positive practice, learning and improvements identified from reviews, along with useful resources and best practice guidance to support health and social care staff caring for

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people with a Learning Disability or Autistic people (iv) continued delivery of Dysphagia training across the whole county by the Speech and Language Teams at MPFT and North Staffordshire Combined Healthcare NHS Trust as part of 'Local Action into Learning' identified from previous reviews (v) delivery of face-to-face Epilepsy awareness training sessions to care provider, day services and supported living providers across the county by MPFT and NSCHT.

AAA Escalation & Assurance Report from Committees

Enclosure 11

| | |
|-------------------------------------|----------------------------|
| Report To: | Board |
| Date: | 17 th July 2025 |
| Reporting Committee / Group: | Quality & Safety Committee |
| Date of Meeting: | 11 th June 2025 |
| Meeting Quorate Y/N? | N |
| Presenter: | |
| Author: | |

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

The meeting was not quorate due to no provider representatives in attendance. All approval items were therefore circulated and approved virtually following the meeting.

ADVISE

Quality Impact Assessment

The committee received an overview of the QIA work programme and an update of the work taking place in relation to the ICB Efficiency Programme 2025-26.

Local Authority partners have written to NHSE to escalate their concerns regarding the deliverability and safety of the 2025/26 plan. At the request of the ICB, NHSE are undertaking a quality assurance review of the ICB's QIA process with a report due in July 2025. The outcome of the review will be presented at the Quality & Safety Committee and on to Board in August. The committee welcomed local authority representatives participating in ICB QIA panels.

The committee was assured there has been a continued improvement in the timeliness of QIAs being completed ahead of decision making. However, there was a request that

alongside any qualitative impacts, the QIA panel could try and include further quantitative data outlining the impact of any changes, for example the impact on waiting time.

The committee received and discussed the ICB 2025-26 System Plan QIA Heatmap which is in development and intended to monitor quality impacts of changes and associated monitoring of schemes.

Perinatal Quality Surveillance

The committee received an update on maternity and neonatal services accessed by women and babies from Staffordshire and Stoke-on-Trent

There is an increased ask of Maternity & Neonatal Voice Partnership Leads (MNVP) under Safety Action 7 from the Maternity Incentive Scheme Year 7. This includes mandated attendance at trust governance meetings and will impact on the capacity of the current MNVP Chair. ICBs and Providers Trusts are required to develop an action plan to demonstrate how the standard will be met. This has been raised regionally as it is a concern for a number of systems and benchmarking is taking place against national guidance. Locally an options appraisal is being undertaken.

Looked After Children Health Assessments

The committee received an overview of the current risk, compliance and progress against the recovery plan including ongoing challenges.

Some improvement has been seen against compliance for Initial Health Assessments (IHA) with the risk score being reduced to nine. Whilst there has been a decline in compliance for children placed outside of Staffordshire & Stoke-on-Trent assurance was provided there is a robust approach to ensure children are prioritised.

There has been a decline in compliance for Review Health Assessments (RHA) although the committee were informed that MPFT had recently appointed an additional member of staff to their team.

The committee welcomed the report but asked for additional data to be provided in the next report as trajectories were not on track to deliver within the agreed timescale. The committee also queried the reduction in risk score due to the variable performance and inconsistent improvement and it was agreed this should be reviewed.

ASSURE

Patient Safety Incident Response Plan

The committee received the Patient Safety Incident Response plans for the National Unplanned Pregnancy Advisory Service (NUPAS) and Midlands Partnership University NHS Foundation Trust (MPFT) for approval. The plans had been amended and updated by each respective provider.

The Committee **approved** The Patient Safety Incident Response Plan for Midlands Partnership University NHS Foundation Trust (MPFT)

The Committee **approved** The Patient Safety Incident Response Plan for the National Unplanned Pregnancy Advisory Service (NUPAS)

Continuous Quality Improvement

The committee received an update and were assured on the work taking place across the system.

The CQI network continues to be well attended with membership increasing. The next planned event will focus on demand and capacity, and how this can lead to quality improvement initiatives.

CQI leads supported a recent patient safety learning conference as part of the work to bring CQI and patient safety together.

Safeguarding Children and Adults

The committee received an update and were assured on safeguarding activity across the system.

Work is taking place across the system on the reforms within children's services. It was agreed the committee would receive a more in-depth update on this at a deep dive session.

A Child Safeguarding Practice Review has been undertaken in relation to a young person that was stabbed. Learning has been taken and will be implemented across the system in conjunction with the Violence Reduction Alliance.

Intrafamilial child sexual abuse is a priority for the safeguarding partnership and a rapid review has recently taken place around this.

System Quality Group

The committee received an overview of the System Quality Group (SQG) meeting that took place on the 6th of June 2025, with partners from across health, social care, and the wider ICS in attendance.

Assurance was provided on the previously identified risks around Right Care Right Person, paediatric dietetics and card demand within Stoke-on-Trent City Council, which continue to be monitored.

Stoke-on-Trent Joint Dementia Strategy

The committee received and approved the strategy in February 2025. However, following the meeting Stoke-on-Trent City Council requested a further period of engagement. This has now taken place with no significant changes to the strategy except minor grammatical corrections.

The strategy was **approved** under Chair's approval outside of the meeting. The ICB Board will need to ratify this decision.

System-ICB Risks / Board Assurance Framework (SBAF):

Risk Register

The committee received and noted the Risk Register. A year-end review of the risk register has been conducted by the governance team with risk owners being asked to review risk scores, target dates and mitigations, as well as identifying any risks for transfer to the issues log.

The committee:

- Agreed Risk 1430 Inadequate provision of epilepsy specialist nurse specialists to meet quality requirements across the system for children, should move to quarterly review after receiving assurance regular monitoring takes place at the CYP Portfolio Board.
- Agreed Risk 1239 Neonatal Consultant Workforce should be incorporated into the wider risk around maternity and neonatal workforce.
- Discussed concerns raised by Staffordshire County Council around a growing number of complex people struggling to secure health services. The committee were informed this is currently an issue rather than a risk. However, it was agreed this would be reviewed, with input from local authority colleagues, with a view to adding to the risk register if necessary.

Policies Approved:

None discussed.

Decisions to be Escalated to ICB Board:

- The Quality & Safety Committee **approved** The Patient Safety Incident Response Plan for Midlands Partnership University NHS Foundation Trust (MPFT)
- The Quality & Safety Committee **approved** The Patient Safety Incident Response Plan for the National Unplanned Pregnancy Advisory Service (NUPAS)
- The Quality & Safety Committee **approved** the Stoke-on-Trent Joint Dementia Strategy

AAA Escalation & Assurance Report from Committees

Enclosure 12a

| | |
|-------------------------------------|---|
| Report To: | Integrated Care Board |
| Date: | 17 th July 2025 |
| Reporting Committee / Group: | Staffordshire and Stoke-on-Trent Health and Care Senate |
| Date of Meeting: | 8 th May 2025 |
| Meeting Quorate Y/N? | Yes |
| Presenter: | Paul Edmondson-Jones, Chief Medical Officer |
| Author: | Mark Poulson, Senate Chair |

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

None discussed.

ADVISE

1) Integrated Medicines Optimisation Group (IMOG) Report, March 2025

The Senate received the highlight report which provided a summary and rationale of the key decisions from the Integrated Medicines Optimisation Group (IMOG) that took place on 7th March 2025.

- a) The revised Terms of Reference for the Health Economy NICE Implementation Group were included for information.
- b) There were 7 NICE TAs for NHSE commissioned drugs. All of these were specialised drugs and recommended for entry on the formulary as RED drugs.
- c) Tirzepatide (brand name Mounjaro) for weight loss was recommended for entry on the formulary as a RED drug, to allow for availability in secondary care weight loss clinics. This rating will be revisited, once a Task and Finish Group have considered the best way to provide the treatment in primary care and the community. The deadline for the community and primary care provision is June.

- d) The team undertook a large piece of work on the Palliative Care Formulary (Chapter 21) as there were several palliative care drugs being used in the system, which do not feature on the formulary. All of the drugs were well established products, already in use and featuring on other formularies. These drugs were sorted into 4 categories:-
1. Drugs that feature on the formulary and meet the licensing requirements, so are deemed appropriate entries.
 2. Drugs that are not on the formulary but are all licensed indications. These are recommended for entry as either GREEN or AMBER-R, which mean that the majority would be available for prescribing by any clinician, with some after recommendation by specialists.
 3. Drugs that are not on the formulary and are generally used off license and these are recommended for entry onto the formulary, with initiation by a specialist. Fact sheets have been produced to support general practice in prescribing these drugs when a specialist has recommended them.
 4. Drugs that would only be used by palliative care specialists and these are recommended for entry on the formulary as RED drugs.
- d) A position statement has been produced for the prescribing of bath and shower gels for dry skin conditions. Given the lack of evidence base to demonstrate clinical effectiveness, and national policy which considers these products to be drugs of limited clinical value, practices are being incentivised to deprescribe them and the position statement has been produced to support that work.

The Senate is **approved** IMOG decisions (b) to (e) from the meeting held on 7th March 2025.

2) Staffordshire and Stoke-on-Trent Alcohol Strategy

MM delivered the strategy as a presentation to the Senate. In response to questions/comments raised by the Senate, the following clarification points were made:-

- The Liver pathway is moving towards the implementation stage, including Fibroscan, which will support the strategy.
- The strategy is a positive move the in right direction, but more will need to be done to address this massive challenge, including addressing the high number of licensed premises in Stoke-on-Trent, which will require collaboration with Local Authorities and elected members.
- There is a need for some targets for prevention and management within acute, primary care and community settings to provide quantifiable ambitions for the short, medium and long term. These will be considered as part of the outcomes framework.
- People with lived experience were engaged and it was found that there was stigma around seeking help with alcohol use, therefore, services have taken steps to make it more accessible by making self-referral available. There are ambitions in the strategy around how to communicate in a sensitive and culturally appropriate way.
- A delivery plan will need to be developed, focusing on how to deliver the strategy in respect of prevention, access, treatment services and post treatment rehabilitation services.

The Senate **endorsed** the Staffordshire and Stoke-on-Trent Alcohol Strategy that will be delivered by the Drugs and Alcohol Partnership led by the Staffordshire Commissioners Office.

3) Community Ear, Nose and Throat (ENT) Service Specification

CB delivered the specification as a presentation to the Senate.

Following the presentation no questions or comments were raised by the Senate members.

The Senate **approved** the revised service specification for community ENT services and **noted** that the service to be commissioned is consultant led and the recommendation that the

paediatric conditions for glue ear and nosebleed will be removed from the requirement for the future service to ensure a harmonised and consistent service. The Senate **noted** the ear wax policy statement for inclusion in the Excluded and Restricted Policy and the implications for the revised community ENT service.

ASSURE

None discussed.

System-ICB Risks / Board Assurance Framework (SBAF):

The papers were taken as read. VP and TR provided a verbal update to the Senate, who received the report for information.

- The Senate received an update regarding the work to refresh the SBAF objectives for 2026-26 and confirmation that all risks in the Q4 2024-25 report would be carried forward into 2025-26 with some minor changes in wording and a change of lead committee, for SBAF 3 and 4, to The Strategic Commissioning and Transformation Committee.
- The SBAF has an acceptable rating and SBAF 3 and 4 have a partial assurance rating. The associated risk levels for SBAF 3 and 5 have remained static over the reporting period. There has been a downward trend in the risk rating for SBAF 4, indicating some positive movement. SBAF 5 remains one of the two top strategic risks for Q4, scoring 16. There is one action that is problematic within SBAF 3 but all other actions for all strategic objectives are either completed or on track.
- Audit Committee requested a review of the Risk Register due to concerns regarding some risks being noted as issues. Following a deep dive there are now 3 risks remaining on the Risk register and, despite an increase in target or inherent score for some risks, there has not been much movement on the residual scores.

Policies Approved:

None discussed.

Decisions to be Escalated to ICB Board:

- The Senate **approved** IMOG decisions (b) to (e) as summarised in the report from the meeting held on 7th March 2025.
- The Senate **endorsed** the Staffordshire and Stoke-on-Trent Alcohol Strategy that will be delivered by the Drugs and Alcohol Partnership led by the Staffordshire Commissioners Office.
- The Senate **approved** the revised service specification for community ENT services.

AAA Escalation & Assurance Report from Committees

Enclosure 12b

| | |
|-------------------------------------|---|
| Report To: | Integrated Care Board |
| Date: | 17 th July 2025 |
| Reporting Committee / Group: | Staffordshire and Stoke-on-Trent Health and Care Senate |
| Date of Meeting: | 12 th June 2025 |
| Meeting Quorate Y/N? | No |
| Presenter: | Paul Edmondson-Jones, Chief Medical Officer |
| Author: | Rachel Gallyot, Senate Chair |

Key Escalation & Discussion Points from the Committee Meeting:

| |
|--------------|
| ALERT |
| None. |

ADVISE

1) Integrated Medicines Optimisation Group (IMOG) Report April 2025

- a) A range of NICE TAs for highly specialised drugs, funded by NHSE, were recommended for entry on the formulary as RED drugs.
- b) Multiple NICE TAs have resulted in multiple drug options, for various conditions, and a process map has been developed, of how to review the pathways when there are multiple options, which will be utilised to determine the hierarchy of drugs. The process map has been applied to Ulcerative Colitis and Crohn's disease and will be utilised to review pathways going forward.
- c) Lurasidone is an expensive antipsychotic, which is prescribed a low level but, as it is not on the formulary, it is not covered by ICB Shared Care Agreements for antipsychotics. Midlands Partnership University Foundation Trust (MPUFT) have made a proposal that it should be included on the formulary, so that it can have a Shared Care Agreement to improve prescribing safety. The recommendation is for lurasidone to be entered onto the formulary with a rating of AMBER ESCA, together with clear instructions on when the drug should be utilised.

d) Guidance has been produced to support practices in deciding on the quantity of test strips they should prescribe, to diabetic patients, and to help them decide when these should be put on repeat prescription and the amount.

e) The updated ESCA approval form, for Shared Care Agreements, was shared for information.

Discussions were held regarding issues, with some practices unilaterally revoking shared care agreements. Mel Mahon, Head of Primary Care, assured that she is leading on work to try and reduce the barriers for practices to enter into Shared Care Agreements.

RG stated that the process maps should be titled 'medicines pathway'.

The Senate **approved** IMOG decisions (a) to (d) from the meeting held on 2nd April 2025. There was no community services, mental health or adult social care representation at the meeting so the paper will be sent to them for ratification.

2) Primary Care Weight Management

Following the release of the NICE TA for Tirzepatide (Mounjaro) for weight loss, an ICB Programme Board was established, to develop a new model of care for prescribing and monitoring. The criteria, decided by an NHSE Task and Finish Group, was a Body Mass Index (BMI) of over 40, together with 4 out of 5 comorbidities (hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease and type 2 diabetes). The model is a primary care delivery model, with specialist service for more complex patients, which is in line with NHSE recommendations. The delivery will be via primary care hubs, potentially with some spoke sites, to ensure good geographical access and collaboration with the voluntary sector, and community partners, to make best use of dietetic advice, physical activity, and psychological support. The aim is for a prime practice/lead provider model, which can coordinate some of the delivery across primary care. The main risk is financial and there are ongoing conversations, between Chief Finance Officers, and a further paper is being presented to Finance and Performance Committee on 1st July. The Senate was asked for their views on some of the views obtained via engagement, with primary care colleagues in the North and South East. There are further engagement sessions planned with South West primary care colleagues.

Eligibility for private patients to transfer into NHS services

The view from the engagement undertaken was that if patients still met the eligibility criteria, then they could transfer into the NHS service at the time it was established, however, if they had lost weight, and no longer met the eligibility criteria, then they could not as they were no longer in the cohort. Discussions were held and the consensus of the Senate was that the criteria must be met at the point of entry into the service.

Stoppage Criteria

There had been mixed views from the engagement undertaken, around the stoppage criteria and whether the medication could be ceased when an individual reached their target, along with whether there should be tighter stoppage criteria, in the specification, around hitting weight loss targets. The Senate members discussed the importance of compliance with the wrap around service and assurances were provided that the wraparound care is provided by providers, who already provide the wrap around care for diabetes, and they know the pathways, education groups and would recommend stopping if a patient has not engaged, or is having symptoms, and will signpost them back in. The consensus of the Senate was that the stoppage of medication needed to be summarised as clinical judgement.

The Senate clinically **approved** the clinical model for weight management across the SSOT ICB population, recognising that it will be refined as the programme progresses over the next 2 years. There was no community services, mental health or adult social care representation at the meeting so the paper will be sent to them for ratification.

3) SSOT ICS Diagnostic Strategy and Diagnostic Strategy Delivery Plan

The Strategy has been developed by working collaboratively, with providers, and has been supported by the Planned Care, Cancer and Diagnostics Board. The Strategy includes a clear local vision of how inequalities will be reduced, and it has targeted areas of focus. The key areas of focus include ensuring interventions are encouraged, reducing disparity around any additional waiting times, ensuring the correct capacity/demand and that services are meeting the needs of the population of Staffordshire and Stoke-on-Trent. Confirm and challenge processes have been undertaken, with all 3 of the main providers, to seek their support. The aim is for more personalised diagnostics, driven by AI, and using automation and innovation technologies, to lead to early detection and treatment, whilst ensuring the test has diagnostic value.

In response to questions/comments raised by the Senate, the following clarification points were made:-

- The Senate discussed the need for more emphasis on unwarranted demand, which is a massive issue, and assurance was given that there are clear demarcations of when, or when not, a diagnostic should be undertaken with the Excluded and Restricted Procedures (ERP) policy.
- Horizon scanning, for conditions like Alzheimer's, indicates that there could be thousands of patients requiring multiple scans per year, so it is about increasing the diagnostics that are required and ensuring that the provision in place is used appropriately.
- Whilst it may be possible to reduce diagnostics, that activity will shift into other services.
- A recent audit demonstrated that non-medical staff were more risk adverse, and more likely to request a diagnostic. The Senate highlighted that several requests for Non-Obstetric Ultrasound are generated from outside of general practice, including Advice and Guidance, discharge letters, 111, Out of Hours Services and other medical providers, so it is not solely about the education of non-medical prescribers/requestors.
- The Senate felt that it was good to have a clear approach, and it would be helpful to have a clear template of investigations, for certain conditions, and one way of requesting tests and asking clinical questions, which would be good consistency for messaging to patients and for things like litigation.

The Senate clinically **approved** the Diagnostic Strategy and associated Delivery Plan. There was no community services, mental health or adult social care representation at the meeting so the paper will be sent to them for ratification.

4) Value Based Healthcare Steering Group Terms of Reference

The Terms of Reference (TOR) have been developed to support the establishment of the Value Based Healthcare (VBHC) Steering Group, the formation of which was agreed at the May Senate. The TOR have been drafted following conversations held at the May Senate, with the support of the Governance Team and they are aligned to the Senate TOR. The Steering Group will not be a decision-making body and will operate within the framework agreed by the Senate. The Senate was asked to approve the TOR, the framework and the objectives of the Steering Group.

In response to questions/comments raised by the Senate, the following clarification points were made:-

- The focus of the VBHC Steering Group is enabling the portfolios to drive forward the VBHC programme. The Senate felt that there needed to be a framework to work within for VBHC.
- The Senate highlighted the importance of ensuring that there is no duplication with the portfolios.
- It was agreed that the wording in the TOR, about the group having sign off of plans, could be amended to make it clear that it is a sub-group, reporting to the Senate, and that it is not a decision-making forum.
- It was agreed that wording under section 2.1 would be included to acknowledge the existing processes in place, around building on existing work and considering the views of the key stakeholders within the portfolios.
- The aim of the programme is to have a more consistent approach to VBHC, and the areas of existing good practice can be utilised as case studies. The Steering Group will have working groups sitting under it, which will be the enabling functions for spreading VBHC and the team will be providing expert advice and peer support to the portfolios.

The Senate **approved** the Terms of Reference for the Value Based Healthcare Steering Group and agreed the framework within which the VBHC Steering Group would operate. There was no community services, mental health or adult social care representation at the meeting so the paper will be sent to them for ratification.

All the above approvals were subsequently ratified by Senate members from community services, mental health and adult social care by 24th June 2025.

ASSURE

None.

System-ICB Risks / Board Assurance Framework (SBAF):

The Senate receives the SBAF and Risk Register, for information, in May and October.

Policies Approved:

None discussed.

Decisions to be Escalated to ICB Board:

- The Senate **approved** IMOG decisions (a) to (d) from the meeting held on 2nd April 2025.
- The Senate clinically **approved** the clinical model for weight management across the SSOT ICB population, recognising that it will be refined as the programme progresses over the next 2 years.
- The Senate clinically **approved** the Diagnostic Strategy and associated Delivery Plan.
- The Senate **approved** the Terms of Reference for the Value Based Healthcare Steering Group and agreed the framework within which the VBHC Steering Group would operate.

| | | | | | | |
|--|---|---|-------------------------|--------------------------|-----------------------------|-------------------------------------|
| Report to: | Integrated Care Board | | | | | |
| Date: | 17 July 2025 | | | | | |
| Title: | Report to the ICB Board on Performance and Finance | | | | | |
| Presenting Officer: | Claire Finn – Chief Finance Officer | | | | | |
| Author(s): | Colin Fynn – Head of Intelligence and Analytics, Lauren Leadbetter – Head of System Finance | | | | | |
| Document Type: | Report | If Other: Click or tap here to enter text. | | | | |
| Action Required (select): | Information (I) | <input checked="" type="checkbox"/> | Discussion (D) | <input type="checkbox"/> | Assurance (S) | <input checked="" type="checkbox"/> |
| | Approval (A) | <input type="checkbox"/> | Ratification (R) | <input type="checkbox"/> | <i>(check as necessary)</i> | |
| Is the decision within SOFD powers & limits | Yes / No | NO | | | | |
| Any potential / actual Conflict of Interest? | Yes / No | NO <i>If Y, the mitigation recommendations –</i> Click or tap here to enter text. | | | | |
| Any financial impacts: ICB or ICB? | Yes / No | NO <i>If Y, are those signed off by and date:</i> Click or tap here to enter text. | | | | |
| Any impacts on ICB Undertakings? | Yes / No | YES <i>If Y, are those signed off by and date:</i> Click or tap here to enter text. | | | | |
| Appendices: | Performance and Finance report | | | | | |

(1) Purpose of the Paper:

The purpose of this paper is to provide the board with a summary of performance and finance as received at the System Performance Group (SPG) and discussed at the System Finance & Performance Committee (SFPC). It outlines at a high level the current position of key system metrics and aligned programme delivery against the Integrated Care System (ICS) Annual Operational Plan and our month 2 finance position.

(2) History of the Paper & Whether for I-D-S-A-R (as above):

| | Date |
|---|---------------------|
| System Performance Group (I) | 25 June 2025 |
| System Finance & Performance Committee (S, D) | 01 July 2025 |

(3) Implications:

| | |
|--------------------------------|---|
| Legal or Regulatory | Monitoring performance is a statutory duty of the ICB. |
| CQC or Patient Safety | Where non-delivery of activity indicates an adverse impact on patient safety this is investigated by the ICB Quality Team and pursued through the Clinical Quality Review Meeting (CQRM). |
| Financial (CFO-assured) | As outlined in the body of the report. |
| Sustainability | N/a |
| Workforce or Training | N/a |

| | |
|--------------------------|-----|
| Equality & Diversity | N/a |
| Due Regard: Inequalities | N/a |
| Due Regard: wider effect | N/a |

| (4) Statutory Dependencies & Impact Assessments: | | | | | |
|--|------|--------------------------|--------------------------|-------------------------------------|---|
| | | Yes | No | N/A | Details |
| Completion of Impact Assessments: | DPIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>If N, why</i> Click or tap here to enter text. <i>If Y,</i> Reported to IG Group on Click or tap to enter a date. |
| | EIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Click or tap here to enter text. |
| | QIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>If N, why</i> Click or tap here to enter text. <i>If Y,</i> signed off by QIA on Click or tap to enter a date. |
| Has there been Public / Patient Involvement? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Although there has been ICS Finance / DoF engagement in co-producing the strategy |

| (5) Integration with the System Board Assurance Framework & Key Risks: | | | | | |
|--|---|-------------------------------------|-------|-----------------------------|-------------------------------------|
| SBAF1 | Responsive Patient Care - Elective | <input checked="" type="checkbox"/> | SBAF5 | High Quality, Safe Outcomes | <input checked="" type="checkbox"/> |
| SBAF2 | Responsive Patient Care - UEC | <input checked="" type="checkbox"/> | SBAF6 | Sustainable Finances | <input checked="" type="checkbox"/> |
| SBAF3 | Proactive Integrated Community Services | <input checked="" type="checkbox"/> | SBAF7 | Improving Productivity | <input checked="" type="checkbox"/> |
| SBAF4 | Reducing Health Inequalities | <input checked="" type="checkbox"/> | SBAF8 | Sustainable Workforce | <input checked="" type="checkbox"/> |

| (6) Executive Summary, incl. expansion on any of the preceding sections: |
|--|
| <p>The report was discussed at the System Finance and Performance Committee (SFPC) on the 1st July 2025.</p> <p><u>Performance</u></p> <p>The group were updated on current operational performance. Areas of discussion focused on;</p> <ul style="list-style-type: none"> Ambulance Handover Delays continue to be a challenge with and increase in hours lost, from 3,364 in May 2024 to 5,045 during May 2025. West Midlands Ambulance Service (WMAS) indicate a potential cost increase from £3m to £6m to cover the additional operating costs. Discussion between organisations continue, with a focus on the root cause and sustainable solution. Diagnostic activity performance remains challenged in the Non-Obstetric Ultrasound modality. Actions include: internal capacity improvements at University Hospital of North Midlands (UHNM), system wide management of primary care demand and reducing inappropriate referrals from community services. Virtual Ward Utilisation is performing at 66% against at target of 80%. Variation in performance in the South of the County is the main driver through a lower uptake attributed to limited consultant engagement and issue with remote monitoring. Midlands Partnership Foundation Trust (MPFT) have now taken the lead on delivery in the South. The volume of inappropriate adult mental health out of area placements is high with 20 reported in against a plan of 5. The focus is on the mitigation plan for the loss of bed capacity in the South and the current recovery trajectory, alongside understanding delays in discharges being escalated to Local Authority colleagues. The number of children in residential care outside of Staffordshire is of concern having increased. Local Authorities have been asked for a summary and improvement plan, alongside a request to understand utilisation of capacity of non-Staffordshire residents within the County. <p><u>Finance</u></p> <ul style="list-style-type: none"> At month 2 the system position is a £16.0m deficit which is £2.9m adverse variance to plan. (Month 1 £2.2m variance). The year-to-date (YTD) variance is attributed to the ICB (£1.4m) and MPFT (£1.6m), while UHNM and NSCHT remain on plan. In response to month 1 adverse |

variance, where appropriate organisations have developed recovery trajectories. At month 2 we are in a favourable variance to the recovery trajectory of £6.4m.

- Quarter 2 deficit support funding has been received. From quarter 3 systems will be assessed against national metrics which will determine the release of the support funding.
- The system reported efficiency delivery of £11.2m behind our submitted plan of £38.9m YTD. this is made up of the ICB (£6.8m), MPFT (£3.8m), NSCHT (£0.6m) whilst UHNM have delivered 100% efficiencies against YTD plan. As a system this equates to 71% delivery. The system is forecasting to meet its year-end financial plan of break-even, subject to the receipt of £95m deficit support funding (DSF).
- Net risk has reduced to £70.5m at month 2 from £97.3m at the final plan submission, this is primarily made up of efficiency risk (£82.1m) and contract risk (£30.4m) offset by efficiency mitigations (£20.5m) and other non-recurrent mitigations (£22.4m).
- As a system we were able to submit a compliant capital plan and at month 2 we are underspending against plan by £1.2m. This is due to some timing issues for signing off specific bids with NHSE. All system partners are forecasting to spend in line with plan. Final approval for schemes funded under the Return to Constitutional Standards are approved in principle however, there remains a risk of withdrawal of the allocation until NHSE send out the memorandum of understandings having approved programmes of work.

(7) Recommendations to Board / Committee:

The Integrated Care Board is asked to:

1. Acknowledge the performance overview.
2. Acknowledge the financial position.

Performance and Finance Report

July 2025

Prepared for the ICB Board by the ICB Intelligence Team & Finance Team



Planned Care

| Programme | Measure Name | Currency | ICB / Provider | Reporting period | Current Month & direction from previous month | | Target | | Variance | Plan / baseline | Variance | Trend from April 2024 to current month |
|---|---|----------|----------------|------------------|---|---|--------------------|--|----------|-----------------|----------|--|
| | | | | | | | | | | | | |
| Planned Care: Electives | Elective - ordinary spells | Number | ICB | Apr-25 | 1,982 | ▼ | n/a | | - | 1,987 | -5 | |
| | Elective - day case spells | Number | ICB | Apr-25 | 16,207 | ▼ | n/a | | - | 15,013 | 1,194 | |
| | First outpatient attendances - Consultant-led | Number | ICB | Apr-25 | 41,024 | ▼ | n/a | | - | 39,874 | 1,150 | |
| | Follow-up outpatient attendances - Consultant-led | Number | ICB | Apr-25 | 69,602 | ▼ | n/a | | - | 64,566 | 5,036 | |
| Planned Care: Referral to Treatment (RTT) | Time to first attendance, waiting less than 18 weeks | % | ICB | Apr-25 | 67.6% | ▲ | 71.8% March 2026 | | -4.1% | 65.6% | 2.0% | |
| | Total waiting list (Referral to Treatment - Incomplete Pathways) | Number | ICB | Apr-25 | 148,397 | ▼ | 147,032 March 2026 | | 1,365 | 156,285 | -7,888 | |
| | % Patients waiting less than 18 weeks (Referral to Treatment - Incomplete Pathways) | % | ICB | Apr-25 | 60.0% | ▲ | 63.4% March 2026 | | -3.4% | 57.4% | 2.6% | |
| | % Patients waiting more than 52 weeks (Referral to Treatment - Incomplete Pathways) | % | ICB | Apr-25 | 2% | ▲ | 0.8% March 2026 | | 1% | 2.6% | -0.3% | |
| | Number patients waiting more than 65 weeks (Referral to Treatment - Incomplete Pathways) | Number | ICB | Apr-25 | 250 | ▲ | | | 250 | 0 | 250 | |
| Planned Care: Diagnostics Tests | Diagnostic test activity | Number | ICB | Apr-25 | 49,668 | ▼ | n/a | | - | 57,159 | -7,491 | |
| | Diagnostic Test Waiting List less than 6 weeks | % | ICB | Apr-25 | 63.6% | ▼ | n/a | | - | 67.6% | -4.0% | |
| Planned Care: Cancer | People treated beginning first or subsequent treatment of cancer within 31 days | % | ICB | Apr-25 | 92.5% | ▲ | 94.0% March 2026 | | -1.5% | 92.4% | 0.1% | |
| | Total patients seen within 62 days (on cancer 62 day pathway) | % | ICB | Apr-25 | 65.5% | ▼ | 75.2% March 2026 | | -9.7% | 67.4% | -1.9% | |
| | Cancer 28 day waits (faster diagnosis standard) | % | ICB | Apr-25 | 74.9% | ▼ | 80.0% March 2026 | | -5.1% | 75.5% | -0.6% | |
| | Lower gastrointestinal (GI) referrals with an Faecal Immunochemical Test (FIT) result (Year to Date Cumulative) | % | ICB | Apr-25 | 57.9% | ▼ | n/a | | - | 67.0% | -9.1% | |
| Planned Care (Local Metric) | Increase the proportion of procedures completed in outpatients or as a day case (UHNM) | % | UHNM | - | - | | n/a | | - | - | - | |
| Community | Community care contacts | Number | ICB | - | - | | n/a | | - | - | - | |
| | 52+ weeks in community services | Number | ICB | Apr-25 | 7 | ⇒ | n/a | | - | 20 | -13 | |
| | Combined elective/non-elective length of stay (LOS) - community beds | Bed days | ICB | Apr-25 | 25 | ▲ | n/a | | - | 20 | 5 | |

| Key to arrows showing direction from previous month | |
|---|--|
| ▲ | Improved with a higher value than the previous month, |
| ▼ | Improved with a lower value than the previous month |
| ▲ | Deteriorated with a higher value than the previous month |
| ▼ | Deteriorated with a lower value than the previous month |
| ⇒ | Equal to the previous month |
| n/a | not available |

| Key to variation Colour | |
|-------------------------|--------------------------------------|
| Red | Negative impact / unwanted variation |
| Green | Positive impact / desired variation |
| Yellow | No change / equal |
| Black | Not applicable / not available |

To Note:

- Community Care Contacts: Data from Community Services Data Set (CSDS) published statistics. April data released on 1st July 2025.
- Proportion of procedures completed in outpatients or day case, is based on criteria published by British Association of Day Surgery. Data available from The Model Health System, however the latest data is February 2025

Planned Care National Planning Metrics off Plan and Actions

| Area | Metric Name | Drivers for underperformance | Top 3 Planned actions provided by portfolio |
|---|--|--|---|
| Planned Care: Elective | Elective - ordinary spells | <ul style="list-style-type: none"> In April 2025, there was 1,982 Elective spell, against a plan of 1,987 (so variance of 5 spells). | <ul style="list-style-type: none"> Monitor elective activity levels to ensure continued alignment with plan or to understand whether this is part of a trend. No immediate action is required due to minimal variance in April 2025. |
| | Follow-up outpatient attendances - Consultant-led | <ul style="list-style-type: none"> In April 2025, there was 69,602 Outpatient Follow-Up attends, against a plan of 64,566 (so variance of 5,036 attends). | <ul style="list-style-type: none"> Agree and implement Indicative Activity Plans with providers, incorporating tolerances for First to Follow-Up ratios to ensure effective management and optimisation of outpatient follow-up activity. |
| Planned Care: Referral to Treatment (RTT) | Number patients waiting more than 65 weeks (Referral to Treatment - Incomplete Pathways) | <ul style="list-style-type: none"> Across all providers there were 250 patients waiting over 65 weeks to start treatment at the end of April 2025. There are 193 Staffordshire and Stoke-on-Trent patients at University Hospitals North Midlands (UHNM) and 43 at University Hospitals Derby and Burton (UHDB). At UHNM there were 90 Orthopaedic patients, and 24 in Gynaecology. At UHDB there were 17 Orthopaedic patients, and 10 Cardiology patients. | <ul style="list-style-type: none"> Continue weekly Elective Oversight Meetings at UHNM to review and improve theatre efficiency at Royal Stoke and County Hospitals. Implement plans to deliver additional elective activity from June, focusing on high-pressure specialities: Ear, Nose and Throat (ENT), Gynaecology, and Orthopaedics. Success depends on execution and capacity. |
| Planned Care: Diagnostics Tests | Diagnostic test activity | <ul style="list-style-type: none"> There were 49,668 diagnostics tests carried out in April 2025, against a plan of 57,189 (7,491, 13% less than plan). Main areas of underperformance are for Computed Tomography (6,966 less than plan, -27%), and Non-Obstetric Ultrasound (1,538 less than plan, -13%) Driver for Computed Tomography under performance is planned levels of activity at UHNM are 34% above 2024/25 actual levels, and activity levels have remained at 2024/25 levels. | <ul style="list-style-type: none"> Non-Obstetric Ultrasound referrals and backlog now being routinely triaged against British Medical Ultrasound Society (BMUS) guidelines. Second cohort of patients to be sent to the Cannock Community Diagnostic Centre via Royal Wolverhampton Trust have been identified and contacted. Although Computed Tomography activity below planned levels, at the end of April for both ICB and UHNM are over 95% of patients waiting less than 6 weeks for a test. Working with UHNM to triangulate planned extra capacity and current backlog. To be completed by end of June 2025. |
| | Diagnostic Test Waiting List less than 6 weeks | <ul style="list-style-type: none"> At the end of April 2025, 63.6%% of Staffordshire and Stoke-on-Trent patients were waiting 6 weeks or less for a diagnostic test (against an ICB target of 67.6%). There were 13,680 patients waiting over 6 weeks, of which 11,337 were waiting for a Non-Obstetric Ultrasound (NOUS). | |

Planned Care National Planning Metrics off Plan and Actions

| Area | Metric Name | Drivers for underperformance | Top 3 Planned actions provided by portfolio |
|----------------------|--|--|--|
| Planned Care: Cancer | Total patients seen within 62 days (on cancer 62 day pathway) | <ul style="list-style-type: none"> In April 2025, 65.5% of patients (on the 62-day pathway), received their first definitive treatment within 62 days. The target for April 2025 was 67.4%. This is for ICB patients at all providers. Performance by main provider was 61.0% at University Hospitals North Midlands, 72.1% at University Hospitals Derby and Burton, and 69.6% at Royal Wolverhampton. | <ul style="list-style-type: none"> Continue collaborative working group at UHNM involving Histopathology, Directorates, and Cancer Services to identify specimens for appropriate triage pathways. Conduct validation review of non-compliant cancer patient pathways to ensure correct application of pathway rules and improve compliance. Agree and implement capacity management action plans for cancer patients through the Cancer Delivery Group. |
| | Cancer 28 day waits (faster diagnosis standard) | <ul style="list-style-type: none"> In April 2025, 74.9% of patients received communication of diagnosis of cancer, or ruling out cancer, within 28 days. Although slightly under target (74.9% vs. 75.5%), performance is close to target and Royal Wolverhampton exceeded the target at 80.0%. Performance by main provider was 74.1% at University Hospitals North Midlands, 74.4% at University Hospitals Derby and Burton, and 80.0% at Royal Wolverhampton. | <ul style="list-style-type: none"> Daily and Weekly Oversight of 28-Day Patient Tracking List (PTL) at UHNM - UHNM maintains daily and weekly oversight of the 28-Day PTL, with proactive escalations to relevant specialties to ensure data completeness and prevent breaches. Implementation of iPortal Pathology Escalation Lists - iPortal pathology escalation lists have been launched with Gynaecology at UHNM, with a phased rollout planned across all cancer sites to strengthen diagnostic tracking and escalation. |
| | Lower gastrointestinal (GI) referrals with a Faecal Immunochemical Test (FIT) result | <ul style="list-style-type: none"> This measure is cumulative position throughout the year. In April 2025 57.9% of patients were referred with a Faecal Immunochemical Test (FIT) result. This is against a target of 67.0%. Although failing the April 2025 target, the position is above April 2024 performance of 43.2% Published data extracted directly from primary care clinical systems which does not reflect the actual level of performance due to coding issues. | <ul style="list-style-type: none"> Work with primary care providers to improve coding accuracy for Faecal Immunochemical Test (FIT) referrals so that reported data better reflects actual performance and supports progress toward the 67% target. |
| Community | Combined elective/non-elective length of stay (LOS) – community beds | <ul style="list-style-type: none"> In April 2025, the average Length of Stay of acute patients discharged from Community Beds was 25 days, against a plan for 20 days. Patients at Haywood Hospital had an average of 23 days, however patients at UHDB units had higher lengths of stay (Florence Nightingale Hospital 43 days, Samuel Johnson Hospital 29 days, and Sir Robert Peel 24 days). | <ul style="list-style-type: none"> Undertaking joint analysis between Business Intelligence and the Community Transformation Portfolio to assess demand and throughput for Stroke Rehabilitation at University Hospitals Derby and Burton community hospitals. |

Urgent and Emergency Care

| Programme | Measure Name | Currency | ICB / Provider | Reporting period | Current Month & direction from previous month | | Target | | Variance | Plan / baseline | Variance | Trend from April 2024 to current month |
|---------------------------------|--|----------|----------------|------------------|---|---|----------|------------|----------|-----------------|-----------|--|
| | | | | | | | | | | | | |
| Urgent and Emergency Care (UEC) | A&E Type 1-3 - less than 4 hours | % | UHNM | May-25 | 70.0% | ▲ | 78.0% | March 2026 | -8.0% | 67.9% | 2.1% | |
| | A&E Type 1 - more than 12 hours | % | UHNM | May-25 | 14.2% | ▼ | 16.65% | 2025/26 | -2.4% | 15.0% | -0.7% | |
| | Ambulance handover time (average) | Minutes | UHNM | May-25 | 01:08:25 | ▼ | 00:43:00 | March 2026 | 00:25:25 | 01:24:00 | -00:15:35 | |
| | Total Non-Electives spells | Number | UHNM | Apr-25 | 6,935 | ▼ | n/a | | - | 7,103 | -168 | |
| | Non-elective average of Length of Stay | Bed days | UHNM | Apr-25 | 7.35 | ▲ | n/a | | - | 7.8 | -0.5 | |
| | General and Acute bed occupancy | % | UHNM | May-25 | 90.9% | ▼ | n/a | | - | 91.5% | -0.6% | |
| | Average delay - bed days lost through discharge delays | Days | UHNM | Apr-25 | 3.5 | ▼ | n/a | | - | 3.1 | 0.4 | |
| | Virtual Ward Occupancy | % | ICB | May-25 | 50.0% | ▼ | n/a | | - | 80.0% | -30.0% | |
| | Urgent Community Response (UCR) referrals | Number | ICB | - | - | | n/a | | - | - | - | |
| Urgent and Emergency Care (UEC) | Urgent community response (UCR) - patients seen within 2 hours | % | ICB | Apr-25 | 80.0% | ▼ | 70.0% | | 10.0% | 70.0% | 10.0% | |
| | Ambulance Hours lost due to Handover delays > 15min (UHNM) | Minutes | ICB | May-25 | 5,045 | ▼ | n/a | | - | 3,364 | 1,681 | |
| (Local Metrics) | Readmissions | Number | ICB | Apr-25 | 300 | ▼ | n/a | | - | 917 | -617 | |

| Key to arrows showing direction from previous month | |
|---|--|
| ▲ | Improved with a higher value than the previous month, |
| ▼ | Improved with a lower value than the previous month |
| ▲ | Deteriorated with a higher value than the previous month |
| ▼ | Deteriorated with a lower value than the previous month |
| ⇔ | Equal to the previous month |
| n/a | not available |

| Key to variation Colour | |
|-------------------------|--------------------------------------|
| Red | Negative impact / unwanted variation |
| Green | Positive impact / desired variation |
| Yellow | No change / equal |
| Black | Not applicable / not available |

Notes on data:

- UCR Referrals figures for April only include Provisional data and MPFT historically does not make a provisional submission therefore no position has been provided this month.
- UCR 2 hours – Patients seen within 2 hours is based upon a limited set of referrals and does not reflect the final position, which is not yet available.

Urgent and Emergency Care Metrics off Plan and Actions

| Programme Area | Metric Name | Drivers for underperformance | Top 3 Planned actions provided by portfolio |
|---------------------------------|---|---|--|
| Urgent and Emergency Care (UEC) | Average Bed Days lost through Delayed Discharges | <ul style="list-style-type: none"> Continued high levels of high complexity patients requiring packages of care through the Discharge hubs. Performance for May 2025 was 3.4 days against a plan of 3.1 days. Despite the average Bed Days lost through Discharge Delays reducing during April there were continued issues with increased Discharges into Pathway 1. | <p>Progress the development of Departure Lounges at both sites to enable earlier discharges:</p> <ul style="list-style-type: none"> Confirm identified spaces. Complete estates feasibility studies. Submit capital bid led by Deputy Director of Strategy. Continue oversight via Task and Finish Group. <p>Pilot new patient discharge information materials at UHNM:</p> <ul style="list-style-type: none"> Finalise testing phase. Launch pilot in July in collaboration with the Hospital User Group. <p>Undertake audits across discharge pathways:</p> <ul style="list-style-type: none"> Identify learning opportunities. Inform improvements to discharge facilitator and transfer processes. |
| | Virtual Wards (VW) Occupancy | <ul style="list-style-type: none"> Underutilisation is a consistent theme, especially in the South-West. Variance in planned vs. actual beds due to delays in opening new beds and ongoing reviews of patient suitability. Performance for May 2025 was 50% days against a target of 80%. Remote monitoring targets are not being met, particularly in the South-East and Sub Acute VW. | <p>Conduct a system-wide review of Virtual Ward utilisation:</p> <ul style="list-style-type: none"> Identify barriers to occupancy. Recommend additional actions to improve uptake across sectors. <p>Implement the High Risk of Delayed Discharge (HRD) Tool pilot in ED:</p> <ul style="list-style-type: none"> Finalise development of the screening pathway. Monitor impact on Virtual Ward utilisation. <p>Deploy Pull Practitioner in the South-West sector:</p> <ul style="list-style-type: none"> Commence role in June. Track effectiveness in increasing Virtual Ward occupancy. |
| | Local Metric: Ambulance Hours lost due to Handover delays > 15min (UHNM) | <ul style="list-style-type: none"> Operational challenges continue to remain prevalent including walk-in attendances, demand and acuity challenges. Cross boundary flow into Royal Stoke from other ICBs, especially for Category 2 incidents, continues to place pressure on the front door of the emergency department (ED). Performance for May 2025 was 5,045 hours lost versus 3,364 during May 2024. | <ul style="list-style-type: none"> Hospital Ambulance Liaison Officer (HALO) model commenced on 1st June, with a phased roll out for the 24/7 model in place. Initial Bi-weekly meetings in place to support mobilisation. Expansion of scope of referrals into Integrated Care Co-ordination (ICC) during daytime hours intended to target specific age/condition cohorts for attendance avoidance. Agreement with Walsall Manor Hospital for ICC pathway into Same Day Emergency Care (SDEC), including support for Deep Vein Thrombosis (DVT), pathway document drafted. Links to be made with Royal Wolverhampton NHS Trust (RWT) to establish similar pathway. |

Provider Overview at Trust Site Level – Key Urgent and Emergency Care (UEC) Metrics for Out of ICB providers

| Metric | University Hospitals of Derby & Burton (UHDB) Queens Hospital Burton <i>(NHS Derby and Derbyshire Integrated Care Board)</i> | The Royal Wolverhampton (RWT) New Cross Hospital <i>(Black Country Integrated Care Board)</i> |
|---|--|---|
| 4-hour Performance (%) – Type 1-3 <i>[Provider level]</i> | <ul style="list-style-type: none"> May 2025 reported performance of 76.5%, an improvement of 0.6% from April 2025 (75.9%). | <ul style="list-style-type: none"> May 2025 was 80.8%, a reduction of 0.9% against April 2025 (81.9%). |
| A&E Attendances - Type 1 <i>[Site level]</i> | <ul style="list-style-type: none"> 6,974 attendances during May 2025, an increase of 2.2% against the previous month. | <ul style="list-style-type: none"> 12,847 attendances during May 2025, an increase of 4.5% against the previous month. |
| 12-hour Performance - Type 1 (%) <i>[Provider level]</i> | <ul style="list-style-type: none"> 11.7% of Type 1 attendances breached the 12-hour mark for 'Time in Department' in May 2025, a deterioration of 1.1% on April 2025. | <ul style="list-style-type: none"> 9% of all Type 1 attendances breached the 12-hour mark for 'Time in Department' in May 2025, a deterioration of 0.5% in comparison to April 2025. |
| Bed Occupancy (%) - General & Acute (G&A) <i>[Site level]</i> | <ul style="list-style-type: none"> G&A Bed Occupancy rose during May 2025 to 97.6% from 96.8% the previous month. | <ul style="list-style-type: none"> G&A Bed Occupancy rose 1.1% during May 2025 to 95.6%. |
| Virtual Wards <i>[Provider level]</i> | <ul style="list-style-type: none"> UHDB – 29 occupancy out of 40 bed capacity (72.5%) for last submission in month (22nd May 2025). | <ul style="list-style-type: none"> RWT – 84 occupancy out of 98 bed capacity (85.7%) for last submission in month (22nd May 2025). |
| Average Ambulance Handover Time <i>[Site level]</i> | <ul style="list-style-type: none"> West Midlands Ambulance Service (WMAS) and East Midlands Ambulance Service (EMAS) combined average handover time for May 2025 was 37mins 19secs, improving on the 39mins 7secs reported in April 2025. | <ul style="list-style-type: none"> WMAS average handover time for May 2025 was 25mins 27secs, improving from 29mins 30secs reported in April 2025. |
| Time Lost due to handover delays > 15 mins <i>[Site level]</i> | <ul style="list-style-type: none"> 9.1% decrease in time lost due to handover delays during March 2025, falling to a combined total of 550 hours between WMAS and EMAS. | <ul style="list-style-type: none"> Decrease of 26.2% during May 2025 in time lost, dropping the time lost by WMAS to 810 hours from 1,097 hours in April 2025. |

Primary Care and Medicines Optimisation

| Programme | Measure Name | Currency | ICB / Provider | Reporting period | Current Month & direction from previous month | | Target | Variance | Plan / baseline | Variance | Trend from April 2024 to current month |
|--|---|---------------|----------------|------------------|---|---|--------|----------|-----------------|----------|--|
| | | | | | | | | | | | |
| Primary Care | Appointments in General Practice | Number | ICB | Apr-25 | 527,483 | ▼ | n/a | - | 527,827 | -344 | |
| | Unique patients seen by an NHS dentist - adult | % (quarterly) | ICB | - | - | | n/a | - | - | - | |
| | Unique patients seen by an NHS dentist - children | % (quarterly) | ICB | - | - | | n/a | - | - | - | |
| | Units of dental activity delivered | % (quarterly) | ICB | - | - | | n/a | - | - | - | |
| | Additional Urgent Dental Care Appointments | Number | ICB | Apr-25 | 0 | ⇒ | n/a | - | 0 | 0 | |
| | Pharmacy First consultations | Number | ICB | - | - | | n/a | - | - | - | |
| Medicines Optimisation (Local Metrics) | Structured medication reviews (SMRs) conducted in general practice. (Year to Date Cumulative) | % (quarterly) | ICB | - | - | | n/a | - | - | - | |

| Key to arrows showing direction from previous month | | Key to variation Colour | |
|---|--|-------------------------|--------------------------------------|
| ▲ | Improved with a higher value than the previous month, | Red | Negative impact / unwanted variation |
| ▼ | Improved with a lower value than the previous month | Green | Positive impact / desired variation |
| ▲ | Deteriorated with a higher value than the previous month | Yellow | No change / equal |
| ▼ | Deteriorated with a lower value than the previous month | Black | Not applicable / not available |
| ⇒ | Equal to the previous month | | |
| n/a | not available | | |

Notes on data:

- Unique patients seen by an NHS dentist – adult/Children, Units of dental activity delivered – Quarterly measures and the data is expected to be published in August 2025.
- Additional Urgent Dental Care Appointments – the first month has a zero plan.
- Pharmacy First Consultations – there is a significant time lag with the data, currently up to February 2025. April 2025 due to be published in July 2025.
- Structured medication reviews (SMRs) conducted in general practice – a quarterly measure and data is not yet available

Primary Care Metrics off Plan and Actions

| Programme Area | Metric Name | Drivers for underperformance | Top 3 Planned actions provided by portfolio |
|----------------|----------------------------------|---|---|
| Primary Care | Appointments in General Practice | <ul style="list-style-type: none"> • Two bank holidays in April this year have impacted on the activity slightly. • Activity is only 344 (0.07 %) below the monthly plan. | <ul style="list-style-type: none"> • No capacity issues identified at this time in addition to the plans in place listed below. • As part of Primary Care Network (PCN) workforce plans, PCNs are looking to increase The Additional Roles Reimbursement Scheme (ARRS) workforce during the year which should result in increased activity, which has been built into the annual activity plans. • Access programme ongoing to improve patient experience and access to general practice. • Deployment of behavioural science access and screening toolkits aimed at increasing uptake of appointments. |

Mental Health and Learning Disabilities & Autism

| Programme | Measure Name | Currency | ICB / Provider | Reporting period | Current Month & direction from previous month | | Target | | Variance | Plan / baseline | Variance | Trend from April 2024 to current month |
|---|---|---------------------------|----------------|------------------|---|---|--------|------------|----------|-----------------|----------|--|
| | | | | | | | | | | | | |
| Mental Health | Active inappropriate adult acute mental health out of areas placements (OAPs) | Number | ICB | May-25 | 20.0 | ▲ | n/a | | - | 5.0 | 15.0 | |
| | Average length of stay for adult acute beds | Bed days | ICB | Apr-25 | 42.0 | ▲ | 41.1 | 2025/26 | 0.9 | 40.3 | 1.7 | |
| | Number of people who are discharged having had at least 2 NHS talking therapy appointments | Number | ICB | May-25 | 1,173 | ▼ | n/a | | - | 1,238 | -65 | |
| | Access to NHS talking therapies for anxiety and depression - reliable recovery | % | ICB | May-25 | 49.1% | ▼ | 50.0% | 2025/26 | -0.9% | 50.0% | -0.9% | |
| | Access to NHS talking therapies for anxiety and depression - reliable improvement | % | ICB | May-25 | 71.4% | ▼ | 68.0% | 2025/26 | 3.4% | 68.0% | 3.3% | |
| | Access to Specialist Community Perinatal Mental Health Services | Number, Rolling 12 months | ICB | Apr-25 | 1,215 | ▲ | 1,216 | March 2026 | -1 | 1,182 | 33 | |
| | Access to Children and Young People Mental Health Services | Number, Rolling 12 months | ICB | Apr-25 | 16,190 | ▲ | 17,273 | March 2026 | -1,083 | 14,901 | 1,289 | |
| | Access to Individual Placement Support | Number, Rolling 12 months | ICB | Apr-25 | 785 | ▲ | 1,015 | March 2026 | -230 | 820 | -35 | |
| Learning Disabilities & Autism (LD&A) | Learning disability registers, Annual health checks delivered by GPs | % (quarterly) | ICB | - | - | | n/a | | - | - | - | |
| | Reliance on MH inpatient care for adults with a learning disability | Number (quarterly) | ICB | - | - | | n/a | | - | - | - | |
| | Reliance on MH inpatient care for autistic adults | Number (quarterly) | ICB | - | - | | n/a | | - | - | - | |
| | Reliance on MH inpatient care for people with a learning disability and/or autism - children | Rate (quarterly) | ICB | - | - | | n/a | | - | - | - | |
| Learning Disabilities & Autism (LD&A) (Local Metrics) | Mean wait to complete autism assessment - Children and Young People (CYP) North | Weeks | ICB | - | - | | 26 | March 2026 | - | - | - | |
| | Mean wait to complete autism assessment - Children and Young People (CYP) South | Weeks | ICB | - | - | | 26 | March 2026 | - | - | - | |
| | Learning from Lives and Deaths Review (LeDeR) reviews within 6 months of notification of death. | % | ICB | May-25 | 100.0% | ⇒ | 100% | 2025/26 | 0.0% | 100% | 0.0% | |
| | Oliver McGowan training - Tier 1 (NHS staff) | % | ICB | Apr-25 | 11.5% | ▲ | 30% | 2025/26 | -18.5% | 30% | -18.5% | |
| | Oliver McGowan training - Tier 2 (NHS staff) | % | ICB | Apr-25 | 16.8% | ▲ | 30% | 2025/26 | -0.1 | 30% | -13.2% | |

| Key to arrows showing direction from previous month | |
|---|--|
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| ▼ | Improved with a lower value than the previous month |
| ▲ | Deteriorated with a higher value than the previous month |
| ▼ | Deteriorated with a lower value than the previous month |
| ⇒ | Equal to the previous month |
| n/a | not available |

| Key to variation Colour | |
|-------------------------|--------------------------------------|
| Red | Negative impact / unwanted variation |
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| Black | Not applicable / not available |

Notes on data:

- Learning Disabilities & Autism measures – all are quarterly indicators, data is expected to be reported in July/ August.
- **Local** Learning Disabilities & Autism measures – mean wait to complete autism assessment – April 2025 – no activity reported in one provider's report, nil return from the other provider.

Mental Health and Learning Disabilities & Autism Metrics off Plan and Actions

| Programme Area | Metric Name | Drivers for underperformance | Top 3 Planned actions provided by portfolio |
|--------------------|--|---|---|
| Mental Health (MH) | Active inappropriate adult acute mental health Out of Area Placements (OAPs) | <ul style="list-style-type: none"> Reduced Bed Availability Due to Project Chrysalis. System-wide pressure continues due to a significantly reduced number of adult acute and Psychiatric Intensive Care Unit (PICU) beds within NSCHT, linked to the mandatory implementation of Project Chrysalis, which has temporarily removed 50 beds from circulation. This has resulted in the lowest available bed stock since September 2020. Delayed Discharges Adding to Capacity. The situation is further exacerbated by a high number of patients who are Clinically Ready for Discharge but remain in beds, limiting flow and reducing availability for new admissions. 20 OAPs were reported in May 2025 (local data). 1 reported by Midlands Partnership University NHS Foundation Trust (MPFT) and 19 reported by North Staffordshire Combined Healthcare NHS Trust (NSCHT). 15 over plan (5). This is an increase on last month (11). | <ul style="list-style-type: none"> ICB are working with providers to understand the root cause analysis as to why there has been a spike in the use of Out of Area Acute admissions. The wards are operating to capacity and the Home Treatment team has increased activity, caseload, and level of risk to avoid admissions. |
| | Mean average Length of Stay (LoS) for adult acute beds | <ul style="list-style-type: none"> Although over plan, the ICB continues to benchmark well against other ICBs in England and was joint 2nd lowest in April. At 42.0 days (April 2025 – published data), 4.3% over plan (40.3). | <ul style="list-style-type: none"> Continue close monitoring of adult acute bed length of stay, noting that no immediate actions are required at this stage due to acceptable benchmarking performance. |
| | NHS Talking Therapy – access to 2 courses of treatment | <ul style="list-style-type: none"> At 1,173 (May 2025 – local data), 5.3% percentage points under the monthly target (1,238). However, year to date performance is 0.2% over plan. | <ul style="list-style-type: none"> The service are aware of this slight dip in performance and don't look to change anything based on relatively small fluctuations in one month (as long as rolling quarter results are at target). |
| | NHS Talking Therapy – Reliable Recovery | <ul style="list-style-type: none"> At 49.1% (May 2025 – local data), 0.9% percentage points under the 50% target. However, year to date performance is 50.1%. | <ul style="list-style-type: none"> If themes continued next month the service will be following up further. Performance is discussed regularly with the team leads and they are aware of this data to monitor. |

Mental Health and Learning Disabilities & Autism Metrics off Plan and Actions – cont.

| Programme Area | Metric Name | Drivers for underperformance | Top 3 Planned actions provided by portfolio |
|---|--|---|---|
| Mental Health (MH) | Access to Individual Placement Support (IPS) | <ul style="list-style-type: none"> Workforce Challenges Impacting Delivery. The 1,015 year end target will be a challenge but the teams are aiming to achieve this. There is a waiting list of 68 in the south which has been mainly caused by a number of long-term sickness's, however this has now started to recover and over the last month or so has reduced from over 100. The team anticipate clearing this over the next quarter. At 785 (April 2025 – published data), 4.3% under the monthly trajectory (820). The service reports their activity is higher than the published data | <ul style="list-style-type: none"> The teams are checking the raw data to identify any coding issues and hope to have this done by the end of July. The expansion to achieve the revised target for 2025/2026 was 3.00 Whole Time Equivalent employment specialists (2 South, 1 North). 2 of these are now in post, the 3rd starts at the end of June 2025. |
| Learning Disabilities & Autism | <p>Local Metrics:</p> <p>Oliver McGowan training - Tier 1 (NHS staff)</p> <p>Oliver McGowan training - Tier 2 (NHS staff)</p> | <ul style="list-style-type: none"> Workforce Capacity Constraints. Achieving the 30% training target has been challenging due to limited workforce capacity. The system currently relies on a single ICB trainer to deliver Tier 1 training across the entire footprint. While the number of Tier 2 trainers has gradually increased, progress has been slow as new trainers are recruited and brought up to speed, impacting the pace and scale of training delivery. Tier 1: 11.5% (cumulative to April 2025), against a target of 30%. Up from 11.0% in March 2025. Tier 2: 16.8% (cumulative to April 2025), against a target of 30%. Up from 14.2% in March 2025. | <ul style="list-style-type: none"> Maintain a regular review cycle with providers to monitor the delivery of Oliver McGowan training now being delivered within individual trusts. Continue recruitment and onboarding of trainers, ensuring they are supported to become operational as quickly as possible. |

Children and Young People, Maternity and Neonates

| Programme | Measure Name - Local metrics | Currency | ICB / Provider | Reporting period | Current Month & direction from previous month | | Target | Variance | Baseline | Variance | Trend from April 2024 to current month |
|---------------------------------|---|----------------------------|----------------|------------------|---|---|--------|----------|----------|----------|--|
| | | | | | | | | | | | |
| Children and Young People (CYP) | Asthma emergency admission (≤18) | Number | ICB | Apr-25 | 10 | ▼ | n/a | - | 29 | -19 | |
| | Epilepsy emergency admission (≤18) | Number | ICB | Apr-25 | 9 | ▲ | n/a | - | 14 | -5 | |
| | Diabetes emergency admission (≤18) | Number | ICB | Apr-25 | 8 | ▲ | n/a | - | 9 | -1 | |
| | Reduce CYP in residential care outside Staffordshire | Number | ICB | May-25 | 49.6% | ▼ | n/a | - | 47.7% | 1.9% | |
| | Reduce CYP in residential care outside Stoke-on-Trent | Number | ICB | Apr-25 | 76.8% | ▲ | n/a | - | 78.8% | -2.0% | |
| Maternity and Neonates | Stillbirth rate | rate per 1,000 | UHNM | May-25 | 5.8 | ▲ | n/a | - | 1.9 | 3.9 | |
| | Neonate Mortality rate per 1000 | rate per 1,000 (quarterly) | UHNM | - | - | | n/a | - | - | - | |
| | Brain injury rate per 1000 | rate per 1,000 (quarterly) | UHNM | - | - | | n/a | - | - | - | |
| | The % of full - term babies admitted to a neonatal unit | rate per 1,000 (quarterly) | UHNM | - | - | | n/a | - | - | - | |

| Key to arrows showing direction from previous month | |
|---|--|
| ▲ | Improved with a higher value than the previous month, |
| ▼ | Improved with a lower value than the previous month |
| ▲ | Deteriorated with a higher value than the previous month |
| ▼ | Deteriorated with a lower value than the previous month |
| ↔ | Equal to the previous month |
| n/a | not available |

| Key to variation Colour | |
|-------------------------|--------------------------------------|
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| Black | Not applicable / not available |

Notes on data:

- Maternity data is provided quarterly for Mortality, Brain Injuries and Neonatal admissions. Data is provided for the preceding months, each quarter.

Children and Young People, Maternity and Neonates Metrics off Plan and Actions

| Programme Area | Metric Name | Drivers for underperformance | Top 3 Planned actions provided by portfolio |
|---------------------------------|--|---|--|
| Children and Young People (CYP) | <p>Local Metrics: Reduce CYP in residential care outside of Staffordshire</p> | <ul style="list-style-type: none"> The data in May 2025 is 49.6%, an increase of 1.9% over the value in May 2024 (of 47.7%). This equates to 1 more CYP Placement in May 2025 than in May 2024. Monitored and managed by Local Authority. | <ul style="list-style-type: none"> This is a Local Authority metric which the ICB has no control over. The Local Authority has been approached for input. |
| Maternity and Neonates | <p>Local Metrics: Stillbirth rate (per 1,000 births)</p> | <ul style="list-style-type: none"> The rate in May 2025 is 5.8 (3 still births) which is above the May 2024 rate of 1.9 (from 1 stillbirth). | <ul style="list-style-type: none"> The stillbirth rate is actively monitored through the Quality and Oversight Forum. Monthly data is reviewed to identify variations, track trends, and explore emerging themes. Each case undergoes a detailed review through the Perinatal Mortality Review process, with eligible cases escalated to the Maternity and Newborn Safety Investigations Programme in line with established criteria. |

Community Transformation

| Programme | Measure Name - Local metrics | Currency | ICB / Provider | Reporting period | Current Month & direction from previous month | | Target | Variance | Baseline | Variance | Trend from April 2024 to current month |
|--------------------------|---|----------|----------------|------------------|---|---|--------|----------|----------|----------|--|
| | | | | | | | | | | | |
| Community Transformation | Palliative and End of Life Care (PEoLC): Prevalence rate of patients on palliative care registers to 1%. | % | ICB | May-25 | 0.8% | ▲ | n/a | - | 1.0% | -0.2% | |
| | Increase patients receiving all 8 care processes for Diabetes, receiving 3 treatment targets - Type 1 (Year to Date Cumulative) | % | ICB | May-25 | 4.6% | ▲ | n/a | - | 4.2% | 0.4% | |
| | Increase patients receiving all 8 care processes for Diabetes, receiving 3 treatment targets - Type 2 (Year to Date Cumulative) | % | ICB | May-25 | 6.6% | ▲ | n/a | - | 6.0% | 0.7% | |
| | Long-term conditions: Ensure referrals are made to the National Diabetic Prevention Programme – support for patients who are pre-diabetic | Number | ICB | Apr-25 | 465 | ▼ | n/a | - | 520 | -55 | |
| | Urgent community response (LTC): Ensure patients commence on the National Diabetic Prevention Programme (NDPP) following referral | Number | ICB | Apr-25 | 320 | ▼ | n/a | - | 300 | 20 | |
| | Reduction in number of conveyances for falls by WMAS | Number | ICB | Apr-25 | 773 | ▼ | n/a | - | 673 | 100 | |
| | Falls, Reduction in number of falls related emergency admissions - 65+ | Number | ICB | Apr-25 | 245 | ▲ | n/a | - | 315 | -70 | |
| | Care Home, Reduction emergency admissions - 65+ | Number | ICB | Apr-25 | 842 | ▲ | n/a | - | 910 | -68 | |
| | Reduction emergency admissions - all 65+ | Number | ICB | Apr-25 | 6,851 | ▲ | n/a | - | 6,864 | -13 | |

| Key to arrows showing direction from previous month | |
|---|--|
| ▲ | Improved with a higher value than the previous month, |
| ▼ | Improved with a lower value than the previous month |
| ▲ | Deteriorated with a higher value than the previous month |
| ▼ | Deteriorated with a lower value than the previous month |
| ↔ | Equal to the previous month |
| n/a | not available |

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|-------------------------|--------------------------------------|
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| Black | Not applicable / not available |

Community Transformation Local Metrics off Plan and Actions

| Programme Area | Metric Name | Drivers for underperformance | Top 3 Planned actions provided by portfolio |
|--------------------------|---|---|--|
| Community Transformation | <p>Local Metrics: Prevalence rate of patients on palliative care registers to 1%.</p> | <ul style="list-style-type: none"> Plateau in Palliative Care Identification. Although national estimates suggest that 1% of the population die annually, with 5–10% of those deaths being unexpected, local data since 2023–24 shows that palliative care prevalence within the ICB has plateaued. A slight seasonal dip was observed over winter, consistent with historical trends. This suggests the system may have reached a natural ceiling in identifying patients for palliative care, potentially limiting further improvements in early identification and proactive end-of-life planning.. | <ul style="list-style-type: none"> Continue monthly monitoring of palliative care register prevalence, recognising that current levels may reflect a natural ceiling for the population, and assess any emerging trends that may warrant further action. |
| | <p>Local Metrics: Long-term conditions: Ensure referrals are made to the National Diabetic Prevention Programme – support for patients who are pre-diabetic.</p> | <ul style="list-style-type: none"> There is a lag time between referrals being carried out and being captured in the data by providers. As with 2024/25, data will be refreshed retrospectively. The number of patients starting the programme was 465 in April 2025 (against the target of 520). | <ul style="list-style-type: none"> Refresh programme data in May 2025 If performance remains below target and 2024/25 levels, initiate further investigation to identify underlying causes and required interventions. |
| | <p>Local Metrics: Reduction in number of conveyances for falls by West Midlands Ambulance Service (WMAS)</p> | <ul style="list-style-type: none"> Sustained High Volume of Conveyances. There were 773 conveyances (ambulances to hospital) for patients identifying as falling in April 2025. This was reduction from March 2025, but still above levels in 2024/25. Year-on-Year Increase Across Most Acute Sites and Disproportionate Increase at Specific Sites. Comparing April 2024 to April 2025 there was increased levels of conveyances to all main units, with the exception of New Cross. Higher levels identified going to Good Hope Hospital (167% more) | <ul style="list-style-type: none"> Review and align specifications for falls service specifications across ICB and Local Authority commissioned services and finalise aligned specifications in preparation for Winter 2025 service delivery. Short form business case being presented to Strategic Commissioning and Transformation Committee in July 2025 to fund proactive falls service. In depth analysis to understand what's driving increases, particularly at Good Hope. Analysis to be carried out by Business Intelligence and discussed with Community Transformation & UEC portfolio by the end of June. |

Improving Population Health

| Programme | Measure Name - Local metrics | Currency | ICB / Provider | Reporting period | Current Month & direction from previous month | | Target | Variance | Baseline | Variance | Trend from April 2024 to current month |
|-----------------------------|---|---------------|----------------|------------------|---|--|--------|----------|----------|----------|--|
| | | | | | | | | | | | |
| Improving Population Health | Children and Young People - Vaccination uptake - MMR2, at 5 years | % (quarterly) | ICB | - | - | | n/a | - | - | - | |
| | Children and Young People Vaccination uptake - Pertussis maternal vaccination | % (quarterly) | ICB | - | - | | n/a | - | - | - | |
| | Hypertension (CVDP007HYP): Patients treatment to recommended age specific thresholds | % (quarterly) | ICB | - | - | | n/a | - | - | - | |
| | Cholesterol (CVDP003CHOL):Patients with QRISK 20% or more treated with lipid lowering therapy | % (quarterly) | ICB | - | - | | n/a | - | - | - | |
| | Respiratory: Flu Vaccinations (65+years) | % | ICB | - | - | | n/a | - | - | - | |
| | Respiratory: COVID Vaccinations (65+years) | % | ICB | - | - | | n/a | - | - | - | |

| Key to arrows showing direction from previous month | |
|---|--|
| ▲ | Improved with a higher value than the previous month, |
| ▼ | Improved with a lower value than the previous month |
| ▲ | Deteriorated with a higher value than the previous month |
| ▼ | Deteriorated with a lower value than the previous month |
| ⇄ | Equal to the previous month |
| n/a | not available |

| Key to variation Colour | |
|-------------------------|--------------------------------------|
| Red | Negative impact / unwanted variation |
| Green | Positive impact / desired variation |
| Yellow | No change / equal |
| Black | Not applicable / not available |

Notes on data:

- MMR2 vaccination - quarterly data published nationally. Quarter 4 2024/25 due soon.
- Pertussis maternal vaccination – The data source is IMMFORM. Data lag is 6-8 weeks.
- Hypertension (CVDP007HYP) and Cholesterol (CVDP003CHOL) measures. Data published every 3 months. Next release due 22nd July 2025 (data for quarter 4 2024/25) then 21st October 2025 (data for Quarter 1 2025/26).
- Flu Vaccinations – Activity will start in October 2025. IMMFORM monthly data to be used with lag of 6-8 weeks.
- COVID Vaccinations - Campaign expected to be October 2025 to end of January 2026. Eligibility criteria not yet confirmed. Monthly data available in Federated Data Platform with one month lag.

Staffordshire & Stoke on Trent ICS

Financial Position (May 25)

System Performance Group – 25th June

Finance & Performance Committee – 1st July



Executive Summary

This report details the aggregate financial position as at month 2.

Year to date position

At month 2 the system position is a £16.0m deficit which is £2.9m adverse variance to a £13.1m deficit plan (month 1 £2.2m variance). The year-to-date (YTD) variance sits within the ICB (£1.4m) and MPFT (£1.6m) with UHNM and NSCHT both on plan. The biggest driver of our variance to plan is the efficiency programme phasing. In response to the month 1 adverse variance, where appropriate organisations have developed recovery trajectories. At month 2 we are in a favourable variance to the recovery trajectory of £6.4m ahead due to CHC savings within the ICB being earlier in the year than anticipated.

Forecast and net risk

As a system we are forecasting to meet our year end financial plan of break even, subject to the receipt of £95m deficit support funding (DSF). Net risk has reduced to £70.5m at month 2 from £97.3m at the final plan submission, this is primarily made up of efficiency risk (£82.1m) and contract risk (£30.4m) offset by efficiency mitigations (£20.5m) and other non-recurrent mitigations (£22.4m).

Efficiency delivery

The reported system efficiency delivery YTD is £11.2m behind our submitted plan of £38.9m, this is made up of the ICB (£6.8m), MPFT (£3.8m), NSCHT (£0.6m) whilst UHNM have delivered 100% efficiencies against YTD plan. As a system this equates to 71% delivery. Further analysis is included in page 4 and with actions taken included in the Recovery Director's report section of the agenda. As a system we are reporting weekly on our efficiency plans to NHSE and monitored through regular System Performance Group meetings.

Workforce

The system workforce numbers (substantive + bank + agency) were 24,628 in May 2025. This is a reduction on month 1 of 105 WTE mainly achieved through a reduction in bank of 96 WTE's. ([page 5](#)). Month 2 workforce numbers were 43 WTE below plan which is in substantive (86 WTE) and agency (34 WTE) offset by bank which is over plan by 78 WTE.

Capital

As a system we were able to submit a compliant capital plan and at month 2 we are underspending against plan by £1.2m. This is due to some timing issues for signing off specific bids with NHSE. All system partners are forecasting to spend in line with plan. The Committee should note that final approval for schemes funded under the Return to Constitutional Standards are approved in principal however, there remains a risk of withdrawal of the allocation until NHSE send out the memorandum of understandings having approved programmes of works.

Month 2 Position

The System is reporting a year end **adverse position to plan of £2.9m** against a planned deficit of £13.1m. The main drivers for the aggregate YTD position are efficiency slippage (£11.2m) with favourable impacts in CHC (£4.9m). At month 2 we are in a favourable variance to the recovery trajectory of £6.4m ahead due to CHC savings within the ICB being earlier in the year than anticipated.

| System | Month 2 | | |
|---|---------------|---------------|--------------|
| | Plan | YTD | Variance |
| Income | 903.0 | 901.2 | (1.8) |
| Pay | (233.5) | (236.3) | (2.8) |
| Non Pay | (129.9) | (127.1) | 2.9 |
| Non Operating Items (exc gains on disposal) | (5.6) | (5.3) | 0.2 |
| ICB Expenditure | (547.2) | (548.5) | (1.4) |
| Total | (13.1) | (16.0) | (2.9) |
| | | | -0.3% |

| | Month 1 | | |
|---|----------------|----------------|--------------|
| | Plan | YTD | Variance |
| Income | 181.9 | 181.9 | 0.0 |
| Pay | (116.9) | (118.5) | (1.6) |
| Non Pay | (65.1) | (64.4) | 0.6 |
| Non Operating Items (exc gains on disposal) | (2.8) | (2.6) | 0.1 |
| ICB Expenditure | (273.9) | (275.4) | (1.5) |
| Total | (276.8) | (279.1) | (2.2) |

| UHNM | Month 2 | | |
|---|--------------|--------------|--------------|
| | Plan | YTD | Variance |
| Income | 214.6 | 211.9 | (2.7) |
| Pay | (130.0) | (131.6) | (1.5) |
| Non-Pay | (85.2) | (81.4) | 3.7 |
| Non Operating Items (exc gains on disposal) | (6.4) | (5.9) | 0.5 |
| TOTAL Provider Surplus/(Deficit) | (6.9) | (6.9) | (0.0) |
| | | | 0.0% |

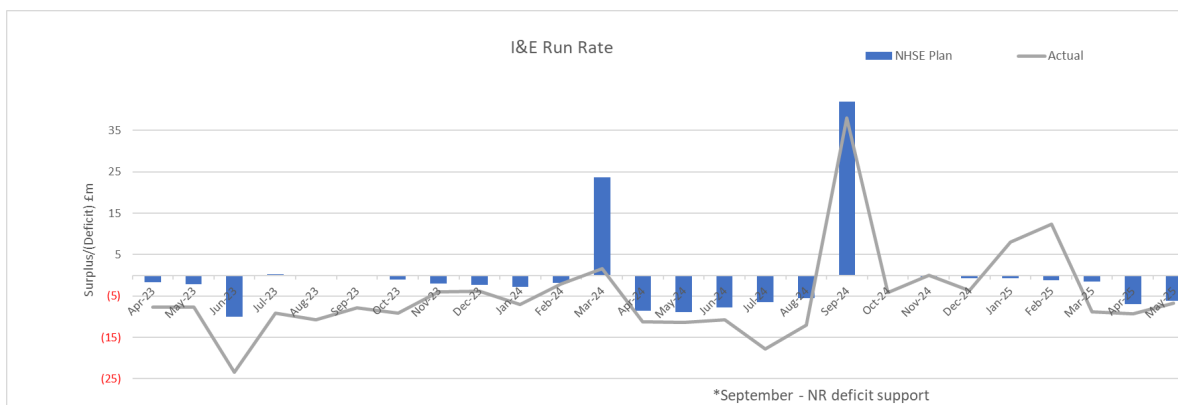
| | Month 1 | | |
|---|--------------|--------------|--------------|
| | Plan | YTD | Variance |
| Income | 107.5 | 106.0 | (1.5) |
| Pay | (65.2) | (66.1) | (0.9) |
| Non-Pay | (42.7) | (40.5) | 2.2 |
| Non Operating Items (exc gains on disposal) | (3.2) | (2.9) | 0.3 |
| TOTAL Provider Surplus/(Deficit) | (3.6) | (3.6) | (0.0) |

| ICB | Month 2 | | |
|------------------------------------|--------------|--------------|--------------|
| | Plan | YTD | Variance |
| Allocation | 539.6 | 539.6 | 0.0 |
| Expenditure | (547.2) | (548.5) | (1.4) |
| TOTAL ICB Surplus/(Deficit) | (7.6) | (8.9) | (1.4) |
| | | | -0.3% |

| | Month 1 | | |
|------------------------------------|--------------|--------------|--------------|
| | Plan | YTD | Variance |
| Allocation | 269.8 | 269.8 | (0.0) |
| Expenditure | (273.9) | (275.4) | (1.5) |
| TOTAL ICB Surplus/(Deficit) | (4.1) | (5.6) | (1.5) |

| MPFT | Month 2 | | |
|---|------------|------------|--------------|
| | Plan | YTD | Variance |
| Income | 119.4 | 120.3 | 0.8 |
| Pay | (85.7) | (86.8) | (1.2) |
| Non-Pay | (33.1) | (34.1) | (1.0) |
| Non Operating Items (exc gains on disposal) | 1.0 | 0.7 | (0.2) |
| TOTAL Provider Surplus/(Deficit) | 1.6 | 0.0 | (1.6) |
| | | | -1.3% |

| | Month 1 | | |
|---|------------|------------|--------------|
| | Plan | YTD | Variance |
| Income | 59.7 | 60.3 | 0.6 |
| Pay | (42.8) | (43.4) | (0.6) |
| Non-Pay | (16.6) | (17.2) | (0.6) |
| Non Operating Items (exc gains on disposal) | 0.5 | 0.4 | (0.2) |
| TOTAL Provider Surplus/(Deficit) | 0.9 | 0.1 | (0.8) |



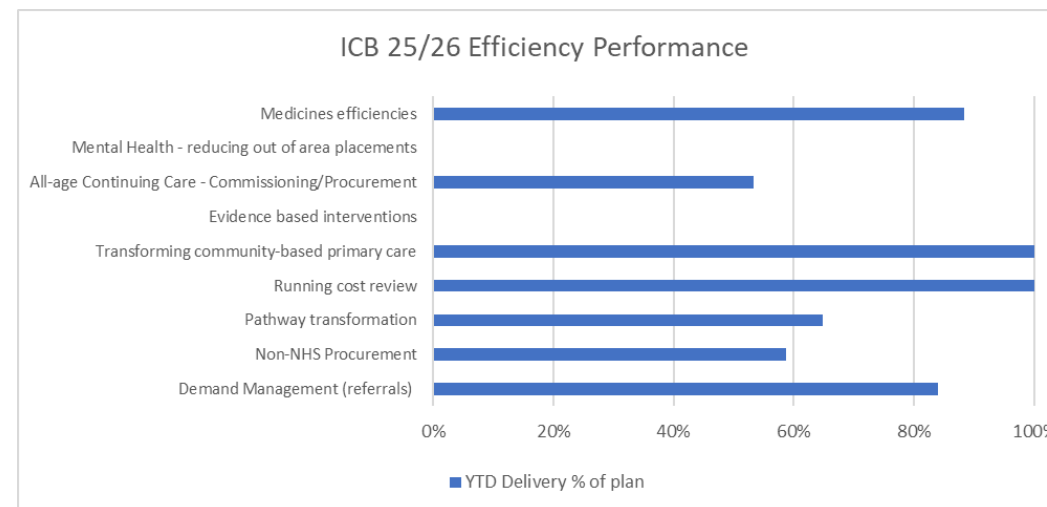
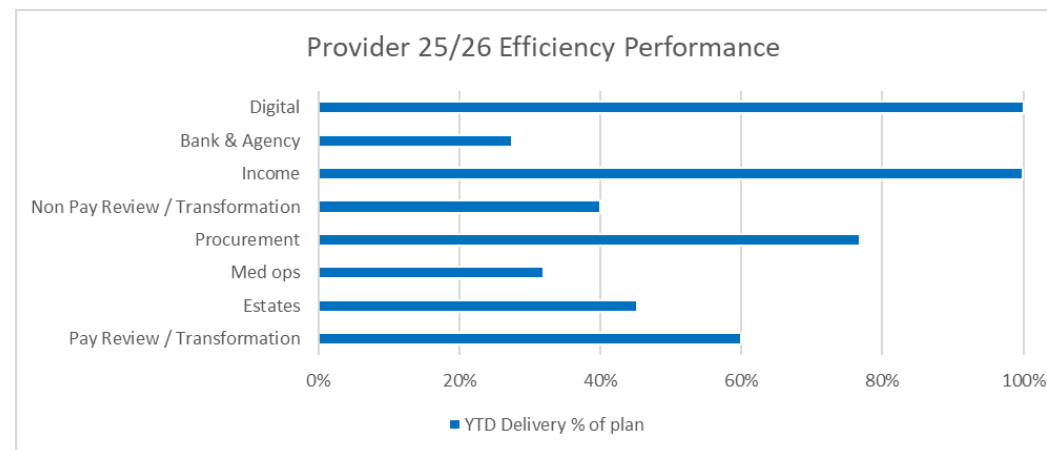
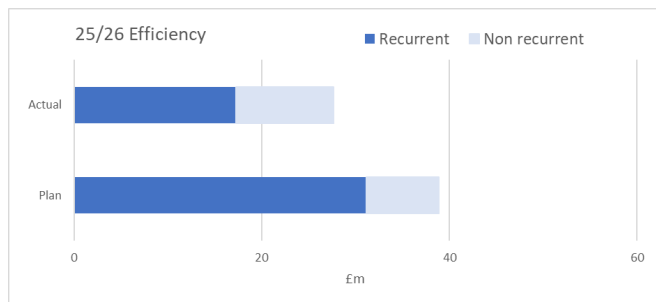
| NSCHT | Month 2 | | |
|---|--------------|--------------|------------|
| | Plan | YTD | Variance |
| Income | 29.4 | 29.4 | 0.0 |
| Pay | (17.7) | (17.9) | (0.2) |
| Non-Pay | (11.7) | (11.5) | 0.1 |
| Non Operating Items (exc gains on disposal) | (0.2) | (0.1) | 0.0 |
| TOTAL Provider Surplus/(Deficit) | (0.2) | (0.2) | 0.0 |
| | | | -0.1% |

| | Month 1 | | |
|---|--------------|--------------|------------|
| | Plan | YTD | Variance |
| Income | 14.7 | 15.7 | 1.0 |
| Pay | (8.9) | (9.0) | (0.1) |
| Non-Pay | (5.8) | (6.7) | (0.9) |
| Non Operating Items (exc gains on disposal) | (0.1) | (0.1) | 0.0 |
| TOTAL Provider Surplus/(Deficit) | (0.1) | (0.1) | 0.0 |

Efficiency

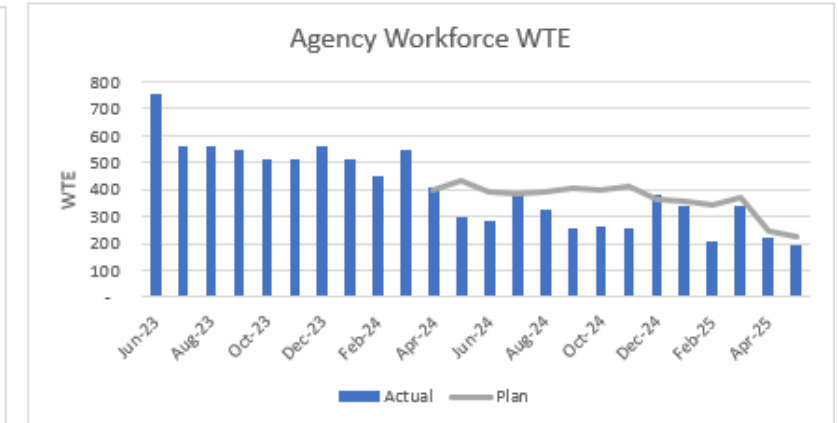
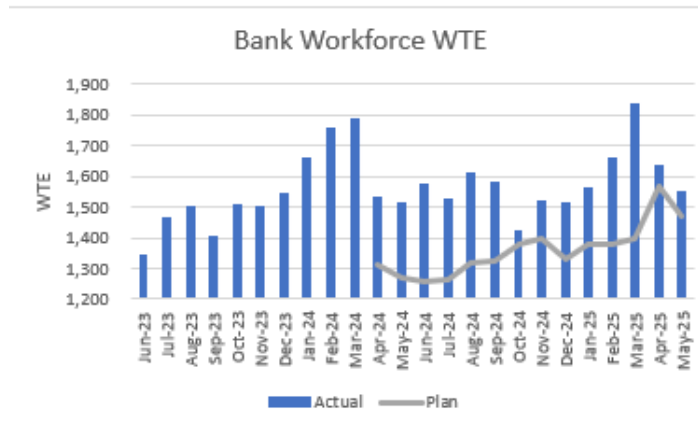
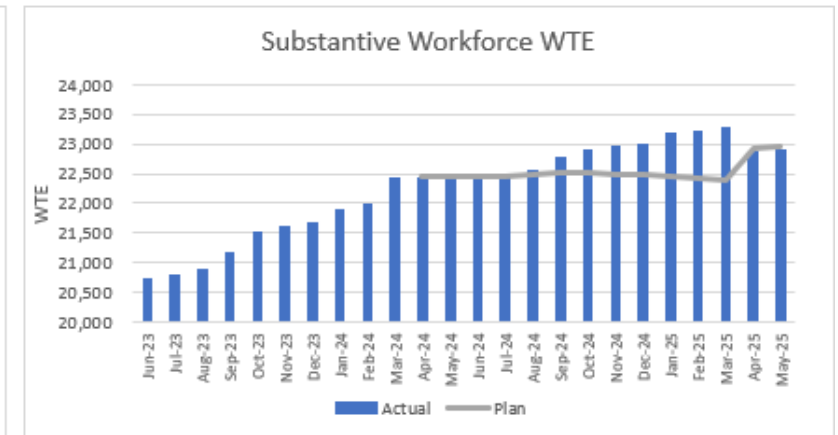
- The reported system efficiency delivery YTD is £11.2m behind our submitted plan of £38.9m, this is made up of the ICB (£6.8m), MPFT (£3.8m), NSCHT (£0.6m) whilst UHNM have delivered 100% efficiencies against YTD plan.
- As a system this equates to 71% delivery.
- The adverse delivery compared to plan is within MPFT (£3.8m), the ICB (£6.8m) and NSCHT (£0.6m) with UHNM currently on plan with delivery of their efficiencies.
- Following month 1 system partners were asked to submit recovery trajectories mainly in response to a behind plan CIP delivery. Against the recovery trajectory the system is ahead of plan, mainly in the ICB (£4.9m). UHNM did not rephase their recovery plans, MPFT are ahead of trajectory by £0.9m and NSCHT by £0.5m.

| Total Efficiency Delivery | YTD (£'m) | | | | |
|---------------------------|-----------|------|------|-------|-------|
| | ICB | UHNM | MPFT | NSCHT | ICS |
| Plan | 24.9 | 4.1 | 9.0 | 0.9 | 38.9 |
| Actual | 18.0 | 4.1 | 5.2 | 0.3 | 27.7 |
| Variance | -6.8 | -0.0 | -3.8 | -0.6 | -11.2 |
| % delivered | 72% | 100% | 58% | 36% | 71% |



Workforce

- The system workforce numbers (substantive + bank + agency) were 24,628 in May 2025. This is a reduction on month 1 of 105 WTE mainly achieved through a reduction in bank of 96 WTE's. The majority of this bank decrease is at UHNM (77 WTE).
- Month 2 workforce numbers were 43 WTE below plan which was seen in substantive (86 WTE) and agency (34 WTE) offset by bank which is over plan by 78 WTE.
- As a system we were within our agency ceiling by 4.2% (£894k), however we were over our bank ceiling metric by 2.3% (£1.8m). The difference to plan was within MPFT and was a preferred move to bank over agency staffing.
- When we compare to May 24 there has been an overall increase in the workforce of 359 WTE equivalent to 1.5% growth, the majority of which is substantive and has been attributed to funded business cases or delivery of ERF.



Capital

| Category | YTD £000 | | |
|--|--------------|--------------|----------------|
| | Plan | Spend | Variance |
| Capital allocation | 1,511 | 1,048 | (463) |
| CDEL | 4,140 | 3,554 | (586) |
| Return to Constitutional Standards | 1,775 | 1,802 | 27 |
| 2025/26 Estates Safety | 150 | 0 | (150) |
| 2025/26 Mental Health: Reducing Out of Area Placements | 0 | 0 | 0 |
| Total | 7,575 | 6,404 | - 1,171 |

| By organisation | YTD £000 | | |
|---------------------|--------------|--------------|----------------|
| | Plan | Spend | Variance |
| MPFT | 2,609 | 388 | (2,221) |
| UHNM | 3,862 | 5,010 | 1,148 |
| NSCHT | 1,104 | 1,006 | (98) |
| System total | 7,575 | 6,404 | - 1,171 |

- For Month 2 expenditure actuals were £1.2m behind plan due to confirmation of funding for MPFT from NHSE which has led to some design delays. This was offset by an overspend at UHNM due to some capital coming in slightly earlier than expected.
- The system is still forecasting to be on plan with their capital spend.

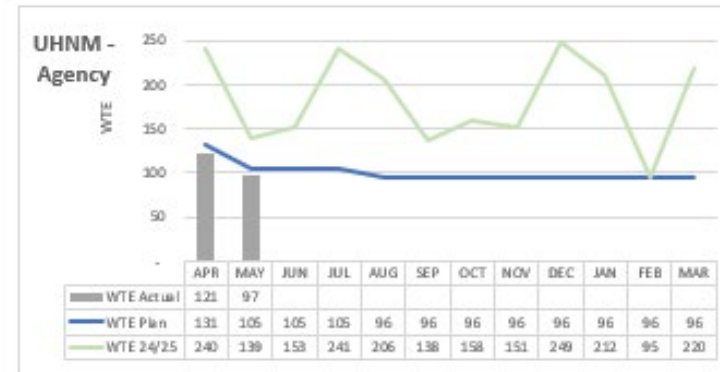


**Staffordshire and
Stoke-on-Trent**
Integrated Care System

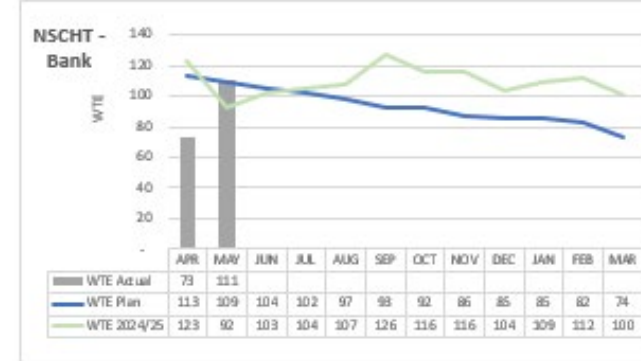
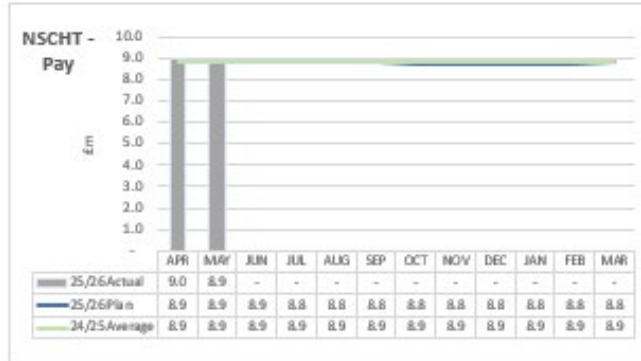
Appendices



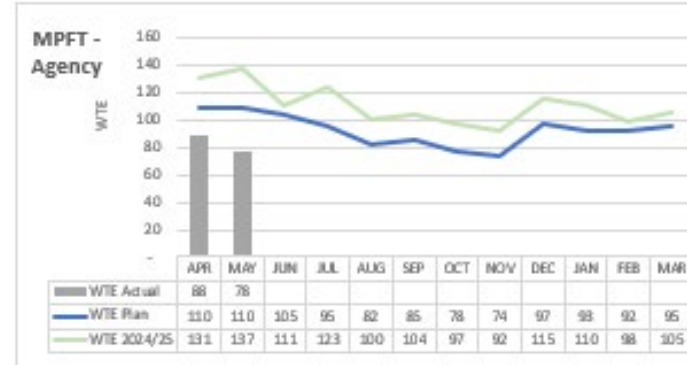
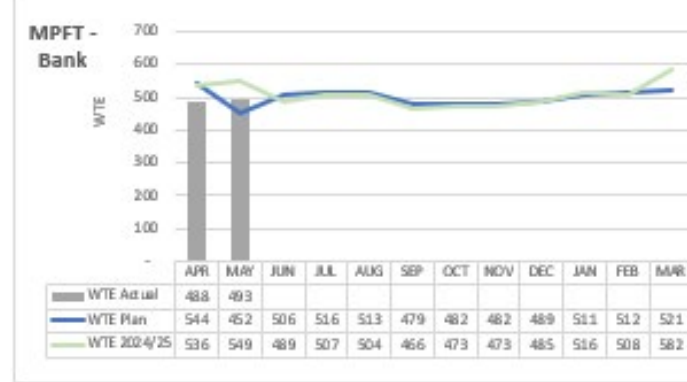
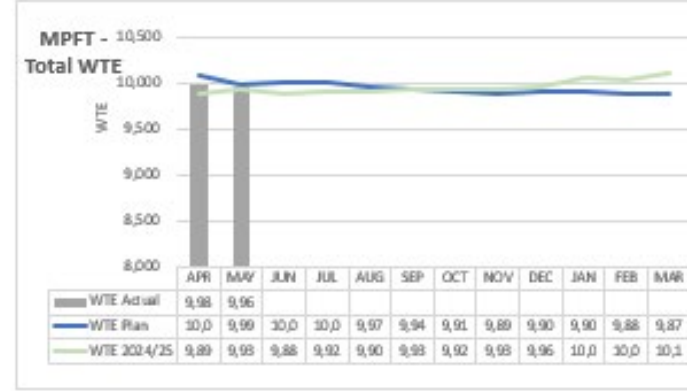
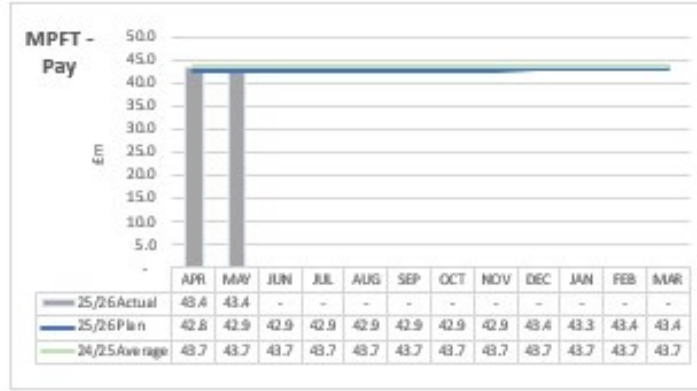
Provider – UHNM Run Rate



Provider – NSCHT Run Rate



Provider – MPFT Run Rate



AAA Escalation & Assurance Report from Committees

Enclosure 14a

| | |
|-------------------------------------|---|
| Report To: | Board |
| Date: | 17 th July 2025 |
| Reporting Committee / Group: | Finance and Performance Committee (System & ICB) |
| Date of Meeting: | 3 rd June 2025 |
| Meeting Quorate Y/N? | ICB – Yes System - No |
| Presenter: | Josie Spencer, Non-Executive Member and Committee Chair |
| Author: | Kelly Weatherill, Executive Assistant |

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

There were no key escalations or discussion points undertaken that the Committee felt needed to be alerted to Board.

ADVISE

System Finance and Performance Committee (*formerly Part A*)

Update on plans to deliver the £306m system savings

The Committee were updated on the ongoing work in support of the System under the Investigation & Intervention regime and to show progress against development and delivery of the £306.3m 2025/56 CIP plan.

The approved business cases for the £1.6m Deloitte I&I support remain in place with various support projects now ongoing. Three further support requests are being scoped to support improvement delivery.

Month 1 CIP delivery is £13.7m against a plan of £19.3m, which is £5.6m adverse to plan.

As part of 2025/26 financial plan submission, the System CIP has been set at £306.3m, this level of improvement results in the submission of a break-even financial plan for the System. £306.3m of CIP equates to 7.2% of organisational cost base / system total income. The level of CIP delivery currently seen as high risk is £143.6m (46.9% of the total plan) which has slightly reduced from the plan position.

System Performance Group - Escalation Report

The Committee were provided with a summary of the key issues emerging from the in-depth discussions that had taken place at the System Performance Group (SPG) on Wednesday 21st May.

Aggregate financial position – 2025/26

Month 1 is a limited reporting period due to accounts preparation priorities and limited data feeds, particularly for prescribing and activity in the ICB. As at month 1, the system reported an actual deficit of £9.3m which is an adverse variance of £2.2m. £13.7m of efficiencies were delivered in month 1, which equates to 71% of the year-to-date plan, which is £5.5m adverse variance to plan. Net risk is not reported at month 1 and will therefore be included in the month 2 reporting. The Committee were assured that the system remains focussed on the delivery of the full £306m target and closing the remaining gap to ensure system breakeven.

System workforce numbers (substantive + bank + agency) were 24,678 in April. This is 97wte less than plan, however there was an adverse variation of 118wte in University Hospital of North Midlands (UHNM) bank staff.

It was advised that the position from NHS England (NHSE) regarding deficit support (£95m assumed within the balanced plan) is that this will not be allocated to systems which do not deliver their financial plans.

The report highlighted the position regarding delivery of the capital plan, including the work of the System Capital Group (SCG).

There were no specific issues escalated to the Committee in relation to the month 1 financial position, however it was agreed that the risk relating to the loss of deficit support would be flagged, should the plan not be delivered.

Performance and Programmes Report

Due to the early timing of SPG in May, the detailed performance report was not available to review at SPG. The Committee received the report as an appendix to the Escalation Report, and the headlines were outlined as follows:

Priority 1: Eliminate delays in access to treatment and long waits for care

32 metrics in total, 15 not performing to plan. Virtual ward, 12 hour waits, improving access to perinatal mental health, Meant waits to start autism assessment and complete assessment (North and South); Reduction in outpatient follow up; eliminating 65 week waits; increase theatre utilisation; Cancer 28 day faster diagnosis; cancer patients seen within 62 days and dental activity delivered (year-end)

Priority 2: Improving access to high quality, sustainable primary care 7 metrics in total, 2 not performing to plan.

Priority 3: Delivering joined up proactive & preventative support & care 22 metrics in total, 4 under plan, Eliminating Out of Area Placements, Prevalence rate of palliative care registers, Neonatal mortality rate and Brain injury rate.

Priority 4: Delivering compassionate care of the frail and elderly 11 metrics in total, 2 not performing to plan. Improve access to falls service from A&E (Staffordshire), and Discharge to usual place of residence (Staffordshire).

Priority 5: Supporting Care Home Residents

6 metrics in total, 2 of which continue to be under plan: Percentage of Care Home Patients with Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) documentation and Mean number of multidisciplinary team meetings per care home resident.

The report also noted the update provided by the Chief Delivery Officer in relation to the surge in demand for urgent and emergency care (UEC) in March. The position in SSoT was similar to that faced across multiple systems both regionally and nationally and there was no clear drivers for the surge.

Urgent and Emergency Care (UEC) performance is showing improvement, with notable progress in ambulance handover times and waiting times at UHNM. System level demand appears to have stabilised, and no concerns have been reported regarding category two response times.

The Annual Planning Round Close Down letter has been received by the ICB. Within the letter NHSE has acknowledged the significant risks within the 2025/26 plan and highlighted that successful delivery depends on UHNM and the ICB meeting ambitious targets across performance, finance, and workforce. Revised oversight meetings will be introduced in quarter 1 to closely monitor progress against key operational plan commitments, enabling timely support and intervention if needed. Performance will continue to be managed through the existing tiering framework. NHSE has accepted the Board-approved final plan submission and will use the submitted trajectories as part of ongoing performance monitoring.

Update on S117 Cost Improvement Project

The Committee were updated on the S117 cost improvement project and the associated savings target of £12.4m. This relates to the 50/50 funding split with Local Authorities for patients eligible for S117. The Committee agreed that this is a balance between relationships, working together for the benefit of the system to look at opportunities to realise £12.4m in savings.

Provider Collaborative Assurance report

The Committee were presented with an update to articulate the work undertaken to reset the Provider Collaborative work programme. Three priority areas have been agreed with system Chief Executives, these are: Neighbourhood Health, UEC/Community Transformation and Back Office Transformation.

Neighbourhood Health will be a developmental programme co-created with service users and our partners in primary care with a focus on a radical reimagining of healthcare provision in our communities. Updates will be provided to the Strategic Commissioning & Transformation Committee.

The UEC/Community and Back Office Transformation programmes each have key activity and financial metrics to deliver in 2025/26 and therefore will continue to provide monthly assurance reports to the Committee.

ICB Finance and Performance Committee (*formerly Part B*)

Month 1 ICB Finance Report and the 2025/26 Efficiency Programme

The Committee were updated on the April 25 financial position that had been reported to NHSE. Following the submission of the Financial Plan on the 30th April, NHSE requested a high-level submission from all organisations within the SSOT system by the 9th May, for the ICB this included;

- Month 1 variance to the (£4.1m) deficit/profiled plan as at April 25
- Month 1 variance to the £169.9m efficiency programme
- Assurance against the efficiency programme

As the ICB does not ordinarily report an April 25 position due to conditions imposed by NHSE on the timing of budget uploads and the absence of key data i.e. Acute and Prescribing activity, the ICBs April 25 financial position has been assessed using the current annual RAG rated risk of (£54.9m) to report an off-plan variance of (£1.5m) against the deficit April 25 plan of (£4.1m).

The Committee were updated on the progress against the ICB's £169.9m efficiency programme and the level of risk to programme delivery. To enable a system breakeven plan, organisations have taken on the

largest efficiency programme to have been targeted by SSOT, of which the ICB's is £169.9m/8.2%. Previous years 'cash out' delivery has been between £80m-£60m representing a significant step change and demonstrates the scale of the challenge to deliver the 2025/26 programme.

In response the ICB:

- Extended both the Recovery Director and Deloitte/Kingsgate to support key aspects of the 2025/26 programme during Q1.
- Aligned Executive leads to all programmes of work
- Continued the Efficiency Oversight Group meetings weekly

NHSE have acknowledged the risk inherent within the initial financial plan submission of 27th March and therefore have introduced a weekly reporting requirement from the 7th April.

The ICB has made significant progress throughout this period, with moving £96.3m/57% of efficiency schemes to 'Implemented' or 'Fully Developed' and therefore can now report a closure of the 'unidentified' efficiency gap, taking forward a fully identified programme.

High risk schemes are the Provider Collaborative, S117 Cost Reduction, Independent Sector Contracts, ADHD, and the ICB Management Cost Re-design; all of which have a combined total of £61.2m.

Work is underway to support the timely completion of QIAs aligned with the ICB's efficiency programme; this will include how QIAs are utilised to support the decision-making process and ongoing monitoring.

Patient Choice Provider Accreditation

The Committee were updated on the progress and risks arising from implementing the national rules relating to patients right to choose. The update contained the current volume of expressions of interest and the general risks identified, including the resource required to process the high volume of interested providers.

The legal right for patients to choose where they receive their care is enshrined in the NHS Act 2006 and written into the NHS constitution. This right includes which provider organisation and in some cases which team the patient wishes to be treated by.

SSOT ICB has implemented an accreditation process for suitably qualified and experienced providers wishing to provide services to in line with the national rules and regulations. This involves establishing a Provider Accreditation Panel (mixed multi-disciplinary team to oversee the process and report to this Committee and the Procurement Operations Group. As of 27th May 2025, the ICB has received 68 (increase from 44 at end of February 2025) initial enquiries (either specific specialty or for broad service areas) to become accredited Providers.

The volume of enquiries to date is significant, and there is potential pressure on Portfolio's and enabling function resource (e.g. Quality, Contract Management, and Finance) should all interests convert into requests for contracts.

ASSURE

System Finance and Performance Committee (formerly Part A)

ICB Oversight & Assurance

The Committee were provided with an update on the ICB Undertaking delivery and monitoring process for 2025/26. As the system has a set a balanced financial plan for 2025/26, which demonstrates a route to financial balance by 31st March 2026, the focus will be on monitoring the delivery of the plans. In April/May, the ICB took the opportunity to assess the organisational processes and have agreed to refresh the approach to the monitoring of the ICS delivery, against the financial plan and supporting the delivery of undertakings.

Providers will continue to report CIP development and associated risks, which will transition into CIP delivery and associated risks once plans are finalised. This will be reported weekly to the Chief Financial Officer meeting, and monthly to SPG and this Committee as part of the financial plan delivery update. ICB progression monitoring will take place via the Efficiency Oversight Group and the focus will be on the monitoring of CIP as delivery of the £306m of CIP that underpins the achievement of the financial break-even position.

The Committee were assured of the ICB process for monitoring and reporting delivery against the Financial Undertakings.

System-ICB Risks / Board Assurance Framework (SBAF):

The Committee were presented with updates relating to the ICB and System Risk Registers.

Policies Approved:

The Committee did not receive or approve any policies this month; nor did any papers received under the Business Cycles of both parts have any likely future impacts on current policy matters.

Decisions to be Escalated to ICB Board:

There were no escalations to Board Assurance Committees or to the ICB Board.

AAA Escalation & Assurance Report from Committees

Enclosure 14b

| | |
|-------------------------------------|---|
| Report To: | Board |
| Date: | 17 th July 2025 |
| Reporting Committee / Group: | Finance and Performance Committee (System & ICB) |
| Date of Meeting: | 1 st July 2025 |
| Meeting Quorate Y/N? | Yes (both) |
| Presenter: | Josie Spencer, Non-Executive Member and Committee Chair |
| Author: | Kelly Weatherill, Executive Assistant |

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

System Finance and Performance Committee (*formerly Part A*)

Digital Strategy Progress Report

In relation to the Integrated EPR business case and the significant financial issues associated with taking this forward, it was highlighted that the risk rating within the ICB has now been increased to level 20. It was noted that work is underway to progress the approval of the strategic outline business case and level out the revenue impact that will occur over the next few years.

ADVISE

System Finance and Performance Committee (*formerly Part A*)

System Performance Group - Escalation Report

The Committee were presented with a detailed summary of the key issues that had been discussed at the System Performance Group (SPG) on 25th June 2025. Update included system finance, performance, recovery planning, and capital investment. The paper also provided a comprehensive update on the discussion which took place with regards to the organisational CIP schemes, the key areas of delivery, risk, and mitigation.

Aggregate Financial Position – 2025/26

The system position at month 2 was reported to be at £16.0m deficit which is £2.9m adverse variance to a £13.1m deficit plan (month 1 £2.2m variance). The year-to-date (YTD) variance is attributed to the ICB (£1.4m) and MPFT (£1.6m), while UHNM and NSCHT remain on plan. Month 2 was a favourable variance to the recovery trajectory of £6.4m ahead due to the CHC savings within the ICB being earlier in the year than anticipated.

Efficiency Delivery

The system efficiency delivery YTD is £11.2m behind the submitted plan of £38.9m. This consists of the ICB (£6.8m), MPFT (£3.8m) and NSCHT (£0.6m). UHNM have delivered 100% efficiencies against YTD plan. As a system this equates to 71% delivery. The system is forecasting to meet its year-end financial plan of break-even, subject to the receipt of £95m deficit support funding (DSF).

Net risk has reduced to £70.5m at month 2 from £97.3m at the final plan submission, this primarily consists of efficiency risk (£82.1m) and contract risk (£30.4m) offset by efficiency mitigations (£20.5m) and other non-recurrent mitigations (£22.4m).

Capital Programme

The system submitted a compliant capital plan and at month 2 the system was underspending against the plan by £1.2m. This is due to timing issues in relation to the sign off of specific bids with NHS England. All system partners are forecasting to spend in line with plan. Final approval for schemes funded under the Return to Constitutional Standards are approved in principle however, there remains a risk of withdrawal of the allocation until NHS England share the memorandum of understandings having approved programmes of work.

Workforce Update

Total workforce in May 2025 was 24,628 WTE, a reduction of 105 WTE from April. Workforce is 43 WTE below plan, with reductions in substantive and agency staff offset by increased bank usage. Agency spend is 18% below plan. Bank spend is 11% above plan but offset by the position on substantive and agency. Vacancy rates currently stand at 8.2%, the third-lowest level since March 2019. Positive performance on sickness absence was noted.

The key escalations to the Committee were:

- Deficit Support Funding (DSF) - Informal feedback received from NHS England indicates that the DSF funding may be released. Receipt of DSF is contingent upon demonstrating clear progress by month 5. If the system balances its financial plan by year-end, the 2026/27 expected deficit repayment will not in place. However, failure to deliver plan will result in loss of the deficit support funding.
- Maintaining a monthly focus on the underlying position for each organisation in order to demonstrate the recurrent impact of the efficiency programmes, especially where there is in year slippage.
- Medium Term Financial Planning - All systems will be expected to update their Medium-Term Financial Strategy (MTFS) over the coming months. This refresh will be a key priority over the summer and is expected to align with, or precede, the publication of the national 10- year plan.
- WTE and spend is not currently aligned and further work is required to understand the discrepancy. A deep dive into the workforce and pay plan has been scheduled for the next SPG.

Month 1 Performance Report

The Committee were updated on current operational performance in relation to:

- Urgent and Emergency Care (UEC): Delays in ambulance handovers remain a significant challenge with an increase in hours lost at 5,045 hours in May 2025 in comparison to the 3,364 in May 2024.
- Planned Care:
 - 65+ weeks: The system remains above the threshold for patients waiting over 65 weeks.
 - Diagnostic Activity: Diagnostic performance remains red-rated, primarily due to delays in non-obstetric ultrasound.

- Virtual Ward Utilisation - Utilisation currently stands at 66% overall, with 75% in the North and 55% in the South.
- Mental Health - Out-of-Area Placements: This is currently at 20 compared to the 5 originally planned. The increase is primarily due to reduced bed capacity linked to the implementation of Project Chrysalis, impacting both the financial position of the system and the experience of patients.
- Children and Young People: The reduction of CYP in residential care outside of Staffordshire. It was noted that 48% of children in Staffordshire cohort entering care are placed outside the county. The data in May 2025 is 49.6%, an increase of 1.9% over the value in May 2024. A high-level summary of the reasons and the plans for improvement is to be obtained from the Local Authority.

CIP Risk Profile

A key concern was escalated to the Committee in relation to the £14.2 million currently classified as pre-pipeline, which is seen as undermining confidence in the system's delivery plans. There is a strong push to move this value into more advanced stages of development. As the £14.2 million in pre-pipeline cannot be absorbed through enabling functions, an action was agreed at the System Performance Group for providers to work together to identify alternative solutions to address the pre-pipeline value.

Update on plans to deliver the £306m system savings

The Committee were updated on the ongoing work relating to the Investigation & Intervention Regime (I&I) and the progress against development and delivery of the £306.3m 2025/56 CIP plan. The approved business case for £1.6m remains in place with various support projects now ongoing. Further support requests are being scoped however must be able to evidence tangible in year benefit delivery.

Month 2 CIP delivery is £27.7m against a plan of £38.9m which is £11.2m adverse to plan. £306.3m of CIP equates to 7.2% of organisational cost base / system total income. The CIP delivery currently seen as 'likely' is £232.8m, with a £73.5m risk to plan.

System Winter Review – Lessons Learnt

As part of the System Winter/Surge planning cycle, all system partners met on 13th May 2025 to review the approach taken by the system in terms of the performance and planning before, during and post winter 2024/25. The key thematic outputs and actions from the event were presented to the Committee to provide assurance regarding the delivery of the system surge plan and to inform the committee of the approach to the next stage of surge planning.

Digital Strategy Progress Report

The Committee were presented with a Digital Strategy Progress update. The purpose of the paper was to provide an update on the progress of the ICB Digital Strategy, in particular the Integrated Electronic Patient Record (EPR) OBC as this carries a significant system risk.

The paper outlined the progress of the various digital initiatives which enable the ICB Digital Strategy:

- Integrated Electronic Patient Record (iEPR) Business Case: This has been revised following the guidance from NHS England to reflect higher capital investment upfront, indicative capital funds from NHS England to include depreciation costs. The business case includes an assumption that ICS partners contribute £12.8m capital. The latest advice from NHS England is to consider a further revision of costings, therefore timelines have slipped by 6 weeks as a result of that.
- Adult Social Care (ASC): 80% of ASC settings digitised target has been met.
- Workforce Digital Maturity: Local Authorities have this year joined the ICS investment in the Skills Development Network (SDN) which provides access to a significant resource of skills development support.
- Shared Care Record (SCR) (One Health & Care (OHC): Utilisation is now over 3.1 million logins and 25k distinct users. Planned workstreams include Docman and MPFT risk assessment and care plans.
- Digital ReSPECT: Utilisation continues to grow with 46+ organisations now engaged.

- System Control Centre (SCC) Federated Data Platform: FDP exploration is currently underway with all partners including DHU, WMAS, EMAS, UHDB, UHNM, MPFT, NSCHT and ICB.
- Continuing HealthCare (CHC) Service: Digital & data solution is in place supporting staff.
- Technology Enabled Care / Florence Study: This has now been completed, benefits identified such as reducing patient journey by an average 3 appointments.
- Virtual Wards (VW): 102 patients remotely monitored.
- NHS App integrated Acute and Community patient portal 'Patient Knows Best': Utilisation continues to grow at MPFT with 18.5k care plans shared and 200k patients registered at UHNM.
- Robotic Process Automation (RPA): Adoption of HR processes and specialist knowledge transfer continues at UHNM, NSCHT and SSHIS.
- AI ICS Strategy: An AI Centre of Excellence is under development (planned to be led by MPFT).

A verbal update was given in relation to the recent news that had been received regarding the national disbanding of Clinical Support Units (CSUs), and the impact that this may have on digital capacity and capability going forward. It was agreed that a briefing paper will be presented at the next Committee meeting in August.

Provider Collaborative Assurance report

The Committee were updated on the work currently underway within the Provider Collaborative. In relation to the back office/shared services workstream, it was reported that the Deloitte piece of work has been paused for the time-being whilst the Provider Collaborative explore the possibility of undertaking a joint piece of work with Shropshire, Telford & Wrekin (STW), which is already underway and being led by the STW Recovery Director. This approach is considered to offer the system more financial opportunities and therefore a further detailed update will be provided to the Committee next month and will include clarity on what the expected deliverability in year would be.

ICB Finance and Performance Committee (*formerly Part B*)

ICB Month 2 Finance Report and the 2025/26 Efficiency Programme

The Committee were presented with an update on the financial position that had been reported to NHS England in April. On the 27th April 2025, the ICB submitted a breakeven plan inclusive of £95.0m of deficit support funding. The conditions against the receipt of the funding are twofold; achievement of the plan and assurance of any areas that deviate from the plan will be recovered. At month 2 the ICB reported a YTD deficit position of (£1.4m) adverse variance against the (£7.6m) plan. Representing a static position to Month 1 reporting.

Following the level of net risk submitted within the financial plan and the adverse deficit of (£1.5m) reported at Month 1, which then remained static at month 2, regional colleagues at NHS England requested assurance against a re-profiled efficiency trajectory to recover the position under the conditions set out above and have requested evidence that all PIDs were signed off by 30th June 2025.

There continues to be ongoing risk in delivering the 2025/26 plan which NHS England are sighted on. Following the month 2 reporting, together with the Financial Improvement and CIP Schemes Workshop held by the Recovery Director on 10th June, the ICB's assessment of the net risk is a reduction in risk of (£54.9m) flagged to the previous Committee to (£28.1m), a favourable movement of £26.7m.

As of the 16th June, the ICB has £49.6m of in-development schemes requiring signed off PIDs inclusive of a QIA/DPIA/EIA:

- £10.5m – Remaining value of the £24.5m Management of Independent Sector target 2
- £12.4m – S117 cost reduction
- £3.0m – ADHD
- £14.2m – Provider Collaborative Led Review of Enabling Functions
- £8.0m – ICB Management Cost Re-design

Subsequently to the above, NHS England requested the submission of a Recovery Trajectory to map out efficiency implementation. Delivery is on track against the revised trajectory following month 2 reporting, however it is critical the ICB ensures the £49.6m of efficiency in development is implemented to maintain compliance. The ICB remains committed to achieving the £169.9m efficiency target in-year, however, acknowledges the challenge in doing so. Work is ongoing to support the timely completion of QIAs aligned with the ICB's efficiency programme.

Procurement Operations Group Report

The Committee received a paper reporting the key activities involving procurements being co-ordinated by the Procurement Operations Group (POG) and the current procurement programme and work in progress. The Committee were assured that the contract modifications and awards were reviewed in accordance with the Provider Selection Regime and supporting documentation completed accordingly.

Patient Choice Provider Accreditation

The Committee were updated on the progress and risks arising from implementing the national rules relating to patients right to choose.

As of the 19th June 2025, the ICB has received 69 initial enquiries to become accredited Providers. An Extra-Ordinary Provider Accreditation Panel was convened on 16th June 2025 to review a completed assessment for Medefer. This was convened to facilitate a smooth transition from the Providers existing Contract due to end on 30th June 2025. The assessment outcome is to award a Contract for 3 specialties in line with the national Patient Choice regulations. The resource required to administer and respond to requests from the market remains significant, covering Portfolio and Enabling Function staff (e.g. Quality, Contract Management, and Finance).

ASSURE

There were no items of assurance to report to the ICB Board from July's Committee meeting.

System-ICB Risks / Board Assurance Framework (SBAF):

System Finance and Performance Committee (*formerly Part A*)

The Committee received the refreshed System Board Assurance Framework (SBAF) for Quarter 1 2025-26 which had been provided for oversight and assurance. The SBAF was presented in full to ensure that there is cross-committee oversight over all SBAF risks.

The Committee also received the NHS Oversight feedback letter which outlined the Quarter 4 (Q4) position and the required actions and timescales for the 2025/26 Quarter 1 segmentation review. It was agreed that a further update on the detail is to be provided at the next Committee meeting.

In terms of the ICB Undertakings, strong governance routes are in place via the Chief Finance Officer meetings, SPG, and reporting through to the Finance & Performance Committee. However given the current changes, it was noted that this will be reviewed to ensure that the system is able to respond accordingly and timely. A further report will be provided to the Committee next month.

Policies Approved:

System Finance and Performance Committee (*formerly Part A*)

System Performance Group Terms of Reference

The Committee received the Terms of Reference (ToR) for the System Performance Group (SPG). The ToR had been amended and updated to reflect discussions with the SPG Chair (CFO) and Governance

Lead. The ToR had been discussed and approved at SPG on the 30th April 2025 and were presented to the Committee for final approval.

Decisions to be Escalated to ICB Board:

There were no escalations to Board Assurance Committees or to the ICB Board.

| | | | | | | |
|--|---|---|-------------------------|--------------------------|-----------------------------|--------------------------|
| Report to: | Integrated Care Board | | | | | |
| Date: | 17 July 2025 | | | | | |
| Title: | Assurance and Performance Report – M02 | | | | | |
| Presenting Officer: | Mish Irvine, Chief People Officer | | | | | |
| Author(s): | Gemma Treanor - Head of ICS People Function Matthew Bewick – ICS Principal Workforce Information & Systems Manager | | | | | |
| Document Type: | Choose an item. | If Other: Click or tap here to enter text. | | | | |
| Action Required (select): | Information (I) | <input checked="" type="checkbox"/> | Discussion (D) | <input type="checkbox"/> | Assurance (S) | <input type="checkbox"/> |
| | Approval (A) | <input type="checkbox"/> | Ratification (R) | <input type="checkbox"/> | <i>(check as necessary)</i> | |
| Is the decision within SOFD powers & limits | Yes / No | Choose an item. | | | | |
| Any potential / actual Conflict of Interest? | Yes / No | NO <i>If Y, the mitigation recommendations –</i> Click or tap here to enter text. | | | | |
| Any financial impacts: ICB or ICB? | Yes / No | YES <i>If Y, are those signed off by and date:</i> Click or tap here to enter text. | | | | |
| Any impacts on ICB Undertakings? | Yes / No | YES <i>If Y, are those signed off by and date:</i> Click or tap here to enter text. | | | | |
| Appendices: | Click or tap here to enter text. | | | | | |

(1) Purpose of the Paper:

This summary paper provides an update on FY25-26 in year workforce position, position to plan FY25-26 plan and associated risks, challenges and mitigations.

(2) History of the Paper & Whether for I-D-S-A-R (as above):

Date

Click or tap to enter a date.

(3) Implications:

| | |
|--------------------------------|---|
| Legal or Regulatory | There are several conflicts to the workforce agenda at a national level, i.e. financial control and long term workforce plan. |
| CQC or Patient Safety | Workforce has a direct impact on patients and the care they receive. In response to previous wider workforce challenges, Francis report, a number of mitigations have been developed since the report to ensure safer staffing tools and professional judgement are incorporated into staffing level decisions. |
| Financial (CFO-assured) | Workforce is the majority of NHS operating costs. |
| Sustainability | Need to ensure that workforce levels are safe, sufficiently resourced to deliver patient care. |

| | |
|---------------------------------|--|
| Workforce or Training | As detailed in the exec summary below. |
| Equality & Diversity | Yes, workforce demographic should be representative of the population served. |
| Due Regard: Inequalities | As per Equality and Diversity. |
| Due Regard: wider effect | Our workforce is the means in which our patients receive care and is also our biggest asset. |

| (4) Statutory Dependencies & Impact Assessments: | | | | | |
|---|-------------|--------------------------|--------------------------|-------------------------------------|---|
| | | Yes | No | N/A | Details |
| Completion of Impact Assessments: | DPIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>If N, why</i> Click or tap here to enter text. <i>If Y, Reported to IG Group on</i> Click or tap to enter a date. |
| | EIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Click or tap here to enter text. |
| | QIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>If N, why</i> Click or tap here to enter text. <i>If Y, signed off by QIA on</i> Click or tap to enter a date. |
| Has there been Public / Patient Involvement? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Although there has been ICS Finance / DoF engagement in co-producing the strategy |

| (5) Integration with the System Board Assurance Framework & Key Risks: | | | | | | |
|---|---|-------------------------------------|--|--------------|-----------------------------|-------------------------------------|
| SBAF1 | Responsive Patient Care - Elective | <input checked="" type="checkbox"/> | | SBAF5 | High Quality, Safe Outcomes | <input checked="" type="checkbox"/> |
| SBAF2 | Responsive Patient Care - UEC | <input checked="" type="checkbox"/> | | SBAF6 | Sustainable Finances | <input checked="" type="checkbox"/> |
| SBAF3 | Proactive Integrated Community Services | <input type="checkbox"/> | | SBAF7 | Improving Productivity | <input checked="" type="checkbox"/> |
| SBAF4 | Reducing Health Inequalities | <input checked="" type="checkbox"/> | | SBAF8 | Sustainable Workforce | <input checked="" type="checkbox"/> |

| (6) Executive Summary, incl. expansion on any of the preceding sections: |
|--|
| <p>Overall workforce levels, as at May-25 totalled 24,682 wte. This represents a position -43 wte below plan and a -461 wte Year To Date (YTD) reduction.</p> <p>Decreases have taken place across all 3 staff types; Substantive (-38 wte), Bank (-281 wte) and Agency (-142 wte)</p> <p>Bank utilisation in M02 was 1,551 wte. Despite a -281 wte/-15% reduction since the start of 2025/26, Bank remains +78 wte over plan and the only workforce element to exceed plan.</p> <p>Agency utilisation in M02 was 190 wte. This represents the lowest value of any month since Mar-19 and constitutes just 0.8% of the workforce in May-25. With a -142 wte/ 43% decrease since the start of 2025/26, agency levels sit 34 wte/15% below planned position.</p> <p>Temporary Workforce comprised 7.1% of the workforce in May-25, making it the lowest month since Aug-21 (7.0%).</p> <p>Although Overall, Substantive and Agency WTE were all under wte plan, Agency was the only element to remain within spend plan. Substantive spend was +£2.0M above plan and Bank +£1.6M above whilst Agency remained £0.7M below plan. The net result was that, overall, SSoT's spend plan was exceeded by +£2.8M by M02.</p> <p>Agency spend, at £3.4M YTD, constitutes 1.4% of all staff spend in 2025/26 so far.</p> <p>In addition to regular discussions with Providers to understand position to plan in general, conversations are under way with the specific aim of investigating the current drivers behind the under wte/over spend situation.</p> |

| |
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(7) Recommendations to Board / Committee:

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|--|
| |
|--|

ICS People Culture & Inclusion Performance and Assurance Report

SSOT ICB Board in Public

July 2025



Executive summary

This report will outline:

- An executive summary outlining key headlines and escalations in relation to People, Culture and Inclusion
- Workforce Assurance, Oversight, Metrics & Controls
- Workforce Challenges, Risks & 2025/26 System People Delivery Plan

Executive Summary:

This report outlines the current position regarding workforce within SSOT. system level oversight and monitoring of people metrics, controls and performance against operational plan, which continues in partnership with NHS Providers. The current operating environment and financial position continues to be pressured, with continued scrutiny on workforce additionality following implementation of grip and control measures and System Recovery programmes. The PCI Committee acknowledge the efforts and challenges facing organisational partners in contributing to achieving the operational plan and financial balance. The People elements are key to the operating plan delivery and recovery programme – at organisational and system level.

The following areas are highlighted:

- **Workforce Assurance, Oversight, Metrics & Controls –**
 - Oversight of the workforce position continues to be reviewed on a regular basis in conjunction with our providers to understand key priorities, risks and improvement opportunities Key workforce indicators are reviewed, on a monthly basis through a series of regular reports and meetings. Through this approach workforce metrics inform MDT oversight approach, i.e. triangulation with activity and finance and serve as an indicator of when addition investigation, reconciliation and intervention may be required.
 - As at May-25, workforce levels (24,628 wte) have decreased, from the Mar-24 starting position, by 461 wte and are 43 wte below planned position This is primarily due to decreases in temporary staff utilisation with bank reducing by -281 wte (-15%) and agency by -142 wte (-43%). From an agency perspective, at 190 wte utilised, M02 represent as position 34 wte/ 15% below plan, £0.7M under spend plan and the lowest monthly wte reported in data back to Mar-19 . Staff morale, health and wellbeing remain a high priority and, whilst current sickness absence levels, at 4.8% are the lowest since Jun-23, the proportion of absence attributed to *Anxiety/Stress/Depression* appear is the highest seen in the last 24 month. On average this illness accounts for 32% of absence each month but, in M02, it was responsible for 38% of all sickness absence and the loss of 13,210 wte days.
- The ICS **People risks** reflect the current risks across the partner organisations and have been robustly reviewed via the Sub-Committees and Delivery Groups for 2025/26. Risks were robustly reviewed at the PCI Committee on 4th July 2025.
- People, Culture and Inclusion **Programme delivery** is overall on track, with programmes and activity in place to address system challenges and risks. The 2025/26 People Delivery Plan is in draft subject to review and finalisation following publication of the 10 year plan.

Workforce Assurance, Oversight, Metrics & Controls



The following providers a brief overview of the workforce position in respects of challenges and achievements:



As at the end of M02, SSoT's 3 Providers had a combined workforce of 24,628 wte; 42 WTE /0.2% below the 2025/26 M02 planned position



Total workforce has decreased in month by 104 WTE (+10 wte Substantive, -84 wte Bank and -31 wte Agency)



Reductions in Registered Nursing Temporary staffing of 53 WTE (-19 WTE Bank /-34 WTE Agency) make up 51% of all reductions in M02.



At 8.2%, the Vacancy Rates in M02 were the 3rd lowest recorded since Mar-19; Only May-25 (7.3%) and Feb-25 (8.0%) have had lower levels.



Year to Date Agency spend, in M02, was £0.7M / 18% below plan and constitutes 1.4% of overall staff spend.



At 4.8%, In Month Sickness rates are the lowest since Jun-23 (4.4%). Prior to this, not since Apr-21 (4.1%), have rates been lower.



Bank utilisation continues to exceed plan. However, in most cases, this is accompanied by Agency and Substantive positions that are under plan. This suggests that, whilst intended substantive levels are not being achieved, when Temporary staffing solutions are essential, exceeding Bank plan is preferential to utilising Agency.



The overall staff spend in M02 was £2.8M /1.2% above YTD plan with Bank (+£1.6M) constituting 56% of the overspend.



At £15.5M, YTD Bank spend in M02 is 11% higher than the £13.9M plan in place



Although WTE numbers are small, NSCHT remains the only Provider to be over all aspects of both their WTE plan and Spend Plan for M01 and M02.

People Metrics Appendices

- System Monthly Position
- System Trend



Staffordshire & Stoke-on-Trent NHS: May 2025

NHS Workforce

Total Workforce

24,628 WTE



Substantive

22,886 WTE



Bank

1,551 WTE



Agency

190 WTE



Temporary Workforce

7.1%



In Month Agency Spend

£1.7M (1.5% of total spend)



Vacancies

2,054 wte (8.2%)



Joiners

157 wte



Leavers

163 wte



12 Month Rolling KPI's (%)

8.2%

Turnover
Rate



5.6%

Sickness
Absence Rate



94.5%

Mandatory
Training



82.1%

AFC
Appraisal
Rate



80.7%

Medical
Appraisal
Rate



Other Health and Care Workforce

SSOT ICB Workforce

336 WTE

Primary Care Workforce

3,490 WTE

Social Care Workforce

21,000 WTE

Dentistry Workforce

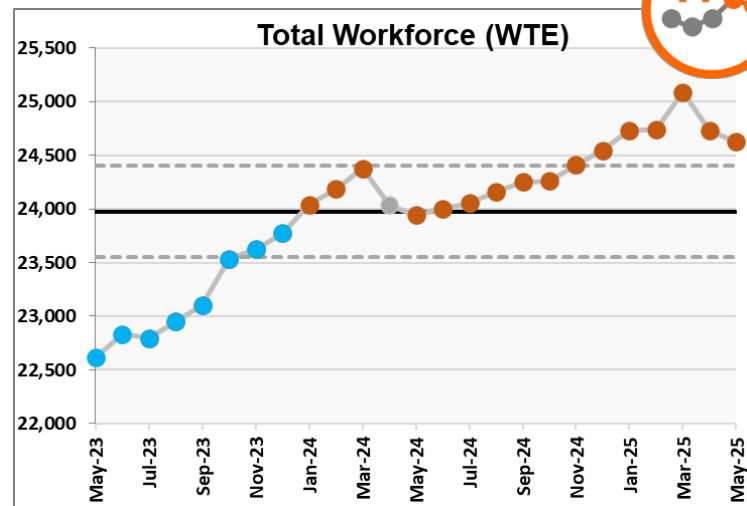
610 Headcount



Current Workforce Position: May 2025

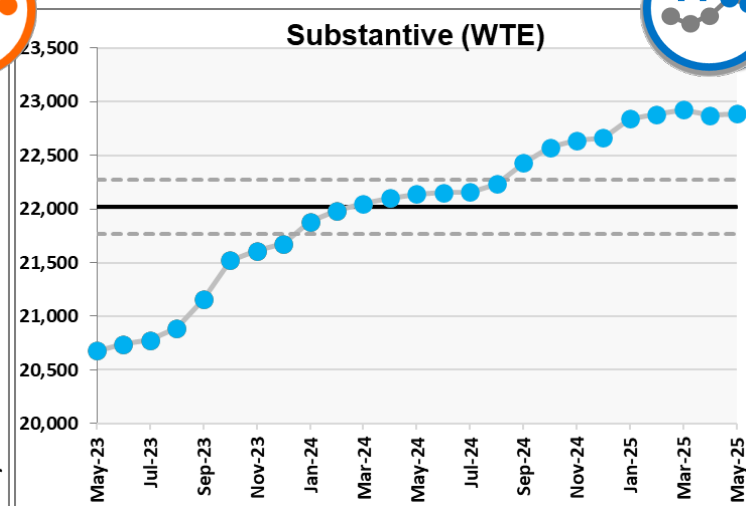
Staff in Post (Total Workforce wte)

May 25: **24,628**
 Position to Plan: **-43**
 12M Change: **+685**
 FYTD Change: **-461**



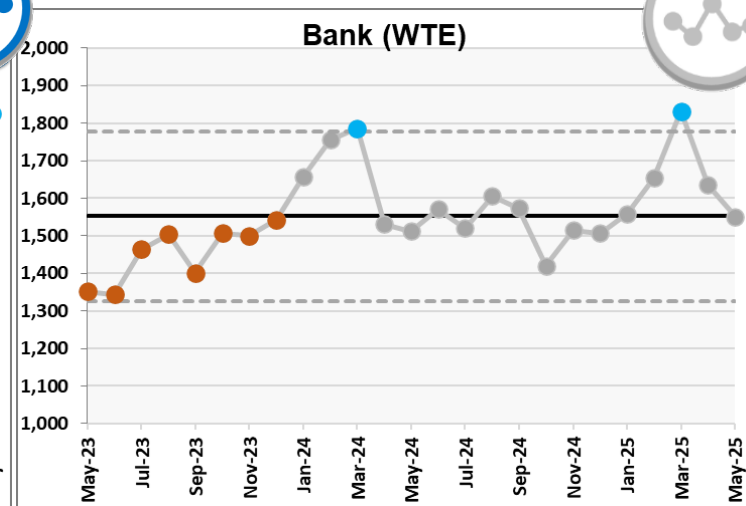
Staff in Post (Substantive wte)

May 25: **22,886**
 Position to Plan: **-86**
 12M Change: **+749**
 FYTD Change: **-38**



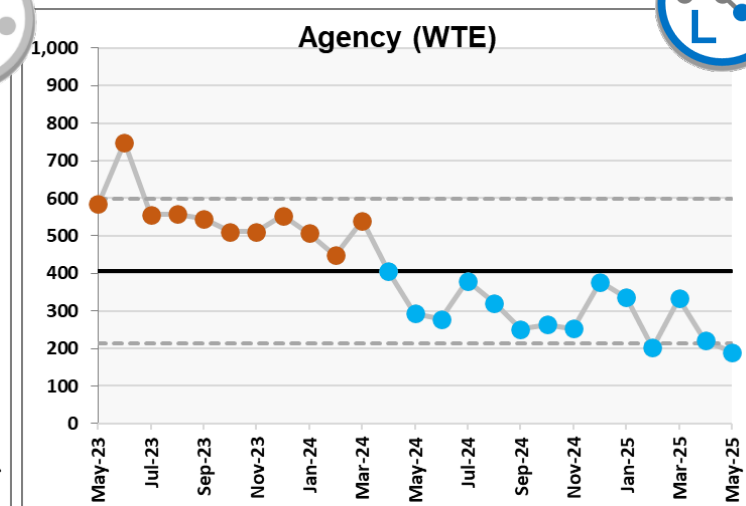
Bank Workforce (Bank wte)

May 25: **1,551**
 Position to Plan: **+78**
 12M Change: **+39**
 FYTD Change: **-281**



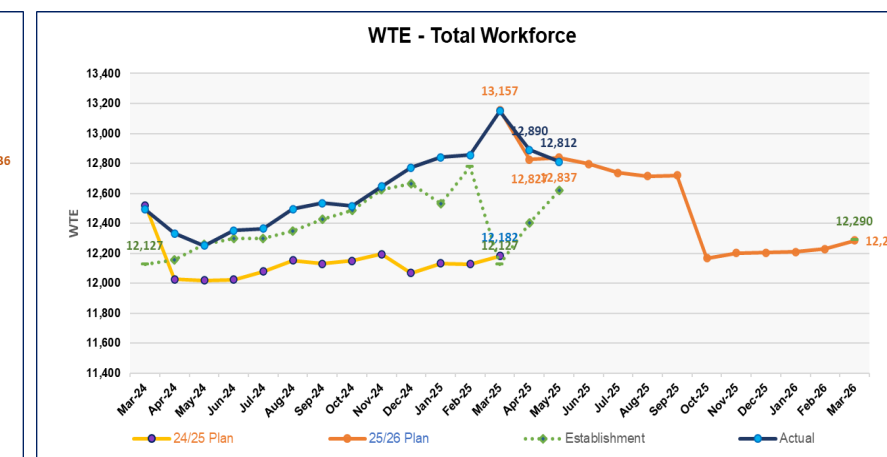
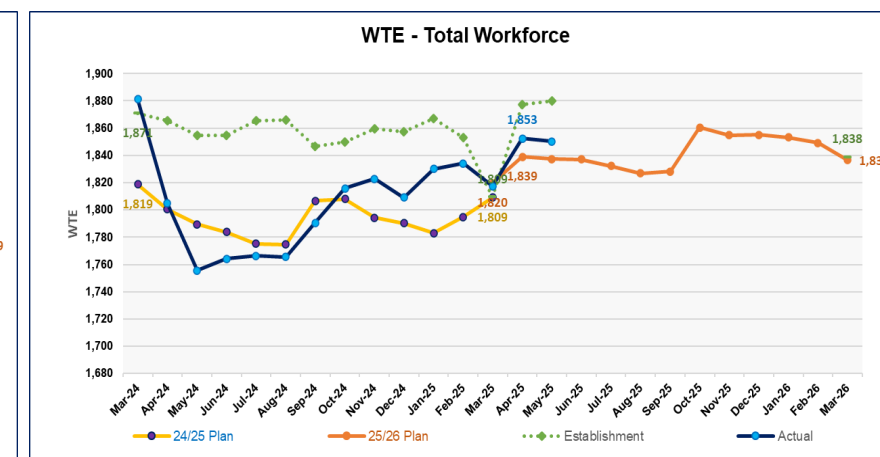
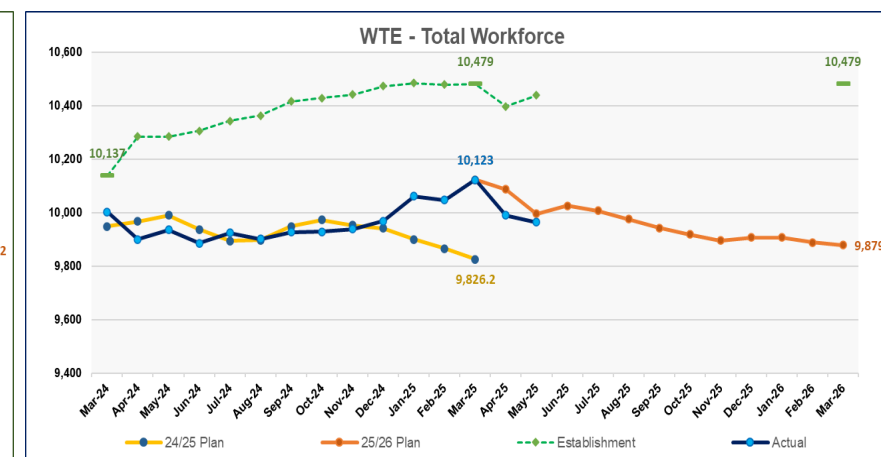
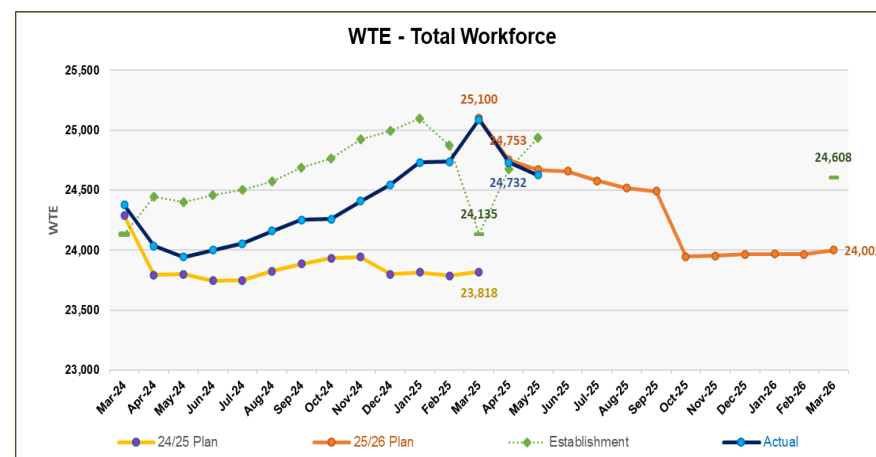
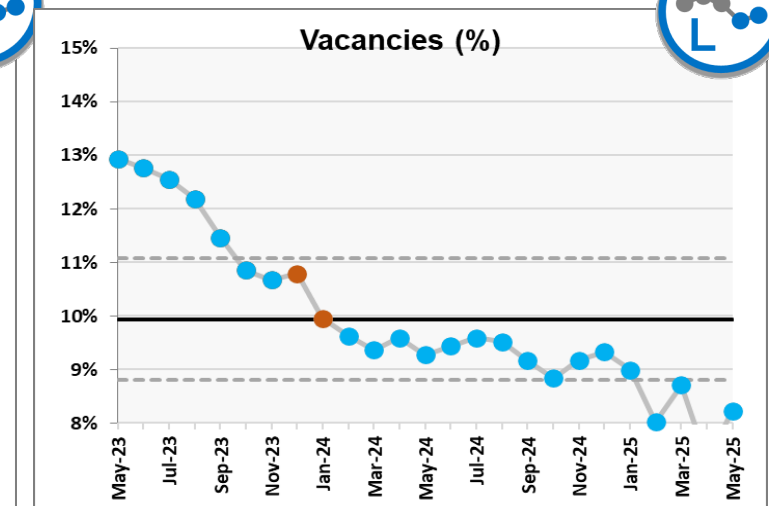
Agency Workforce (Agency wte)

May 25: **190**
 Position to Plan: **-34**
 12M Change: **-103**
 FYTD Change: **-142**



Vacancies (%)

May 25: **8.2%**
 12M Change: **-1.0%**
 FYTD Change: **-0.5%**



Total WF - Actual vs Plan

Overall: **-43 wte below plan**
 Registered Nursing: **-41 wte below**
 Registered S,T&T: **+1 wte above**
 Support to Clinical: **+12 wte above**
 NHS Infrastructure: **-2 wte below**
 Medical and Dental: **-6 wte below**

Substantive - Actual vs Plan

Overall: **-86 wte below plan**
 Registered Nursing: **-27 wte below**
 Registered S,T&T: **-19 wte below**
 Support to Clinical: **-24 wte below**
 NHS Infrastructure: **-19 wte below**
 Medical and Dental: **+3 wte above**

Bank - Actual vs Plan

Overall: **+78 wte above plan**
 Registered Nursing: **+45 wte above**
 Registered S,T&T: **+8 wte above**
 Support to Clinical: **+49 wte below**
 NHS Infrastructure: **+18 wte above**
 Medical and Dental: **-42 wte below**

Agency - Actual vs Plan

Overall: **-34 wte below plan**
 Registered Nursing: **-59 wte below**
 Registered S,T&T: **+13 wte above**
 Support to Clinical: **-13 wte below**
 NHS Infrastructure: **-1 wte below**
 Medical and Dental: **+33 wte above**

Developing the 2025/26 System People Delivery Plan

Developing the plan

- Work had commenced pre NHS Reform announcements and publication of the 10 year plan to outline the 25/26 priorities based on collective People risks, challenges and strategic direction
- A plan is in draft awaiting pending final review to ensure priorities aligns to the national blueprint and future direction
- The plan will align to the Strategic Commissioning approach, convening System partners and setting strategic direction for People Culture and Inclusion
- Focus remains on a System Anchor Employer and One Workforce approach, enabled by strong partnership working



National and local context

- ICB & NHS Infrastructure reductions
- ICB Strategic Commissioning role & blueprint
- Operational planning, tough choices, financial balance, productivity and efficiency
- 10 Year NHS Plan and refreshed Long Term Workforce Plan
- Provider Collaborative and Community Transformation/ Neighbourhood model
- Portfolio priorities and targets
- People Strategies including Current People Plan, Skills for Care Workforce Strategy Local implementation, System Partner People Strategies



2025/26 Workforce risks & challenges

ICS People
Risks 25/26

Achieving
the 25/26
Workforce
Plan

Delivering
required ICB &
NHS
Infrastructure
reductions

Delivering the
requirements of
NHS Reform &
impact on BAU

Delivering
workforce
transformation
and change
required

Impact on
culture,
behaviour and
leadership in
times of
uncertainty

Employee Health,
Wellbeing and
experience

| | | | | | | |
|--|--|---|-------------------------|--------------------------|-----------------------------|--------------------------|
| Report to: | Integrated Care Board | | | | | |
| Date: | 17 July 2025 | | | | | |
| Title: | 2024 SSOT Staff Survey Results | | | | | |
| Presenting Officer: | Gemma Treanor, Head of ICS People | | | | | |
| Author(s): | Gemma Treanor; Sarah Machin, Workforce Analyst | | | | | |
| Document Type: | Report | If Other: Click or tap here to enter text. | | | | |
| Action Required (select): | Information (I) | <input checked="" type="checkbox"/> | Discussion (D) | <input type="checkbox"/> | Assurance (S) | <input type="checkbox"/> |
| | Approval (A) | <input type="checkbox"/> | Ratification (R) | <input type="checkbox"/> | <i>(check as necessary)</i> | |
| Is the decision within SOFD powers & limits | Yes / No | Choose an item. | | | | |
| Any potential / actual Conflict of Interest? | Yes / No | NO If Y, the mitigation recommendations – Click or tap here to enter text. | | | | |
| Any financial impacts: ICB or ICB? | Yes / No | NO If Y, are those signed off by and date: Click or tap here to enter text. | | | | |
| Any impacts on ICB Undertakings? | Yes / No | NO If Y, are those signed off by and date: Click or tap here to enter text. | | | | |
| Appendices: | 2024 SSOT Staff Survey | | | | | |

(1) Purpose of the Paper:

To present the 2024/25 SSOT Staff Survey Results, providing a summary of the collective NHS Survey scores against the People Promise and Engagement themes. The report sets out common themes and proposed areas of collaboration at System in areas of improvement

| | |
|---|--------------|
| (2) History of the Paper & Whether for I-D-S-A-R (as above): | Date |
| PCI Committee | 04 July 2025 |

(3) Implications:

| | |
|--------------------------------|--|
| Legal or Regulatory | |
| CQC or Patient Safety | The experience results directly correlate with the experience of patient and service users |
| Financial (CFO-assured) | |
| Sustainability | |
| Workforce or Training | Across all areas – detailed in report |

| | |
|---------------------------------|---|
| Equality & Diversity | Specific People Promise themes and categories detailed in report |
| Due Regard: Inequalities | |
| Due Regard: wider effect | The experience, wellbeing and safety of the workforce has a wider impact on the treatment and care provided to our population |

| (4) Statutory Dependencies & Impact Assessments: | | | | | |
|---|-------------|--------------------------|--------------------------|-------------------------------------|---|
| | | Yes | No | N/A | Details |
| Completion of Impact Assessments: | DPIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>If N, why</i> Click or tap here to enter text. <i>If Y, Reported to IG Group on</i> Click or tap to enter a date. |
| | EIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Click or tap here to enter text. |
| | QIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>If N, why</i> Click or tap here to enter text. <i>If Y, signed off by QIA on</i> Click or tap to enter a date. |
| Has there been Public / Patient Involvement? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Although there has been ICS Finance / DoF engagement in co-producing the strategy |

| (5) Integration with the System Board Assurance Framework & Key Risks: | | | | | |
|---|---|--------------------------|--------------|-----------------------------|-------------------------------------|
| SBAF1 | Responsive Patient Care - Elective | <input type="checkbox"/> | SBAF5 | High Quality, Safe Outcomes | <input checked="" type="checkbox"/> |
| SBAF2 | Responsive Patient Care - UEC | <input type="checkbox"/> | SBAF6 | Sustainable Finances | <input checked="" type="checkbox"/> |
| SBAF3 | Proactive Integrated Community Services | <input type="checkbox"/> | SBAF7 | Improving Productivity | <input type="checkbox"/> |
| SBAF4 | Reducing Health Inequalities | <input type="checkbox"/> | SBAF8 | Sustainable Workforce | <input checked="" type="checkbox"/> |

| (6) Executive Summary, incl. expansion on any of the preceding sections: |
|--|
| <p>The report summarises the NHS Staff Survey results for SSOT NHS provides and the ICB.</p> <p>SSOT was the best performing System overall out of all Midlands ICS/s and achieved higher scores than the overall Midlands and National results in all People Promise themes.</p> <p>Scores increased in the safe and healthy and flexibility People Promise themes, and Morale. We achieved the same score for 3 themes – compassionate and inclusive, recognises and rewarded, team and engagement. Scores reduced in a voice that counts, and always learning</p> <p>In addition to specific Trust/Sector actions, there are 3 overarching themes- Health Wellbeing and Experience, Leadership and Discrimination with 5 identifies improvement areas and opportunity to collaborate.</p> <p>The results and actions will be taken forward by the Health, Wellbeing and Experience and Leadership and Talent Sub-Committees</p> |

| (7) Recommendations to Board / Committee: |
|--|
| <p>The PCI Committee received the report on 4 July 2025 and noted the 2024 Staff Survey results. The Board is asked to note the common themes and proposals for collaboration in those areas to have the greatest impact on our workforce.</p> |



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

24/25 Staff Survey Results



Introduction and Executive Summary

This report summarises the NHS Staff Survey results for SSOT NHS Providers and the ICB.

SSOT was the best performing System overall out of all Midlands ICS's, and achieved higher scores than the overall Midlands and National results in all People Promise themes.

Scores increased in the **safe and healthy** and **flexibility** People Promise themes, and **Morale**. We achieved the same score for 3 themes – **compassionate and inclusive**, **recognised and rewarded**, **team**. And **Engagement** Scores reduced in **a voice that counts**, and **always learning**

Once the Primary Care and Social Care Staff Survey Results are available, further analysis and comparison will be undertaken to understand the overall System position.

In addition to the specific Trust/Sector actions, there are 3 overarching themes, - Health Wellbeing and Experience, Leadership and Discrimination with 5 identified improvement areas and opportunity to collaborate. The results and actions will be taken forward by the Health, Wellbeing and Experience and Leadership and Talent Sub-Committees.

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- 02 Introduction / Executive Summary
- 03 Summary System Results
- 04 Result Highlights
- 06 Sector Areas for Improvement & Plans
- 07 System themes and action plan



SSOT NHS Staff Survey Overview

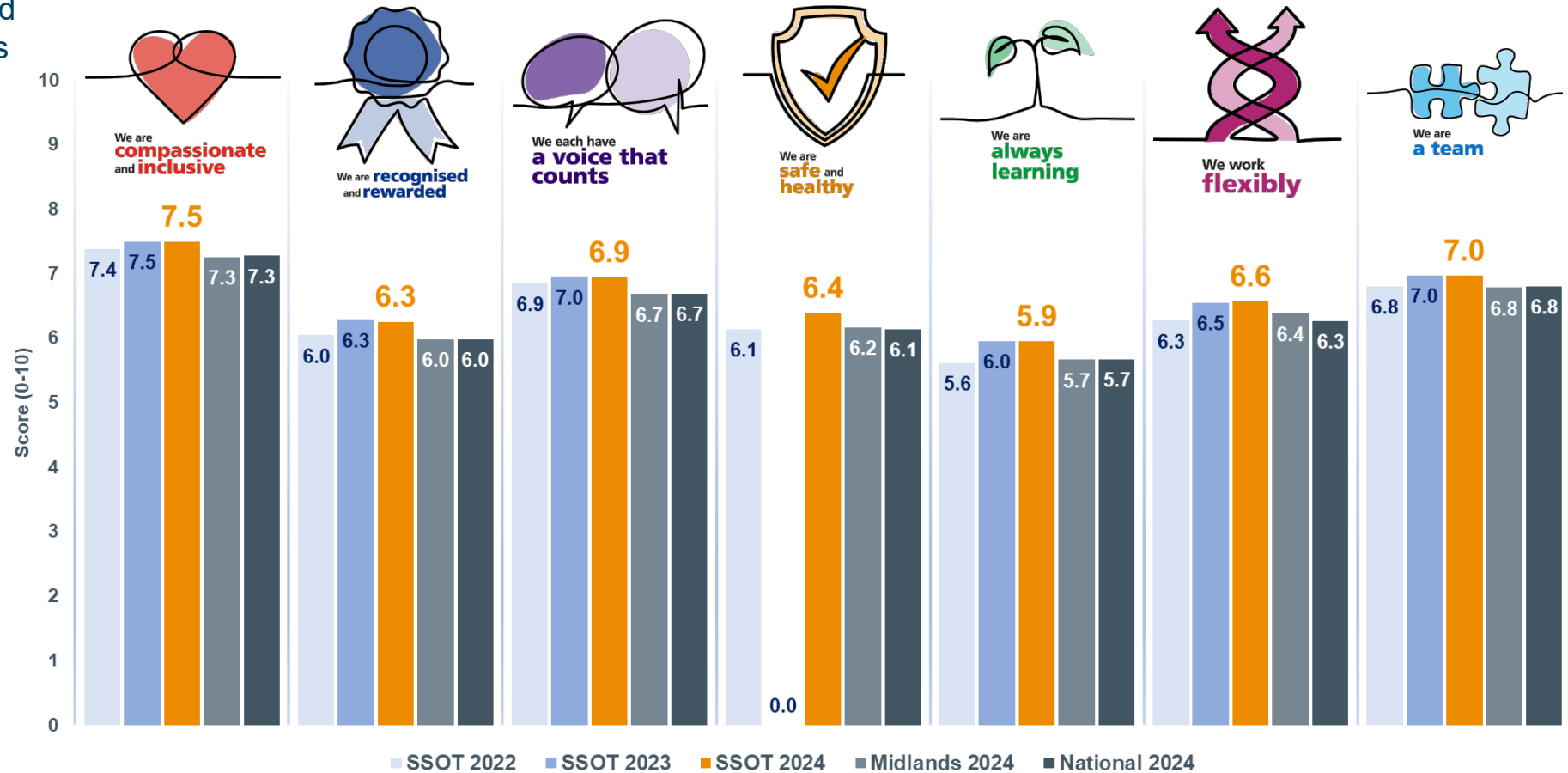
The People Promise summary indicators provide an overview of staff experience in relation to the seven elements of the People Promise:

- 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

Scores are also reported for two of the ten themes previously reported:

- Staff Engagement
- Morale

The score for each People Promise element and theme is based on between two and four sub-scores*, with each sub-score calculated from the responses to between one and nine aligned questions. Sub-scores are also reported.



People Promise Elements, themes and sub-scores are scored on a 0-10 scales, where a higher score is more positive than a lower score.

2024 result highlights

- **SSOT was the best performing System overall out of all Midlands Systems (NHS Provider and ICB)**
- SSOT System achieved higher scores than the overall Midlands and National results in all People Promise themes
- SSOT achieved the highest scores in the Region for Compassionate & Inclusive (7.5), Recognised and Rewarded (6.3), Voice that Counts (6.9) Safe and Healthy (6.4) , Engagement (7.1) and Morale (6.3)
- The overall SSOT response rate was 55.22%, an increase of 0.23% on 54.99% in 2023, with some Trusts seeing their highest response rates.

Benchmarking against last years results:

- Scores increased in the **safe and healthy** and **flexibility** People Promise themes, and **Morale**.
- We achieved the same score for 3 themes – **compassionate and inclusive**, **recognised and rewarded**, **team**. And **Engagement**
- Scores reduced in **a voice that counts**, and **always learning**

People Promise theme highlights:

- *We have seen encouraging scores and improvements in...* Compassionate Culture; staff feel their organisation respects individual differences, overall scores for Raising Concerns; negative experiences which is significantly below the regional and national average; Health and Safety Climate with improvements in all areas; Development which was significantly higher than regional and national average, Work-Life Balance scores which have continued to improve since 2022, people thinking of leaving which has decreased and correlates with a trend in decreasing turnover rates across the Trusts from April 24 (8.9%) to Apr 25 (8.2%)
- *Areas for improvement include...* the gradual increase in staff claiming to have experienced discrimination at work; recognition and reward remaining unchanged or decreased, 'Relationships at Work' scores decreasing

Organisational results, areas for improvement and action plans have been reviewed and summarised in the next slide.

Common themes are highlighted in blue

Organisational/Sector Staff Survey Themes & Actions

ICB

Areas for Improvement:

- Appraisals – role objectives and feeling valued
- Health and Wellbeing - frustrated and/or worn out by work.
- Enough staff at organisation to do my job properly
- Team Working – teams within the organisation working well together to achieve objectives

Actions:

Align to OD Plan
Embed national apprenticeship policy and review processes
Monitor staff HWB via People Pulse surveys
Enhance Wellbeing offer
Effective team working & supporting leaders



Staffordshire and Stoke-on-Trent
Integrated Care Board

MPFT

Areas for Improvement:

- People wanting to leave
- Reward and Recognition
- Experience of global majority colleagues, and those with long-term conditions and disabilities
- Health and Wellbeing
- Leadership Development

Actions: (aligned to 25/26 Staff Experience Strategic Action Plan)
Staff Engagement
Reward & Recognition
Wellbeing
Leadership
Inclusive Culture
Innovate for the future



Midlands Partnership University
NHS Foundation Trust

NSCHT

Areas for Improvement:

- Discrimination on grounds of ethnicity and gender
- Health and Wellbeing - Work related stress
- Team Working
- Physical violence from service users, families or public

Actions:

Strengthening anti-discrimination efforts
Civility and respect campaign and toolkit
Reviewing leadership, organisational development, and career development offers



North Staffordshire Combined Healthcare
NHS Trust

UHNM

Areas for Improvement:

- Health and Wellbeing – work related stress, burnout, pressures, frustrations
- Appraisal/PDR
- Team working
- Team and compassionate leadership
- Recognition & Reward
- Flexibility, work life balance (although improved)

Actions (aligned to new people Plan)
Enhance Wellbeing, back to basics
Appraisal/PDR focus
GO further with Flex Focus Campaign
Effective team working & supporting leaders



University Hospitals of North Midlands
NHS Trust

Primary Care

Awaiting Results

Social Care

Awaiting Results



City of Stoke-on-Trent

Staffordshire
County Council

Common themes, proposed System collaboration and next steps



In addition to the specific Trust/Sector actions, there are 3 overarching themes, including 5 improvement areas and opportunity to collaborate. Within the existing ICS People, Culture and Inclusion Committee structure, the Health, Wellbeing and Experience Sub-Committee and Leadership and Talent Sub-Committee have established collaboratives and engaged System members.

At a System level, work is already underway to collectively support reductions in work related stress, burnout and MSK problems; reward and recognition; Leadership Development programmes and refreshing EDI programmes.

It is proposed that the Sub-Committees take ownership of the Survey results and agree specific areas of collaboration and actions. This will also provide an opportunity for partners to share learning and approaches for overall staff engagement, morale and People Promise themes.

Once the Primary Care and Social Care Staff Survey Results are available, further analysis and comparison will be undertaken to understand the overall System position.

Staffordshire and Stoke on Trent

Staff Survey 2024



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| We are Rewarded and Recognised | 9 |
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| We are Safe and Healthy | 14 |
| We are Always Learning | 20 |
| We Work Flexibly | 23 |
| We are a Team | 26 |
| Staff Engagement | 29 |
| Morale | 33 |



People Promise Elements: Overview

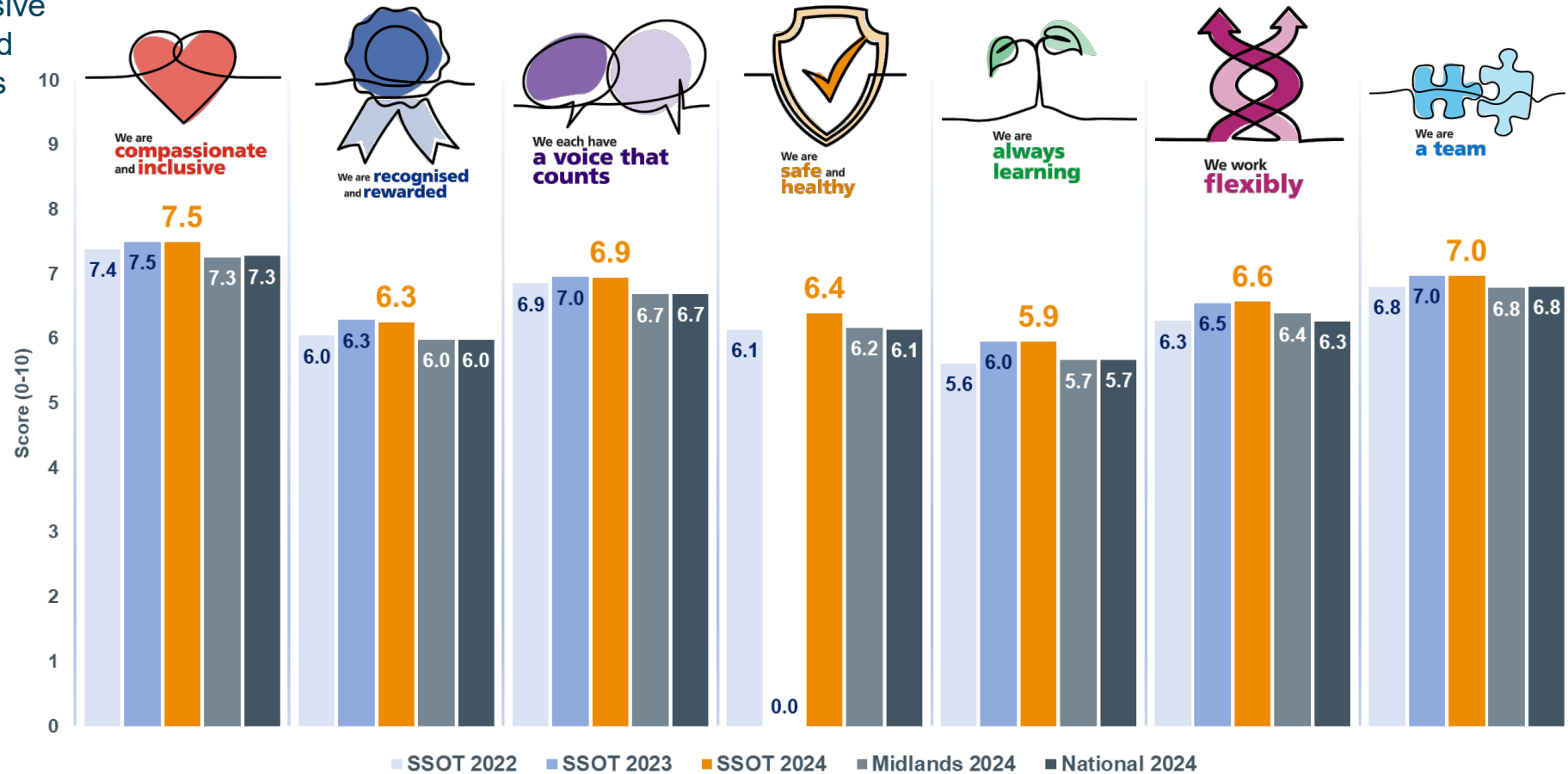
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People Promise Elements, themes and sub-scores are scored on a 0-10 scales, where a higher score is more positive than a lower score.



We are Compassionate and Inclusive

Theme Score: **7.5** (7.5 in 2023)

Compassionate Culture

Sub-Score: **7.4** (7.3 in 2023)

Compassionate Leadership

Sub-Score: **7.2** (7.2 in 2023)

Diversity and Equality

Sub-Score: **8.4** (8.4 in 2023)

Inclusion

Sub-Score: **7.0** (7.0 in 2023)

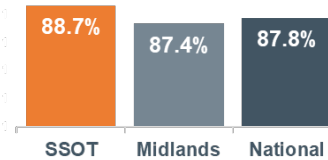
We are Compassionate and Inclusive



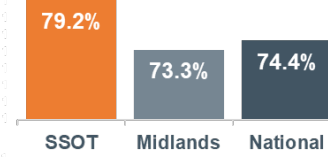
Compassionate Culture sub-score: **2024: 7.4** (2023: 7.3, 2022: 7.1)

Care of Patients and Service Users

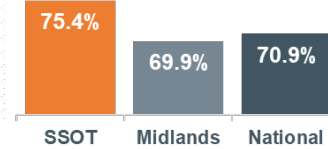
88.7% said they feel their **role makes a difference** to patients / service users (q6a) (2023: 88.5%, 2022: 86.4%)



79.2% said that **care of patients / service users is their organisation's top priority** (q25a) (2023: 78.2%, 2022: 74.9%)

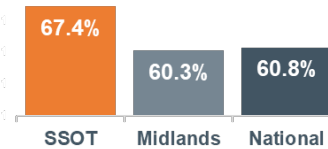


75.4% agree that their organisation **acts on concerns raised by patients / services users** (q25b) (2023: 74.2%, 2022: 72.2%)



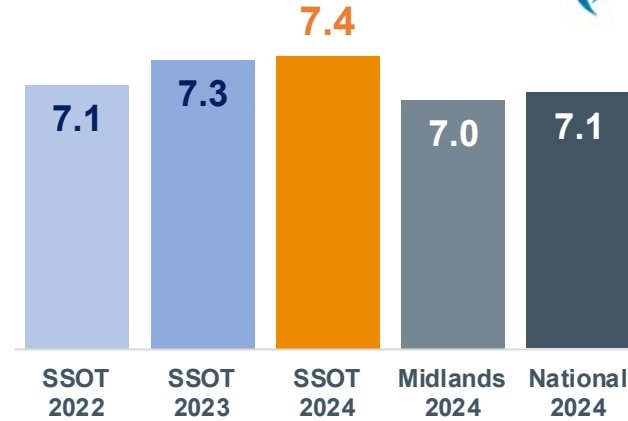
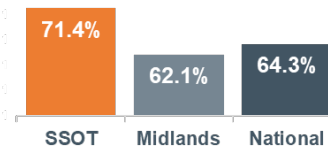
Recommend as a Place to Work

67.4% would **recommend their organisation as a place to work** (q25c) (2023: 65.9%, 2022: 61.3%)



Standard of Care

71.4% said that if a friend or relative needed treatment, they would be **happy with the standard of care** provided by their organisation (q25d) (2023: 71.4%, 2022: 67.9%)



We are **compassionate** and **inclusive**

Compassionate Culture: What the Data tells us

At 7.4 in 2024, the 'Compassionate Culture' sub-score has improved from 7.3 in 2023 and 7.1 in 2022.

All five measures linked to Compassionate Culture **have improved** in 2024, with all five measures currently at a **four-year high**.

The greatest increase was in the percentage of staff who would **recommend their organisation as a place to work**, which at 67.4% is up 1.5 percentage points since 2023 and now at a four-year high (up 5.5 percentage points from 61.9% in 2021).

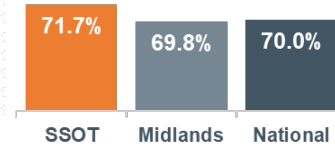
We are Compassionate and Inclusive



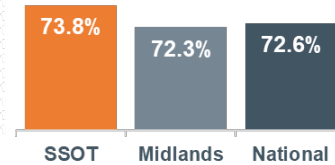
Compassionate Leadership sub-score: **2024: 7.2** (2023: 7.2, 2022: 7.0)

Listening and Understanding

71.7% said their immediate manager **works together with them to come to an understanding of problems** (q9f) (2023: 72.1%, 2022: 69.2%)

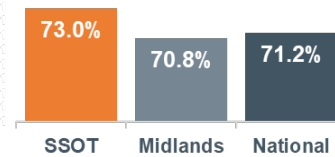


73.8% agreed that their immediate manager is **interested in listening to them when they describe challenges** they face (q9g) (2023: 73.8%, 2022: 71.4%)

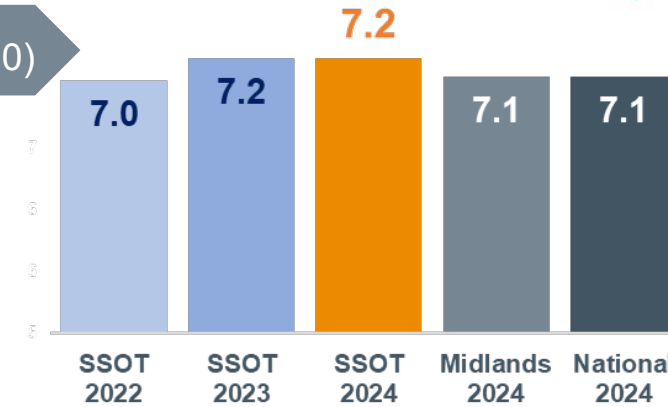
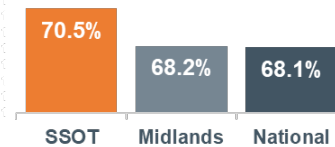


Caring and Acting

73.0% agreed that their immediate manager **cares about their concerns** (q9h) (2023: 73.0%, 2022: 70.7%)



70.5% said their immediate manager **takes effective action** to help them with any problems they face (q9i) (2023: 69.9%, 2022: 66.2%)



We are **compassionate** and **inclusive**

Compassionate Leadership: What the Data tells us

The 'Compassionate Leadership' sub-score has remained unchanged at 7.2 since 2023, following an improvement from 7.0 in 2022.

Three out of the four questions feeding into the 'Compassionate Leadership' sub-score have seen little change this year.

However, at 71.7%, the proportion of staff who feel **their immediate manager works together with them to come to an understanding of problems** has seen a slight decline in 2024, down from 72.1% in 2023.

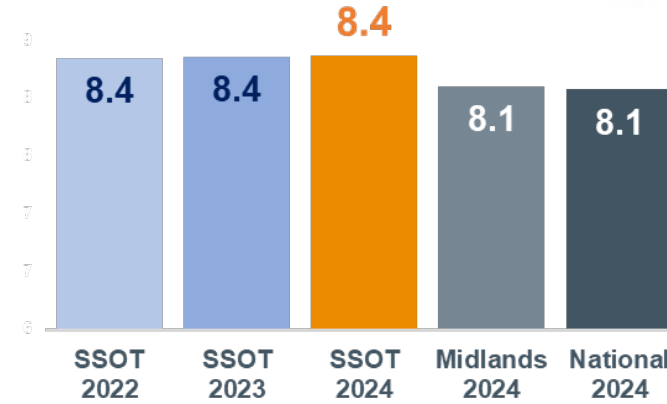
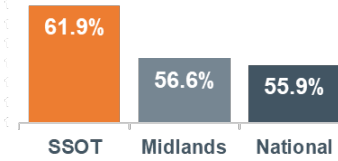
We are Compassionate and Inclusive



Diversity and Equality sub-score: **2024: 8.4** (2023: 8.4, 2022: 8.4)

Equal Opportunities

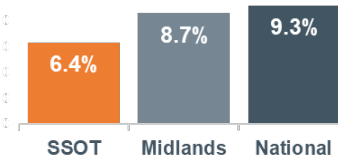
61.9% of staff felt their organisation **acts fairly with regard to career progression or promotion**, regardless of ethnic background, gender, religion, sexual orientation, disability or age (q15) (2023: 62.1%, 2022: 61.6%)



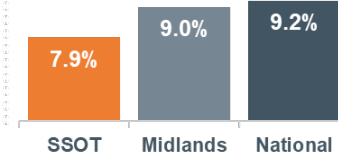
Discrimination

The following percentages of staff reported personally **experiencing discrimination at work** in the last 12 months:

6.4% ...from patients / service users, their relatives or other members of the public (q16a) (2023: 6.0%, 2022: 6.0%)

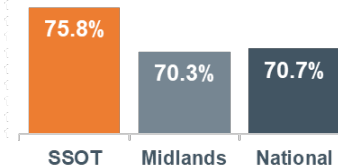


7.9% ...from managers, team leaders or colleagues (q16b) (2023: 7.8%, 2022: 7.4%)



Respect for Individual Differences

75.8% of staff felt their **organisation respects individual differences**, such as different cultures, working styles, backgrounds and ideas (q21) (2023: 74.6%, 2022: 72.7%)



Diversity and Equality: What the Data tells us

The **'Diversity and equality'** sub-score has remained unchanged for the last three years, with little change on most measures this year.

In the last five years there has been a gradual increase in the percentage of staff claiming to have **experienced discrimination at work**; experience of **discrimination from patients or the public** is up from 5.1% to 6.4% since 2020, while **discrimination from staff** is up from 6.4% to 7.9% in the same period.

However, staff are increasingly likely **to feel their organisation respects individual differences** such as cultures, working styles, backgrounds and ideas. This measure is up 3.8 percentage points since 2021, and now at a four-year high.

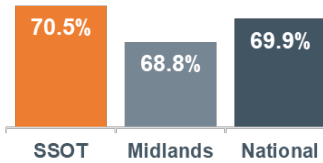
We are Compassionate and Inclusive



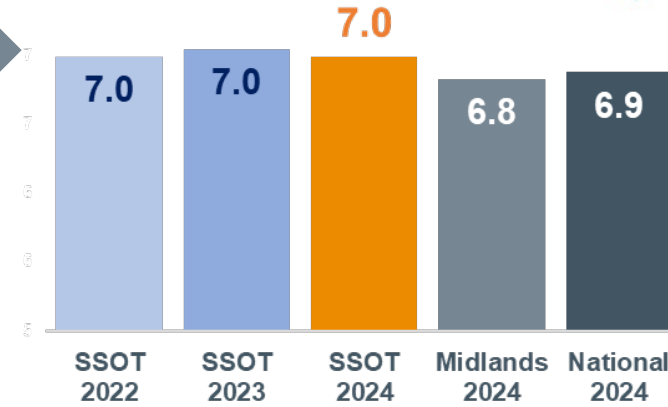
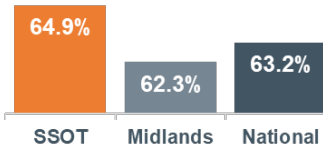
Inclusion sub-score: **2024: 7.0** (2023: 7.0, 2022: 7.0)

Part of a Team

70.5% of staff said they **felt valued by their team** (q7h) (2023: 72.0%, 2022: 69.9%)



64.9% of staff said they **felt a strong personal attachment to their team** (q7i) (2023: 65.4%, 2022: 65.2%)

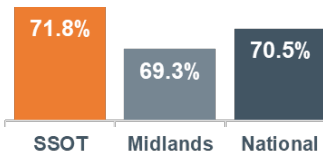


We are **compassionate** and **inclusive**

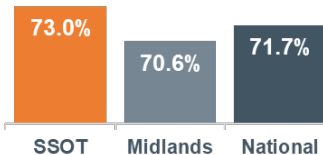
Respect and Civility

The following percentage of staff reported that the people they work with are:

71.8% ... **understanding and kind to one another** (q8b) (2023: 72.6%, 2022: 72.2%)



73.0% ... **polite and treat each other with respect** (q8c) (2023: 74.1%, 2022: 73.7%)



Inclusion: What the Data tells us

At 7.0 in 2024, the **'Inclusion'** sub-score has remained unchanged since 2022, but has increased from 6.9 in 2021.

The proportion of **staff agreeing with each of the four questions** feeding into this sub-score **have decreased** when compared with 2023.



We are Recognised and Rewarded

Theme Score: **6.3** (6.3 in 2023)

There are no sub-scores for this People Promise element

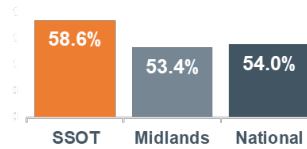
We are Recognised and Rewarded



Recognised and Rewarded - 2024: 6.3 (2023: 6.3, 2022: 6.0)

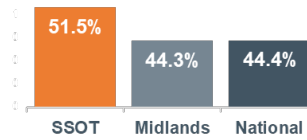
Recognition

58.6% of staff were **satisfied with the recognition they get for good work** (q4a) (2023: 59.5%, 2022: 55.8%)

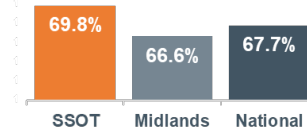


Feeling Valued and Appreciated

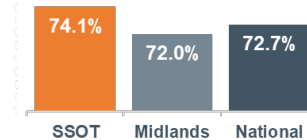
51.5% were **satisfied with the extent to which their organisation values their work** (q4b) (2023: 50.9%, 2022: 47.2%)



69.8% of staff say that **the people they work with show appreciation to one another** (q8d) (2023: 70.6%, 2022: 70.2%)

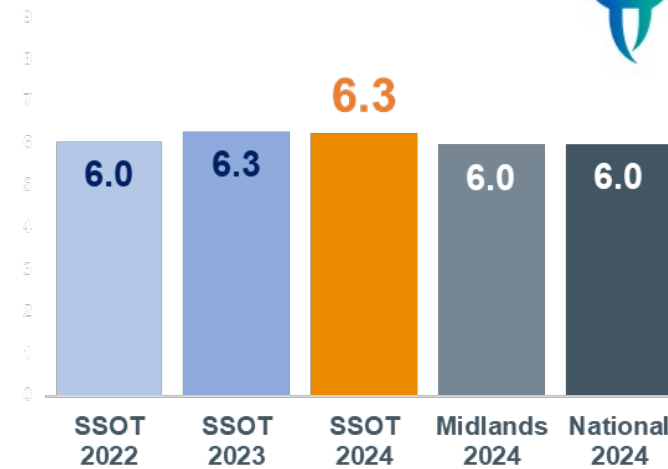
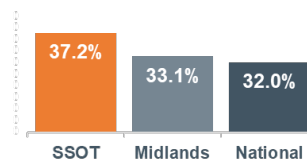


74.1% agree that **their immediate manager values their work** (q9e) (2023: 75.0%, 2022: 72.4%)



Satisfaction with Pay

37.2% of staff were **satisfied with their level of pay** (q4c) (2023: 37.2%, 2022: 31.2%)



Recognised and Rewarded: What the Data tells us

The 'Recognised and Rewarded' overall theme score has **remained unchanged** at 6.3 since 2023, following an increase from 6.0 in 2022.

Four out of the five measures related to **recognition and reward** have either **remained unchanged or decreased** in 2024, when compared with 2023.

However, with an improvement in 2024, the number of staff who **'were satisfied with the extent to which their organisation values their work'** has increased by 0.6 percentage points since 2023, at 51.5% in 2024, this measure is now at a 5-year high.



We Each have a Voice that Counts

Theme Score: **6.9** (7.0 in 2023)

Autonomy and Control

Sub-Score: **7.1** (7.2 in 2023)

Raising Concerns

Sub-Score: **6.8** (6.7 in 2023)

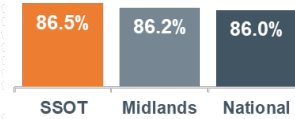
We each have a Voice that Counts



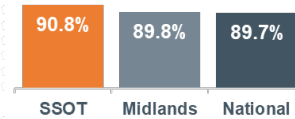
Autonomy and Control sub-score: **2024: 7.1** (2023: 7.2, 2022: 7.1)

Autonomy and Control

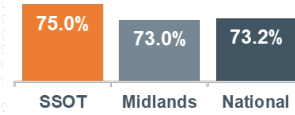
86.5% of staff **always know what their responsibilities are** (q3a) (2023: 87.3%, 2022: 86.5%)



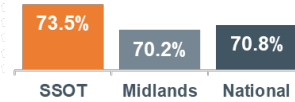
90.8% of staff **feel trusted to do their job** (q3b) (2023: 91.5%, 2022: 91.8%)



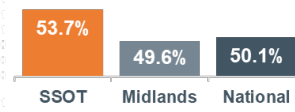
75.0% of staff **said there are frequent opportunities for them to show initiative in their role** (q3c) (2023: 76.0%, 2022: 75.0%)



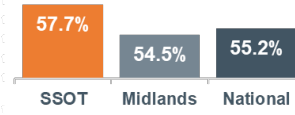
73.5% of staff **said they are able to make suggestions to improve the work of their team/department** (q3d) (2023: 74.2%, 2022: 73.2%)



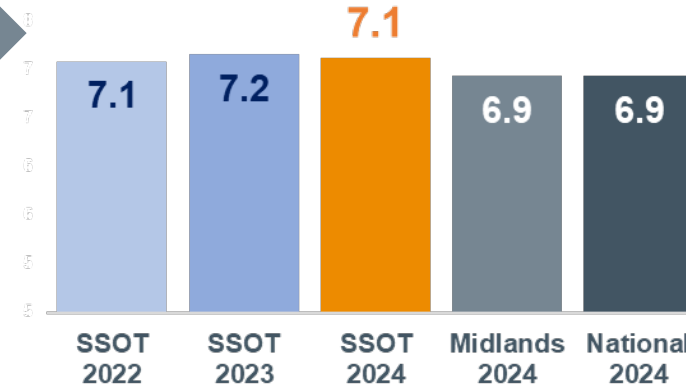
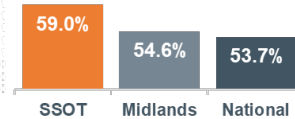
53.7% of staff **said they are involved in deciding on changes** introduced that affect their work area / team / department (q3e) (2023: 54.3%, 2022: 51.8%)



57.7% of staff **feel able to make improvements happen** in their area of work (q3f) (2023: 58.2%, 2022: 56.1%)



59.0% of staff **said they often or always have a choice in how to do their work** (q5b) (2023: 59.3%, 2022: 58.7%)



Autonomy and Control: What the Data tells us

The 'Autonomy and Control' sub-score has decreased from 7.2 in 2023 to 7.1 in 2024.

All of the measures feeding into this sub-score have **decreased** when compared to 2023.

At 90.8%, the proportion of staff who **feel trusted to do their job** has seen a **decline in 2024**, down from 91.5% in 2023, this is now the only measure in this category at a five-year low.

We each have a Voice that Counts



Raising Concerns sub-score: 2024: 6.8 (2023: 6.7, 2022: 6.6)

Concerns about Clinical Safety

The following percentage of staff said they...

74.7% ...would feel secure raising concerns about unsafe clinical practice (q20a) (2023: 73.9%, 2022: 72.8%)

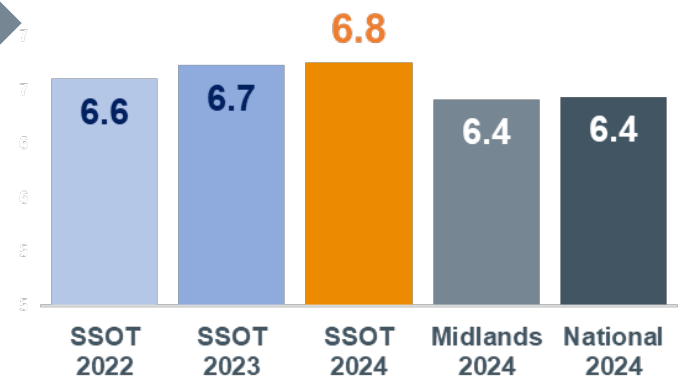
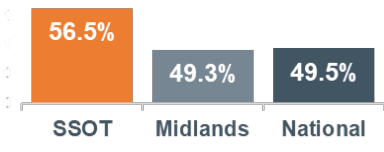
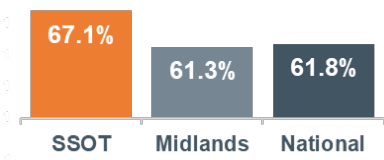
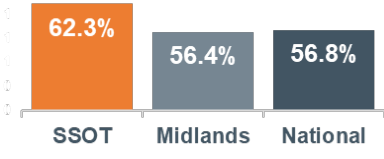
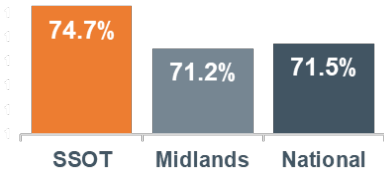
62.3% ...were confident that their organisation would address their concern (q20b) (2023: 61.8%, 2022: 59.3%)

Speaking up about concerns

The following percentage of staff said they...

67.1% ...feel safe to speak up about anything that concerns them in their organisation (q25e) (2023: 67.6%, 2022: 64.8%)

56.5% ...were confident that their organisation would address their concern (q25f) (2023: 56.3%, 2022: 53.0%)



Raising Concerns: What the Data tells us

The 'Raising Concerns' sub-score has improved from 6.7 in 2023 to 6.8 in 2024.

Three of the four measures feeding into this sub-score improved in 2024, following declines in 2022.

The biggest increase was in the percentage of staff who said they would feel secure raising concerns about unsafe clinical practice, which at 74.7% is up 0.8 percentage points since 2023 and now at a three-year high.



We are Safe and Healthy

Theme Score: **6.4** (6.1 in 2022)

Negative Experiences

Sub-Score: **8.1** (7.9 in 2022)

Health and Safety Climate

Sub-Score: **5.9** (5.5 in 2022)

Burnout

Sub-Score: **5.2** (5.2 in 2023)

People Promise Elements, themes and sub-scores are scored on a 0-10 scales, where a higher score is more positive than a lower score

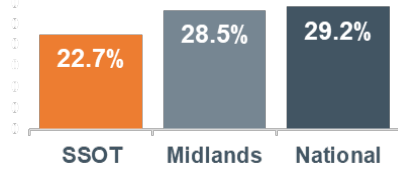
*2023 results for some measures in this section have not been reported due to an issue with the data

We are Safe and Healthy

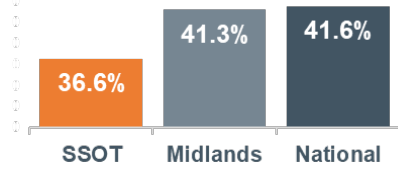
Negative Experiences sub-score: 2024: 8.1 (2023: --, 2022: 7.9)

Staff Health

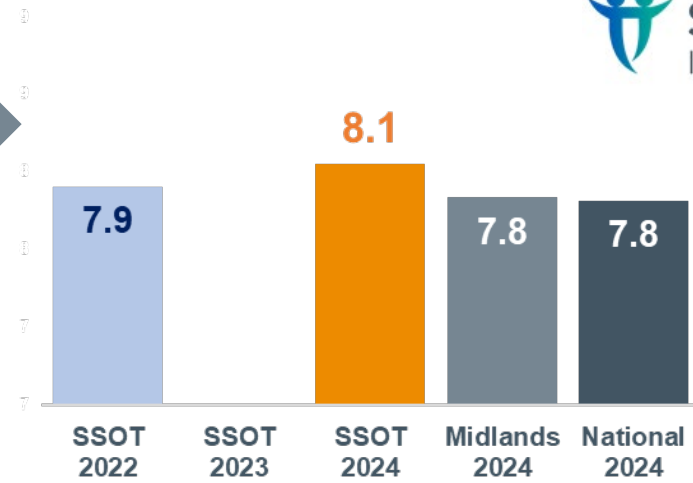
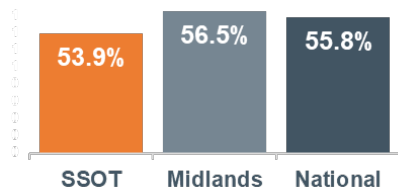
22.7% of staff have experienced **musculoskeletal problems** as a result of work activities in the last 12 months (q11b) (2023: 22.1%, 2022: 23.5%)



36.6% of staff have **felt unwell as a result of work-related stress** in the last 12 months (q11c) (2023: 35.8%, 2022: 40.3%)



53.9% of staff have **gone into work in the last three months despite not feeling well enough to perform their duties** (q11d) (2023: 52.3%, 2022: 55.1%)



Negative Experiences: What the Data tells us

The 'Negative Experiences' sub-score has improved from 7.9 in 2022 to 8.1 in 2024 (the 2023 results have not been reported due to an issue with the data).

Each of the three measures have declined since 2023, with slight increases in the proportions of staff experiencing musculoskeletal problems as a result of work activities; feeling unwell due to work-related stress; and going to work despite not feeling well enough.

Note: 2023 results for some measures in this section have not been reported due to an issue with the data

We are Safe and Healthy



Negative Experiences sub-score: 2024: 8.1 (2023: --, 2022: 7.9)

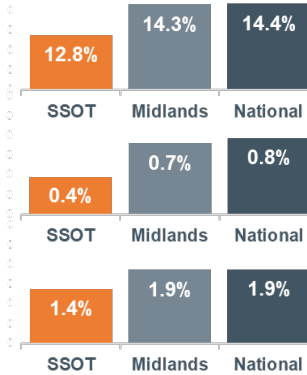
Physical Violence

The following percentage of staff experienced at least one incident of **physical violence** in the last 12 months:

12.8% from **patients / service users, their relatives or other members of the public** (q13a) (2023: *--, 2022: 13.1%)

0.4% from **managers** (q13b) (2023: *--, 2022: 0.5%)

1.4% from **other colleagues** (q13c) (2023: *--, 2022: 1.4%)



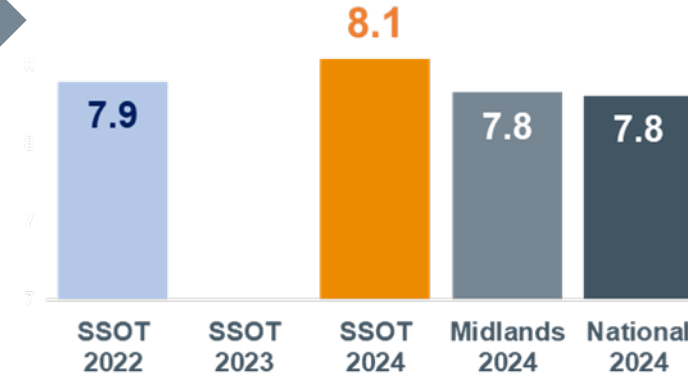
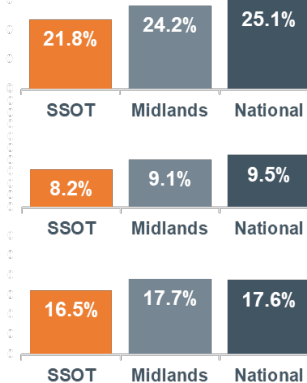
Harassment, Bullying and Abuse

The following percentage of staff experienced at least one incident of **harassment, bullying or abuse** in the last 12 months:

21.8% from **patients / service users, their relatives or other members of the public** (q14a) (2023: 22.5%, 2022: 24.9%)

8.2% from **managers** (q14b) (2023: 9.3%, 2022: 11.0%)

16.5% from **other colleagues** (q14c) (2023: 17.2%, 2022: 17.8%)



Negative Experiences: What the Data tells us

The **'Negative Experiences'** sub-score has improved from 7.9 in 2022 to 8.1 in 2024 (the 2023 results have not been reported due to an issue with the data).

There has been a **decrease in the proportion of staff claiming to have experienced** at least one incident of **physical violence** in the last 12 months (when compared to 2022 results).

The proportions of staff saying they experienced harassment, bullying and abuse from patients/service users, relatives or the public (21.8%), managers (8.2%) or other colleagues (16.5%) **are all at a five-year low.**

*2023 results for these questions have not been reported due to an issue with the data.

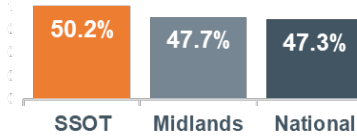
We are Safe and Healthy



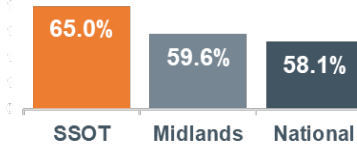
Health and Safety Climate sub-score: **2024: 5.9** (2023: --, 2022: 5.5)

Workload and Resources

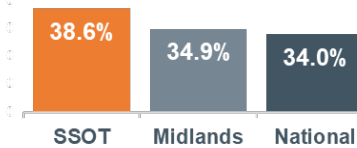
50.2% of staff are able to meet all the conflicting demands on their time at work (q3g) (2023: 49.6%, 2022: 45.1%)



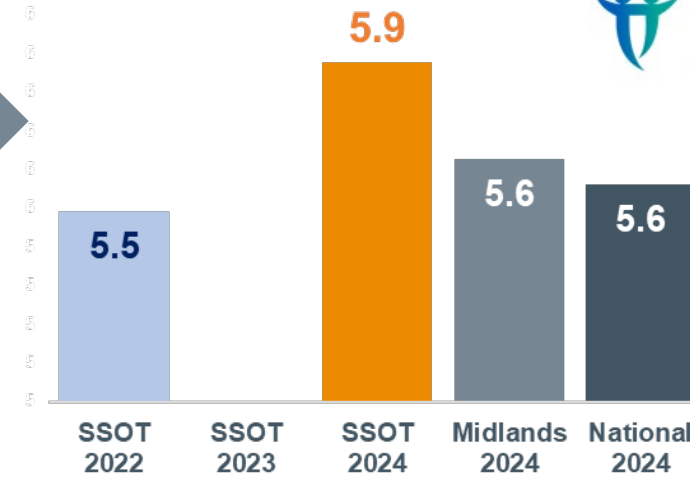
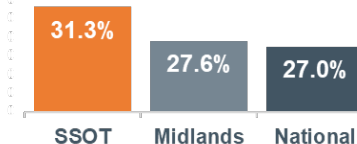
65.0% of staff say they have adequate materials, supplies and equipment to do their work (q3h) (2023: 65.5%, 2022: 61.1%)



38.6% of staff said there are enough staff at their organisation for them to do their job properly (q3i) (2023: 36.2%, 2022: 28.8%)



31.3% of staff say they never or rarely have unrealistic time pressures (q5a) (2023: 29.5%, 2022: 25.8%)



Health and Safety Climate: What the Data tells us

The 'Health and Safety Climate' sub-score has improved from 5.5 in 2022 to 5.9 in 2024 (the 2023 results have not been reported due to an issue with the data).

Following notable declines between 2020 and 2022 on the four measures relating to **workload and resources**, **three of the four measures have shown an improvement in 2024** compared with 2022 and 2023.

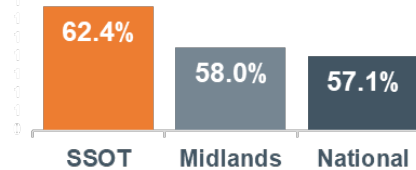
The greatest improvement was in the proportion of staff **feeling there are enough staff at their organisation for them to do their job properly**, which at 38.6% is up 2.4 percentage points since 2023.

We are Safe and Healthy

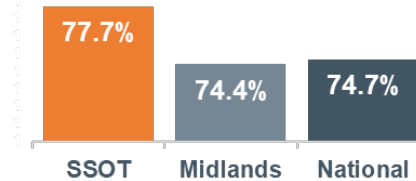
Health and Safety Climate sub-score: **2024: 5.9** (2023: --, 2022: 5.5)

Organisational Action

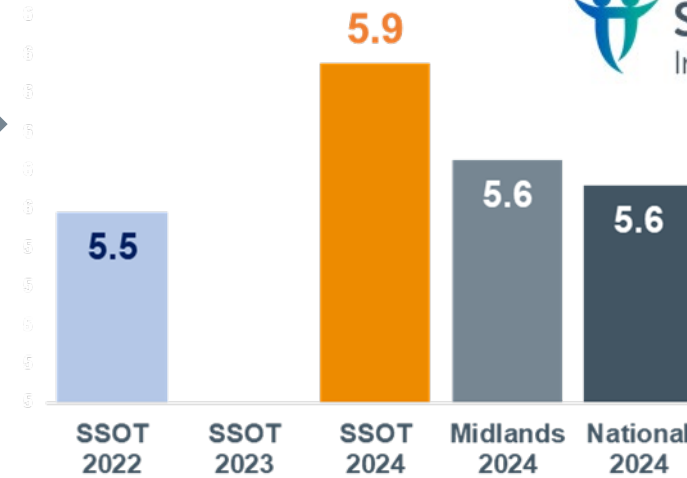
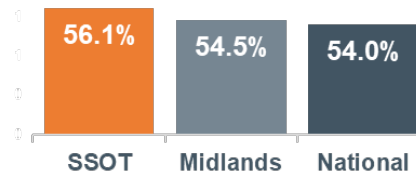
62.4% of staff said their **organisation takes positive action on health and well-being** (q11a) (2023: 62.4%, 2022: 60.0%)



77.7% of staff who had experienced physical violence said that they or a colleague reported it (q13d) (2023: *--%, 2022: 76.4%)



56.1% of staff who had experienced harassment, bullying or abuse said that they or a colleague reported it (q14d) (2023: 54.7%, 2022: 53.0%)



Health and Safety Climate: What the Data tells us

The 'Health and Safety Climate' sub-score has improved from 5.5 in 2022 to 5.9 in 2024 (the 2023 results have not been reported due to an issue with the data).

Amongst staff who had **experienced harassment, bullying or abuse in the past 12 months**, more than half (56.1%) indicated that the last such incident was reported, which represents a three-year high on this measure.

When it comes to **feeling their trust takes positive action on health and well-being**, there has been a 2.4 percentage point increase since 2022.

*2023 results for these questions have not been reported due to an issue with the data.

We are Safe and Healthy



Burnout sub-score: **2024: 5.2** (2023: 5.2, 2022: 5.0)

Burnout

The following percentage of staff said they...

32.3% they find their work emotionally exhausting (q12a) (2023: 32.3%, 2022: 35.9%)

27.4% they feel burnt out because of their work (q12b) (2023: 27.2%, 2022: 31.2%)

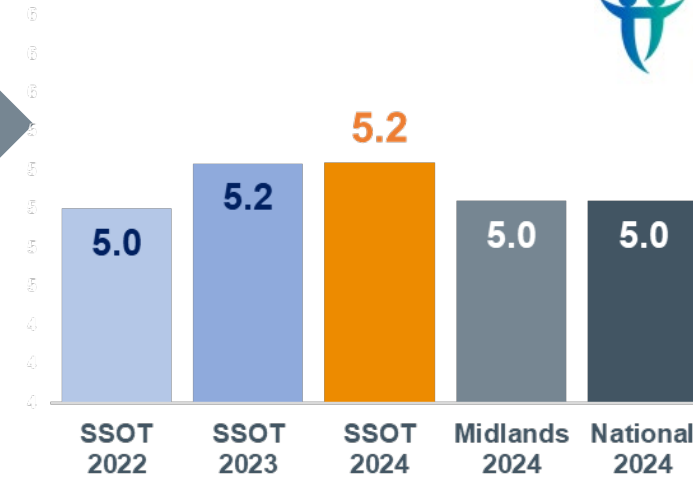
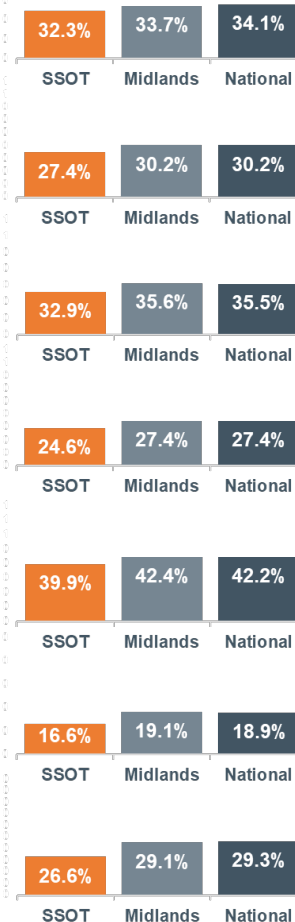
32.9% their work frustrates them (q12c) (2023: 33.5%, 2022: 38.6%)

24.6% they feel exhausted at the thought of another day/shift at work (q12d) (2023: 24.5%, 2022: 28.9%)

39.9% they feel worn out at the end of their working day/shift (q12e) (2023: 39.5%, 2022: 43.3%)

16.6% they feel that every working hour is tiring for them (q12f) (2023: 17.0%, 2022: 20.1%)

26.6% they do not have enough energy for family and friends during leisure time (q12g) (2023: 27.3%, 2022: 30.3%)



Burnout: What the Data tells us

Experience of burnout is measured via a sub-set of seven questions. As with all scores reported, a higher score indicates a better result, and the **'Burnout' sub-score** has remained unchanged from 2023 at 5.2.

On four out of the seven questions, the proportion of staff who say they always or often feel the way described has improved (i.e. is lower than in 2023).

The greatest improvement (decrease) was in the proportion of staff who say they **do not have enough energy for family and friends during leisure time**, which at 26.6% is down 0.7 percentage points since 2023. There was also a notable improvement in the proportion of staff who say **their work frustrates them**, which at 32.9% is down 0.6 percentage points since 2023 and down 5.7 percentage points since 2022.



We are Always Learning

Theme Score: **5.9** (6.0 in 2023)

Development

Sub-Score: **6.7** (6.7 in 2023)

Appraisals

Sub-Score: **5.2** (5.2 in 2023)

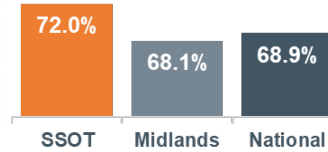
We are Always Learning



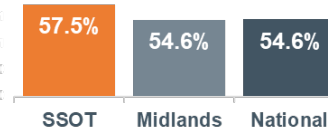
Development sub-score: **2024: 6.7** (2023: 6.7, 2022: 6.5)

Development

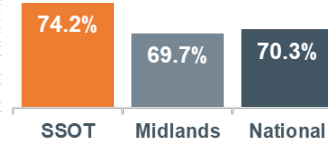
72.0% feel their organisation offers them challenging work (q24a) (2023: 72.4%, 2022: 73.3%)



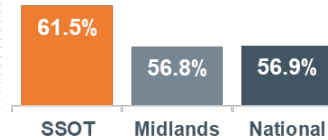
57.5% said there are opportunities for them to develop their career in their organisation (q24b) (2023: 58.0%, 2022: 55.0%)



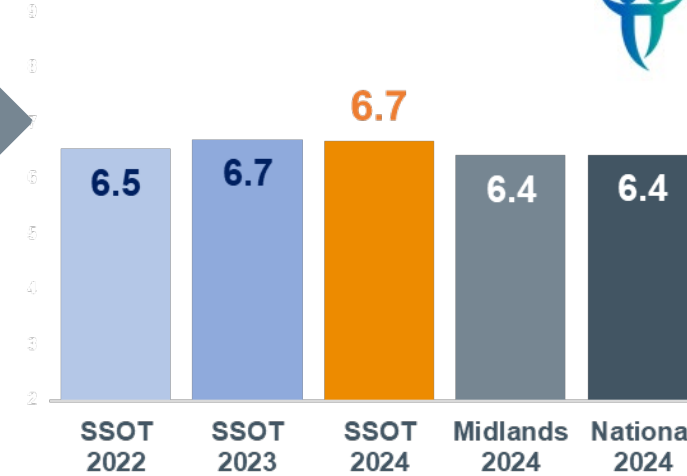
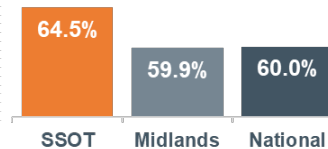
74.2% said they have opportunities to improve their knowledge and skills (q24c) (2023: 74.5%, 2022: 71.2%)



61.5% feel supported to develop their potential (q24d) (2023: 61.2%, 2022: 57.4%)



64.5% are able to access the right learning and development opportunities when they need to (q24e) (2023: 64.2%, 2022: 60.7%)



Development: What the Data tells us

At 6.7 in 2024, the 'Development' sub-score has **remained unchanged** at 6.7 since 2023, following an increase from 6.5 in 2022.

Three out of the five measures feeding into this sub-score have seen a slight **decrease** when compared to 2023.

The proportion who say they 'feel **supported to develop their potential**' and 'can **access the right learning and development opportunities** when they need to' have each **increased by 0.3 percentage points** since 2023, with both measures now at a four-year high.

We are Always Learning

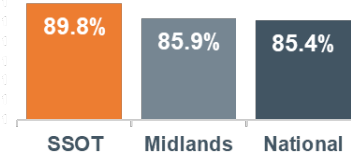


Appraisals sub-score: **2024: 5.2** (2023: 5.2, 2022: 4.7)

Appraisals

89.8%

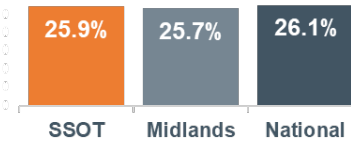
Said they have had an **appraisal, annual review, development review, or Knowledge and Skills Framework development review in the last 12 months** (q23a) (2023: 88.6%, 2022: 86.6%)



The following percentage of staff said they...

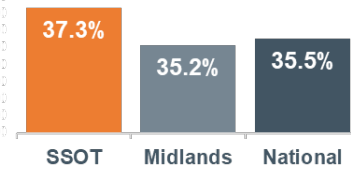
25.9%

...helped them to **improve how they do their job** (q23b) 2023: 25.7%, 2022: 21.3%)



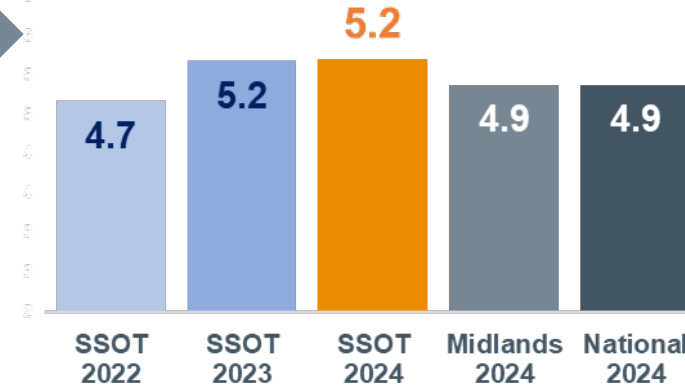
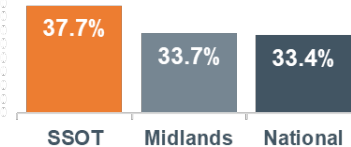
37.3%

...helped them to **agree clear objectives** for their work (q23c) (2023: 36.9%, 2022: 32.0%)



37.7%

...left them **feeling that their work is valued** by their organisation (q23d) (2023: 38.7%, 2022: 34.9%)

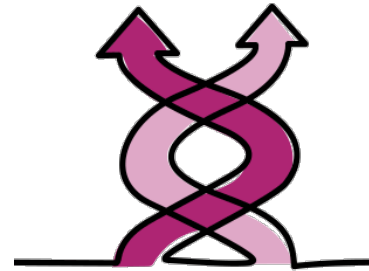


Appraisals: What the Data tells us

At 5.2 in 2024, the **'Appraisals'** sub-score has **remained unchanged** at 5.2 since 2023, following an increase from 4.7 in 2022.

Three of the four measures which contribute to the **'Appraisals'** sub-score have improved since 2023 and are now at a three-year high.

The **greatest improvement** was in the proportion of staff who say they have had an **appraisal, annual review, development review, or Knowledge and Skills Framework development review in the last 12 months**, which at 89.8% is up 1.2 percentage points since 2023.



We work
flexibly

We Work Flexibly

Theme Score: **6.6** (6.6 in 2023)

Support for Work-Life Balance

Sub-Score: **6.7** (6.6 in 2023)

Flexible Working

Sub-Score: **6.6** (6.5 in 2023)

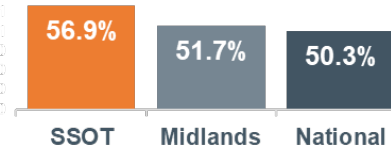
We Work Flexibly



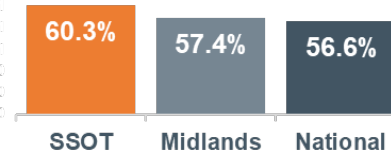
Work-Life Balance sub-score: **2024: 6.7** (2023: 6.6, 2022: 6.3)

Support for Work-Life Balance

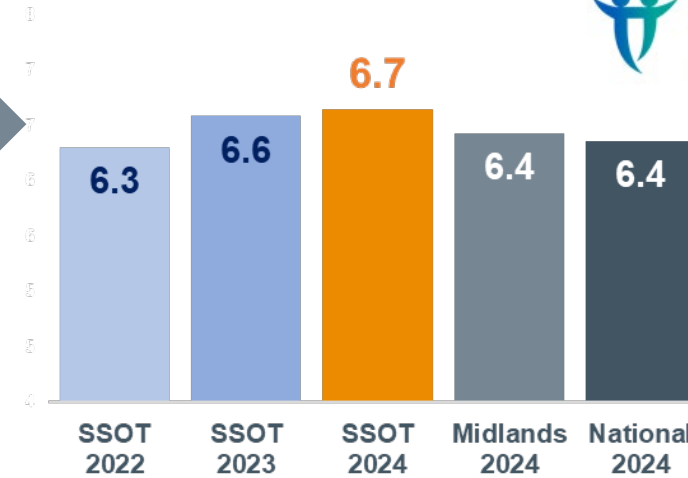
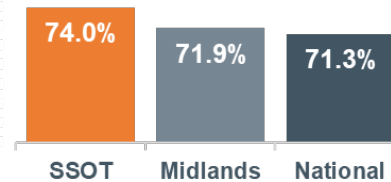
56.9% said their organisation is **committed to helping them balance their work and home life** (q6b)
(2023: 55.3%, 2022: 49.1%)



60.3% of staff said they **achieve a good balance between their work life and their home life** (q6c)
(2023: 60.0%, 2022: 56.0%)



74.0% said they **can approach their immediate manager to talk openly about flexible working** (q6d)
(2023: 73.3%, 2022: 70.3%)



Support for Work-Life Balance: What the Data tells us

At 6.7 in 2024, the 'Support for Work-Life Balance' sub-score has improved since 2023 (up from 6.6).

All of the measures feeding into this sub-score **have improved** when compared to 2022 and 2023, with **all of the measures now at a three-year high**.

The greatest improvement was in the proportion of staff who say **their organisation is committed to helping them balance their work and home life**, which at 56.9% is up 1.6 percentage points since 2023.

We Work Flexibly

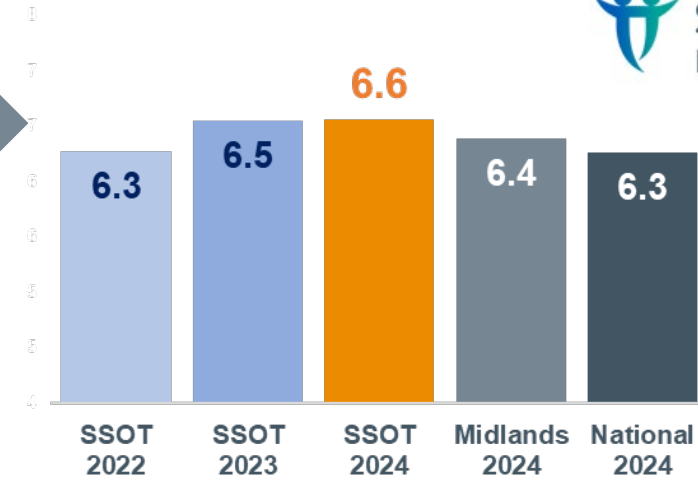
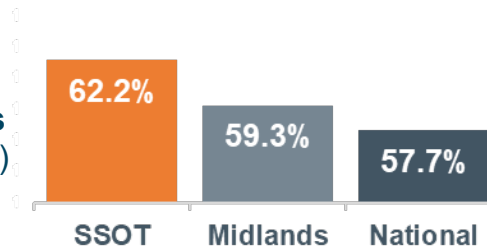


Flexible Working sub-score: **2024: 6.6** (2023: 6.5, 2022: 6.3)

Flexible Working

62.2%

said they are **satisfied with the opportunities they have for flexible working patterns** (q4d) (2023: 60.9%, 2022: 57.4%)



Flexible Working: What the Data tells us

At 6.6 in 2024, the 'Flexible Working' sub-score has improved since 2023 (up from 6.5).

At 62.2%, the proportion who say they are **satisfied with the opportunities they have for flexible working patterns**, has **increased by 1.3 percentage points** since 2023, and represents a three-year high on this measure.



We are a Team

Theme Score: **7.0** (7.0 in 2023)

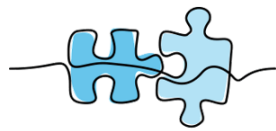
Team Working

Sub-Score: **6.8** (6.9 in 2023)

Line Management

Sub-Score: **7.1** (7.1 in 2023)

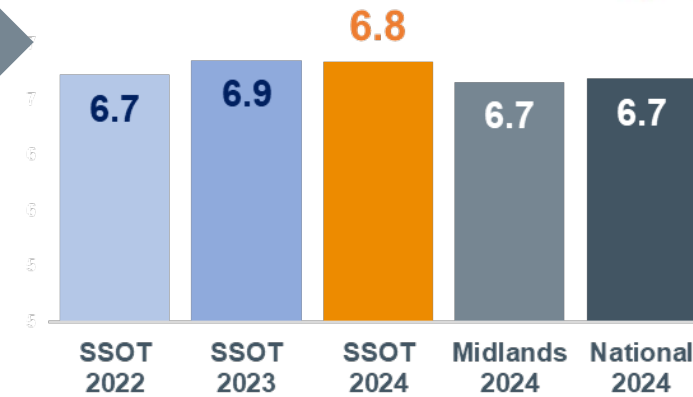
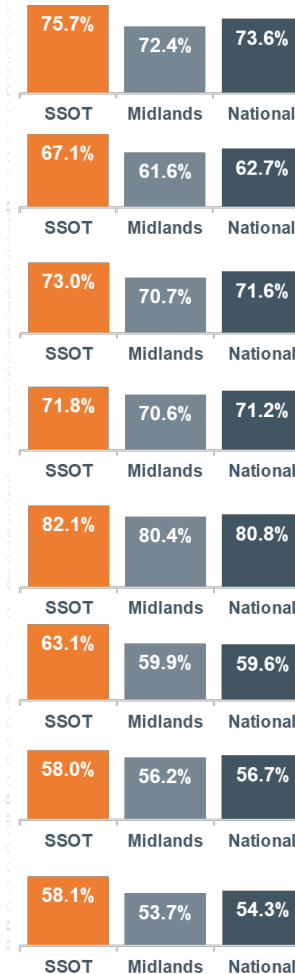
We are a Team



Team Working sub-score: **2024: 6.8** (2023: 6.9, 2022: 6.7)

Team Working

- 75.7%** said the team they work in **has a set of shared objectives** (q7a) (2023: 75.8%, 2022: 74.4%)
- 67.1%** said the team they work in **often meets to discuss the team's effectiveness** (q7b) (2023: 66.1%, 2022: 63.0%)
- 73.0%** feel they **receive the respect they deserve from their colleagues at work** (q7c) (2023: 73.7%, 2022: 72.7%)
- 71.8%** feel that **team members understand each other's roles** (q7d) (2023: 72.6%, 2022: 71.8%)
- 82.1%** **enjoy working with the colleagues** in their team (q7e) (2023: 83.1%, 2022: 82.9%)
- 63.1%** said **their team has enough freedom** in how to do its work (q7f) (2023: 62.5%, 2022: 58.5%)
- 58.0%** believe that in their team **disagreements are dealt with constructively** (q7g) (2023: 59.2%, 2022: 57.2%)
- 58.1%** said **teams within their organisation work well together to achieve their objectives** (q8a) (2023: 57.6%, 2022: 52.2%)



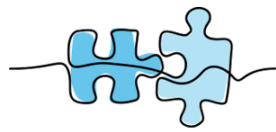
Team Working: What the Data tells us

At 6.8 in 2024, the 'Team Working' sub-score has decreased since 2023 (down from 6.9).

Of the eight measures which contribute to the 'Team working' sub-score, only three have improved since 2023, with the other five measures decreasing over the same period.

For the second year in a row, there were notable improvements in the proportions of staff saying their team often meets to discuss their effectiveness and that the team has enough freedom in how to do its work.

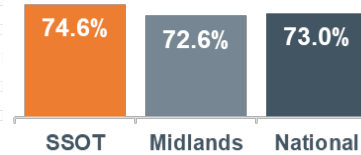
We are a Team



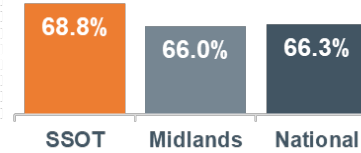
Line Management sub-score: 2024: 7.1 (2023: 7.1, 2022: 6.9)

Line Management

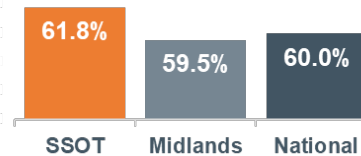
74.6% said their immediate **manager encourages them at work** (q9a) (2023: 75.0%, 2022: 71.8%)



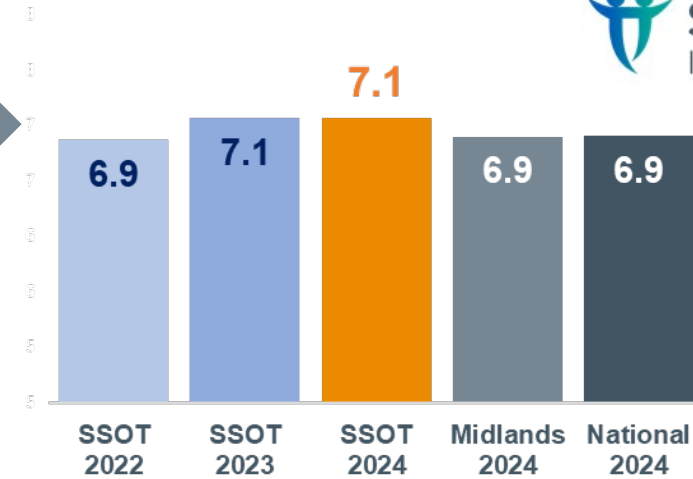
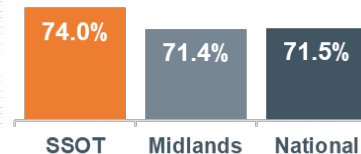
68.8% said their immediate manager **gives them clear feedback on their work** (q9b) (2023: 68.2%, 2022: 64.9%)



61.8% said their immediate manager **asks for their opinion before making decisions that affect their work** (q9c) (2023: 61.7%, 2022: 59.1%)



74.0% said their immediate manager **takes a positive interest in their health and well-being** (q9d) (2023: 73.7%, 2022: 70.5%)

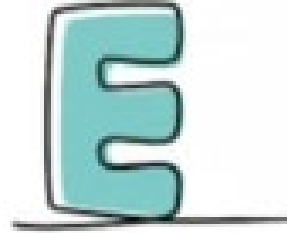


Line Management: What the Data tells us

At 7.1 in 2024, the 'Line Management' sub-score has remained unchanged since 2023.

Of the four measures which contribute to the 'Line Management' sub-score, **three have improved since 2023** and are now at a three-year high.

The greatest improvement was in the proportion of staff who say their **manager gives them clear feedback on their work**, which at 68.8% is up 0.6 percentage points since 2023.



Staff Engagement

Theme Score: **7.1** (7.1 in 2023)

Motivation

Sub-Score: **7.2** (7.2 in 2023)

Involvement

Sub-Score: **7.0** (7.0 in 2023)

Advocacy

Sub-Score: **7.2** (7.1 in 2023)

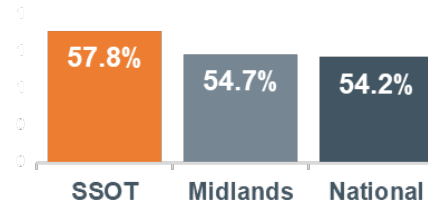
Staff Engagement



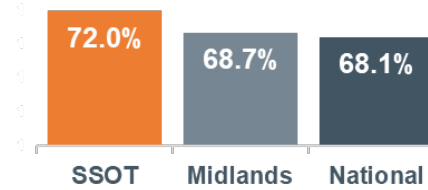
Motivation sub-score: **2024: 7.2** (2023: 7.2, 2022: 7.1)

Motivation

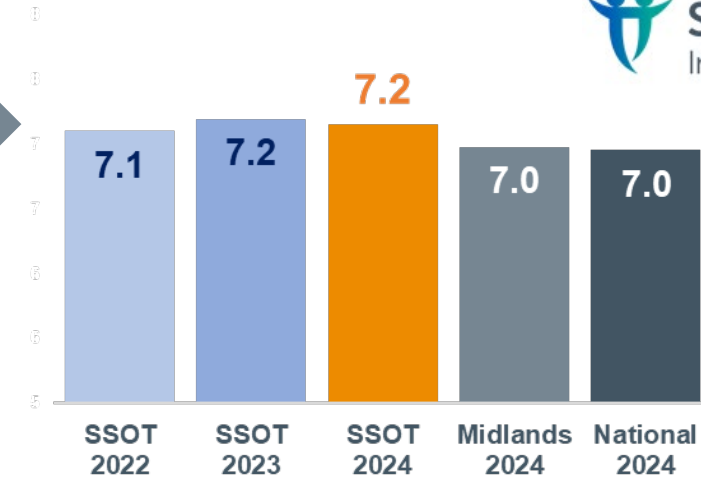
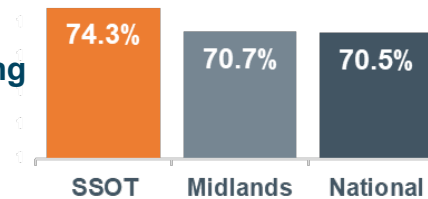
57.8% of staff **look forward to going to work** (q2a)
(2023: 58.6%, 2022: 54.6%)



72.0% are **enthusiastic about their job** (q2b)
(2023: 72.2%, 2022: 69.6%)



74.3% said **time passes quickly when they are working** (q2c)
(2023: 75.2%, 2022: 76.0%)



Motivation: What the Data tells us

At 7.2 in 2024, the **'Motivation'** sub-score has remained unchanged since 2023.

All of the three measures feeding into this sub-score have seen a **decrease** when compared to 2023.

Staff Engagement

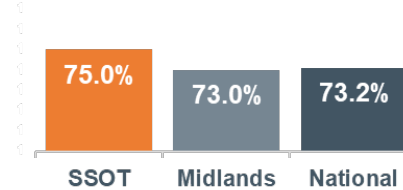


Involvement sub-score: **2024: 7.0** (2023: 7.0, 2022: 7.0)

Involvement

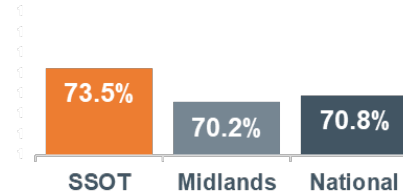
75.0%

said there are **frequent opportunities for them to show initiative in their role** (q3c) (2023: 76.0%, 2022: 75.0%)



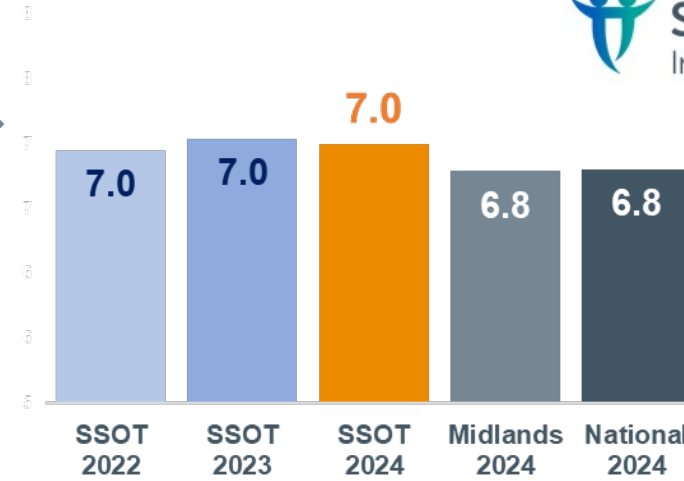
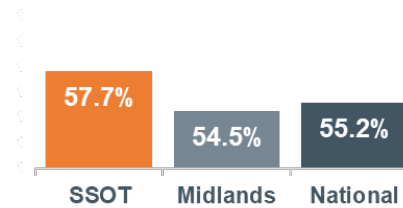
73.5%

of staff said they are **able to make suggestions to improve the work of their team/department** (q3d) (2023: 74.2%, 2022: 73.2%)



57.7%

feel **able to make improvements happen** in their area of work (q3f) (2023: 58.2%, 2022: 56.1%)



Involvement: What the Data tells us

At 7.0 in 2024, the 'Involvement' sub-score has remained unchanged since 2022.

All three measures feeding into this sub-score have **decreased** when compared to 2023.

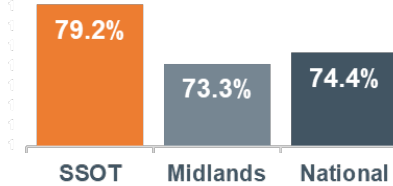
Staff Engagement



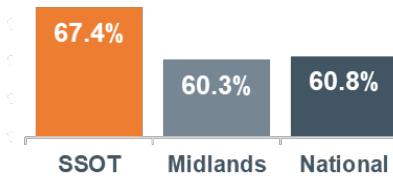
Advocacy sub-score: **2024: 7.2** (2023: 7.1, 2022: 6.9)

Advocacy

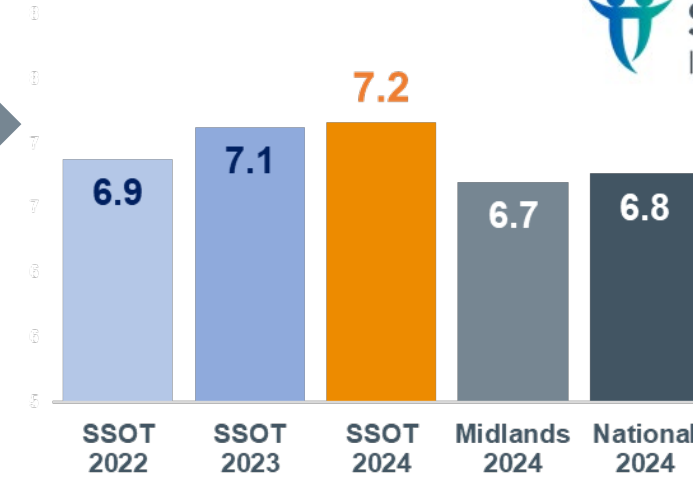
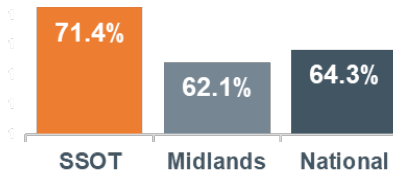
79.2% said that **care of patients / service users is their organisation's top priority** (q25a) (2023: 78.2%, 2022: 74.9%)



67.4% would **recommend their organisation as a place to work** (q25c) (2023: 65.9%, 2022: 61.3%)



71.4% said that if a friend or relative needed treatment, they would be **happy with the standard of care** provided by their organisation (q25d) (2023: 71.4%, 2022: 67.9%)



Advocacy: What the Data tells us

At 7.2 in 2024, the 'Advocacy' sub-score has improved since 2023 (up from 7.1).

All three measures feeding into this sub-score have **improved** when compared to 2022, with **all three measures now at a three-year high**.

The greatest improvement was in the proportion of staff who say they would **recommend their organisation as a place to work**, which at 67.4% is up 1.5 percentage points since 2023.



Morale

Theme Score: **6.3** (6.2 in 2023)

Thinking about Leaving

Sub-Score: **6.5** (6.5 in 2023)

Work Pressure

Sub-Score: **5.7** (5.7 in 2023)

Stressors

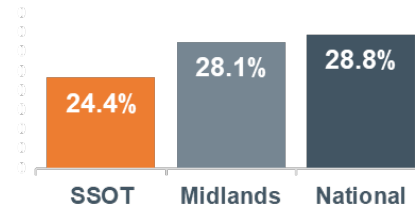
Sub-Score: **6.6** (6.6 in 2023)



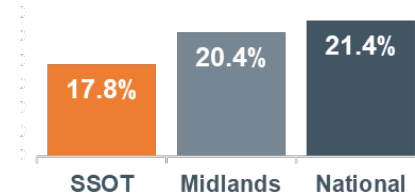
Thinking about Leaving sub-score: 2024: 6.5 (2023: 6.5, 2022: 6.2)

Thinking about Leaving

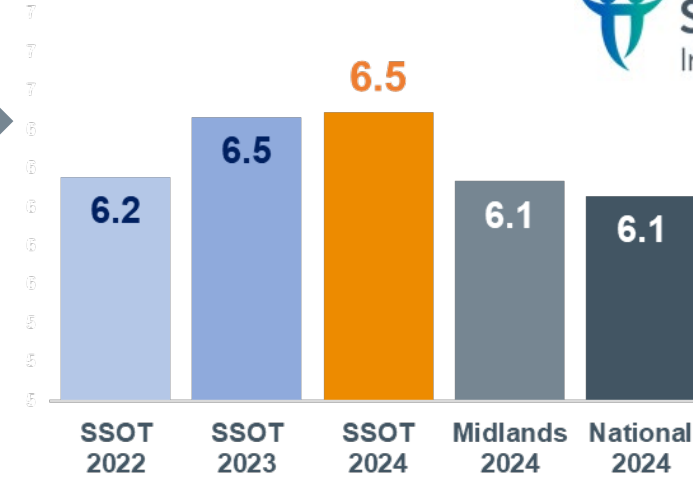
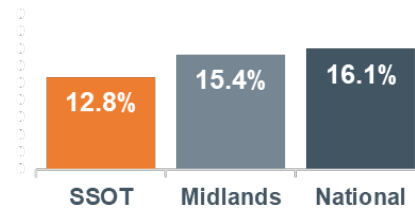
24.4% said they **often think about leaving this organisation** (q26a) (2023: 24.9%, 2022: 29.2%)



17.8% said they **will probably look for a job at a new organisation in the next 12 months** (q26b) (2023: 17.4%, 2022: 20.3%)



12.8% said that they **will leave this organisation as soon as they can find another job** (q26c) (2023: 12.2%, 2022: 14.5%)



Thinking about Leaving: What the Data tells us

At 6.5 in 2024, the 'Thinking about Leaving' sub-score has remained unchanged since 2023.

Two of the three measures which feed into this sub-score have seen a slight decline since 2023, with increases in the proportions of staff saying they will probably look for a job at a new organisation in the next 12 months and saying that they will leave this organisation as soon as they can find another job.

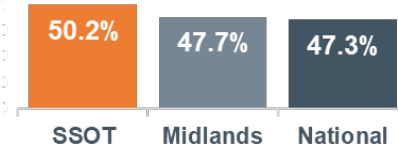
There has been a slight improvement (decrease) in the proportion of staff who often think about leaving this organisation, which at 24.4% is down 0.5 percentage points since 2023.



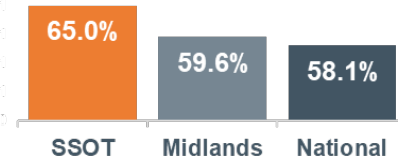
Work Pressure sub-score: 2024: 5.7 (2023: 5.7, 2022: 5.3)

Work Pressure

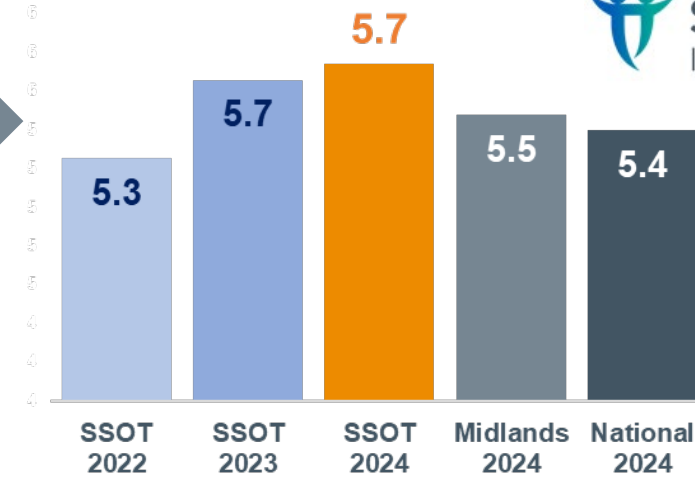
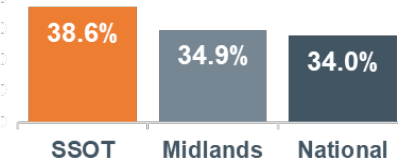
50.2% of staff are able to meet all the conflicting demands on their time at work (q3g) (2023: 49.6%, 2022: 45.1%)



65.0% of staff say they have adequate materials, supplies and equipment to do their work (q3h) (2023: 65.5%, 2022: 61.1%)



38.6% of staff said there are enough staff at their organisation for them to do their job properly (q3i) (2023: 36.2%, 2022: 28.8%)



Work Pressure: What the Data tells us

At 5.7 in 2024, the **'Work Pressure'** sub-score has remained unchanged since 2023.

Two of the three measures feeding into this sub-score have improved since 2023.

However, at 65.0% in 2024, the proportion of staff who say they have **adequate materials, supplies and equipment to do their work** has seen a slight decrease (down by 0.5 percentage points in 2023).

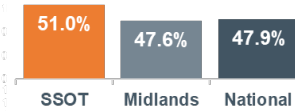
The greatest improvement was in the proportion of staff who say **there are enough staff at their organisation for them to do their job properly**, which at 38.6% is up 2.4 percentage points since 2023 (an increase of 9.8 percentage points since 2022).



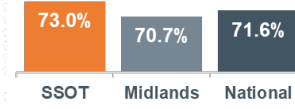
Stressors sub-score: 2024: 6.6 (2023: 6.6, 2022: 6.5)

Relationships at Work

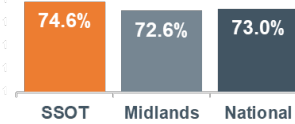
51.0% said **relationships at work are never or rarely strained** (q5c) (2023: 51.7%, 2022: 48.4%)



73.0% feel they **receive the respect they deserve from their colleagues at work** (q7c) (2023: 73.7%, 2022: 72.7%)

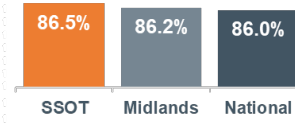


74.6% said their immediate **manager encourages them at work** (q9a) (2023: 75.0%, 2022: 71.8%)

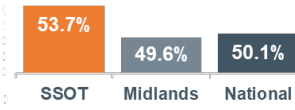


Ways of Working

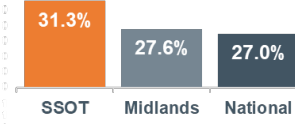
86.5% of staff **always know what their responsibilities are** (q3a) (2023: 87.3%, 2022: 86.5%)



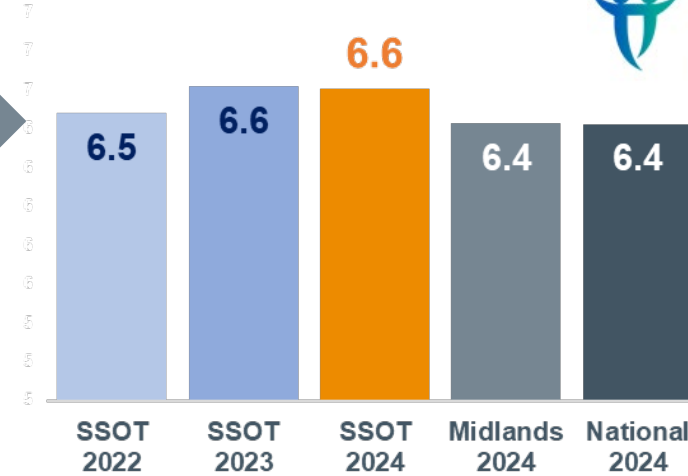
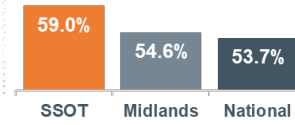
53.7% of staff say they are **involved in deciding on changes** introduced that affect their work area / team / department (q3e) (2023: 54.3%, 2022: 51.8%)



31.3% of staff say they **never or rarely have unrealistic time pressures** (q5a) (2023: 29.5%, 2022: 25.8%)



59.0% say they often or always **have a choice in how to do their work** (q5b) (2023: 59.3%, 2022: 58.7%)



Stressors: What the Data tells us

At 6.6 in 2024, the **‘Stressors’** sub-score has remained unchanged since 2023.

All three measures feeding into **‘Relationships at Work’** have seen a slight **decrease** when compared to 2023.

Similarly, **three of the four** measures in the **‘Ways of Working’** category, have also **decreased** since 2023, **however all remain a higher levels than in 2022.**

The only measure in the **‘Stressors’** sub-score which showed an **improvement** in 2024, was in the proportion of staff who say they **never or rarely have unrealistic time pressures**, which at 31.3% is up 1.8 percentage points since 2023.

| | | | | | | |
|--|--|--|-------------------------|--------------------------|-----------------------------|--------------------------|
| Report to: | Integrated Care Board | | | | | |
| Date: | 17 July 2025 | | | | | |
| Title: | People, Culture and Inclusion 2024/25 Annual Report | | | | | |
| Presenting Officer: | Gemma Treanor, Head of ICS People | | | | | |
| Author(s): | Programme Leads/ Megan Page Project Manager | | | | | |
| Document Type: | Report | If Other: Click or tap here to enter text. | | | | |
| Action Required (select): | Information (I) | <input checked="" type="checkbox"/> | Discussion (D) | <input type="checkbox"/> | Assurance (S) | <input type="checkbox"/> |
| | Approval (A) | <input type="checkbox"/> | Ratification (R) | <input type="checkbox"/> | <i>(check as necessary)</i> | |
| Is the decision within SOFD powers & limits | Yes / No | NO | | | | |
| Any potential / actual Conflict of Interest? | Yes / No | NO <i>If Y, the mitigation recommendations –</i> Click or tap here to enter text. | | | | |
| Any financial impacts: ICB or ICB? | Yes / No | NO <i>If Y, are those signed off by and date:</i> Click or tap here to enter text. | | | | |
| Any impacts on ICB Undertakings? | Yes / No | NO <i>If Y, are those signed off by and date:</i> Click or tap here to enter text. | | | | |
| Appendices: | 2024/25 ICS People Culture and Inclusion Annual Report | | | | | |

(1) Purpose of the Paper:

To present the 2024/25 ICS People Culture and Inclusion (PCI) Annual Report, which was approved by the PCI Committee on 4 July 2025. It provides a summary of the achievements in implementing People strategies and plans, delivering programmes in line with the local People Plan and National Medium Term/Long Term Workforce Plan, addressing the workforce challenges and delivering innovative solutions.

(2) History of the Paper & Whether for I-D-S-A-R (as above):

Date

People Programme Sub-Committees (varying dates)

Click or tap to enter a date.

(3) Implications:

| | |
|--------------------------------|--|
| Legal or Regulatory | Delivery of NHS People Plan, Join Forward Plan, Medium Term Plan, Long Term Workforce Plan, WRES/WDES |
| CQC or Patient Safety | HSE reporting and assurance on workforce planning and metrics |
| Financial (CFO-assured) | External funding supports delivery of schemes including NHSE, ICB, DfE being monitored and reported. Specific challenges in relation to agency, operating plan and workforce growth delivery in line with financial envelope |

| | |
|---------------------------------|--|
| Sustainability | Across all programmes. Specific activity linked to Green/Sustainability plans |
| Workforce or Training | Across all programmes – detailed in report |
| Equality & Diversity | Across all programmes – detailed in report |
| Due Regard: Inequalities | Population health and health inequalities links to all programme activities, strengthening our community engagement and offers. All programmes underpinned by Anchor Employer model and Journey to Work approach |
| Due Regard: wider effect | Population health and health inequalities links to all programme activities, strengthening our community engagement and offers. All programmes underpinned by Anchor Employer model and Journey to Work approach |

| (4) Statutory Dependencies & Impact Assessments: | | | | | |
|---|-------------|--------------------------|--------------------------|-------------------------------------|---|
| | | Yes | No | N/A | Details |
| Completion of Impact Assessments: | DPIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>If N, why</i> Click or tap here to enter text. <i>If Y, Reported to IG Group on</i> Click or tap to enter a date. |
| | EIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Click or tap here to enter text. |
| | QIA | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <i>If N, why</i> Click or tap here to enter text. <i>If Y, signed off by QIA on</i> Click or tap to enter a date. |
| Has there been Public / Patient Involvement? | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

| (5) Integration with the System Board Assurance Framework & Key Risks: | | | | | |
|---|---|-------------------------------------|--------------|-----------------------------|-------------------------------------|
| SBAF1 | Responsive Patient Care - Elective | <input type="checkbox"/> | SBAF5 | High Quality, Safe Outcomes | <input checked="" type="checkbox"/> |
| SBAF2 | Responsive Patient Care - UEC | <input type="checkbox"/> | SBAF6 | Sustainable Finances | <input checked="" type="checkbox"/> |
| SBAF3 | Proactive Integrated Community Services | <input type="checkbox"/> | SBAF7 | Improving Productivity | <input checked="" type="checkbox"/> |
| SBAF4 | Reducing Health Inequalities | <input checked="" type="checkbox"/> | SBAF8 | Sustainable Workforce | <input checked="" type="checkbox"/> |

| (6) Executive Summary, incl. expansion on any of the preceding sections: |
|---|
| <p>The Annual report captures the milestones and achievements we have collectively delivered across the ICS People Culture and Inclusion agenda in collaboration with partners from across the system. It describes the local context and challenges faced in 2024/25, the change in landscape and financial pressures alongside the ongoing operational and clinical pressures. The report considers how we align national strategy to local plans (NHS Long Term Workforce Plan, Medium Term Plan), our approach and progress towards delivering those plans. The report summarises the achievements and impact in delivering programmes to address workforce challenges across the ICS, within each People Plan and LTWP domain.</p> <p>Whilst the report describes 2025/26 plans, it is acknowledged that these are currently being refreshed in line with NHS Reform and the 10 year Plan.</p> |

| (7) Recommendations to Board / Committee: |
|--|
| <p>Assurance is provided on the delivery of People, Culture and Inclusion programmes in 2024/25. Ratification of the report as a reflection of 2024/25 programme activities, achievements and impact ongoing support and engagement of partners in the delivery of People, Culture and Inclusion Programmes.</p> |



STAFFORDSHIRE & STOKE-ON-TRENT INTEGRATED CARE SYSTEM

People, Culture and Inclusion Programmes

Annual Report 2024-2025

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Introduction

As we look back to last year, Staffordshire and Stoke-on-Trent's Integrated Care System has navigated a series of significant challenges to include extreme financial pressures coupled with surging demand, notably within acute services including urgent and emergency care. These challenges have tested the resilience of our workforce and the System as a whole. However, the dedication and ceaseless efforts of our People have remained a source of strength, as we have continued to strive for the very best patient outcomes.

Contributing to our success this year is the power of partnership working. Through collaboration across the NHS, social care, primary care, local authorities and the voluntary sector, we have made a positive impact on the experience and wellbeing of our workforce and ultimately the care we provide to our communities.

This report will outline our collective key milestones and achievements of the year against the priorities we set for 2024/25, ongoing initiatives and the developments still needed to meet the growing and changing needs of our population.

During 2025/26, we will be looking at our plans for the future. This includes the development and delivery of our Medium-term Plan, as well as translating national strategies into local actions and policy. We will continue to prioritise the health and wellbeing of our valuable workforce, as well as delivering transformation and improvements in patient experience. Our commitment to equity, diversity and inclusion remains, ensuring that every decision we make reflects our goal to provide the best care for everyone.

We are looking forward to embarking on this journey of transformation together, through even greater collaboration and a shared commitment to improving health outcomes, reducing inequalities and building a workforce that is supported, empowered and equipped to meet the challenges ahead.

2024/25 Priorities



Foreword

Looking back over the past year, I am struck by the outstanding achievements of our People, Culture and Inclusion Programmes. Despite the challenges faced by us all, including the limited capacity of partners and the lack of funding, our System has continued to work collaboratively and innovatively, designing and implementing programmes which not only ensure our current workforce is looked after, but deliver a sustainable workforce for the future.

I have been particularly impressed by the widening participation programmes across the system, engaging and inspiring our young people to become our next generation of exceptional health and social care staff; as well as wellbeing and staff experience initiatives for our current staff to ensure we are looking after our people. I am also excited to see the Organisational Development Strategy become embedded over the next year, following a system wide collaboration to create the overall strategy.

This report is a recognition of the hard work, dedication and resilience of all those working across our health and care system. It highlights how far we have come together and the steps we must now take to ensure we can provide the best possible care to the people of Staffordshire and Stoke-on-Trent into the future. I am excited at the prospect of what we can achieve together as we move forward and the part our People, Culture and Inclusion Programmes will play in transformation.

Mish Irvine, ICB Chief People Officer



I continue to be blown away by the passion, dedication and innovation demonstrated across our System People, Culture and Inclusion programmes. This year in particular we have faced significant pressures financially, operationally and clinically and this report reflects our collective efforts in developing and delivering innovative approaches to respond to those challenges.

Our approach to partnership working to address our System People risks and challenges has developed over the year, and we have seen the People Culture and Inclusion Committee structure mature as a critical Sub-Committee of the ICB Board.

And finally, as we head into 2025/26 we cannot underestimate the ask of our people to deliver the changes required to work differently to provide the best care and treatment to our population. We must look after them, create a compassionate and inclusive culture with strong leadership to help us work across organisational boundaries and develop a sustainable, affordable pipeline for the future.

Shokat Lal, Non-Executive Chair of SSOT People, Culture and Inclusion Committee

System context

As we reflect on the workforce landscape within our health and social care system for Staffordshire and Stoke-on-Trent, we do so against a backdrop of evolving national priorities, local challenges and the ongoing commitment to improving care for our communities.

The national health and social care system is navigating a period of financial strain, with targets set for 2025/26 focused on achieving operational efficiency, improved care delivery and sustainability. In line with these targets, we are committed to setting operational planning priorities that emphasise the collaboration of services across our sector, to include community, primary care and social care. The guidance around neighbourhood health care further supports these efforts, advocating for even stronger partnerships between health partners to meet the diverse needs of local populations.

We are looking ahead to an unsettling yet transformative period, with the 10-Year Health Plan set to be published in Summer 2025. This plan will lay the foundation for alleviating pressures on acute services with more support in community settings, transitioning from treatment-focused care to prevention and embracing the benefits of digital and technological advancements in healthcare. As people live longer and experience changing health needs, we must ensure our workforce is equipped to meet these demands.

Locally we are aligning our strategy with national plans, including financial recovery, the recent Government announcements and the implementation of the Medium Term Plan. We are aware that pressure on services remains considerable, particularly in areas such as urgent and emergency care, community services, and workforce wellbeing. The workforce continues to be the backbone of our health and social care system, and we acknowledge the significant challenges our staff face in delivering high-quality care under pressure.

Our local population is diverse, with pockets of high deprivation and we are committed to tackling health inequalities by ensuring our services are accessible and responsive to the needs of all. As we continue to implement the Medium Term Plan, we will stay focused on both the short-term operational challenges and the long-term vision for a more integrated and efficient health and social care system. This includes providing the right support to our staff, as they are integral to the success of our health system and its ability to meet the demands of a changing population.



System context - People Metrics

NHS Providers - Year in Review March 24 to March 25

Total Workforce
24,741 WTE
Grown by 362 WTE In Year



Substantive
22,888 WTE
Grown by 837 WTE In Year



Bank
1,652 WTE
Reduced by 134 WTE In Year



Agency
200 WTE
Reduced by 340 WTE In Year



Other Health and Care Workforce

SSOT ICB Workforce
341 WTE

Primary Care Workforce
3,490 WTE

Social Care Workforce
21,000 WTE

Dentistry Workforce
610 Headcount

Temporary Workforce YTD
7.6% of all Staff WTE



Agency Spend YTD
£27.7 M (2.3% of total pay spend)



Vacancies (Feb-25)
2,225 wte (8.9%)



Joiners YTD
3,262 wte



Leavers YTD
1,980 wte



12 Month Rolling KPI's (%)

8.4% Turnover Rate



5.5% Sickness Absence Rate



94.0% Mandatory Training



87.4% AFC Appraisal Rate



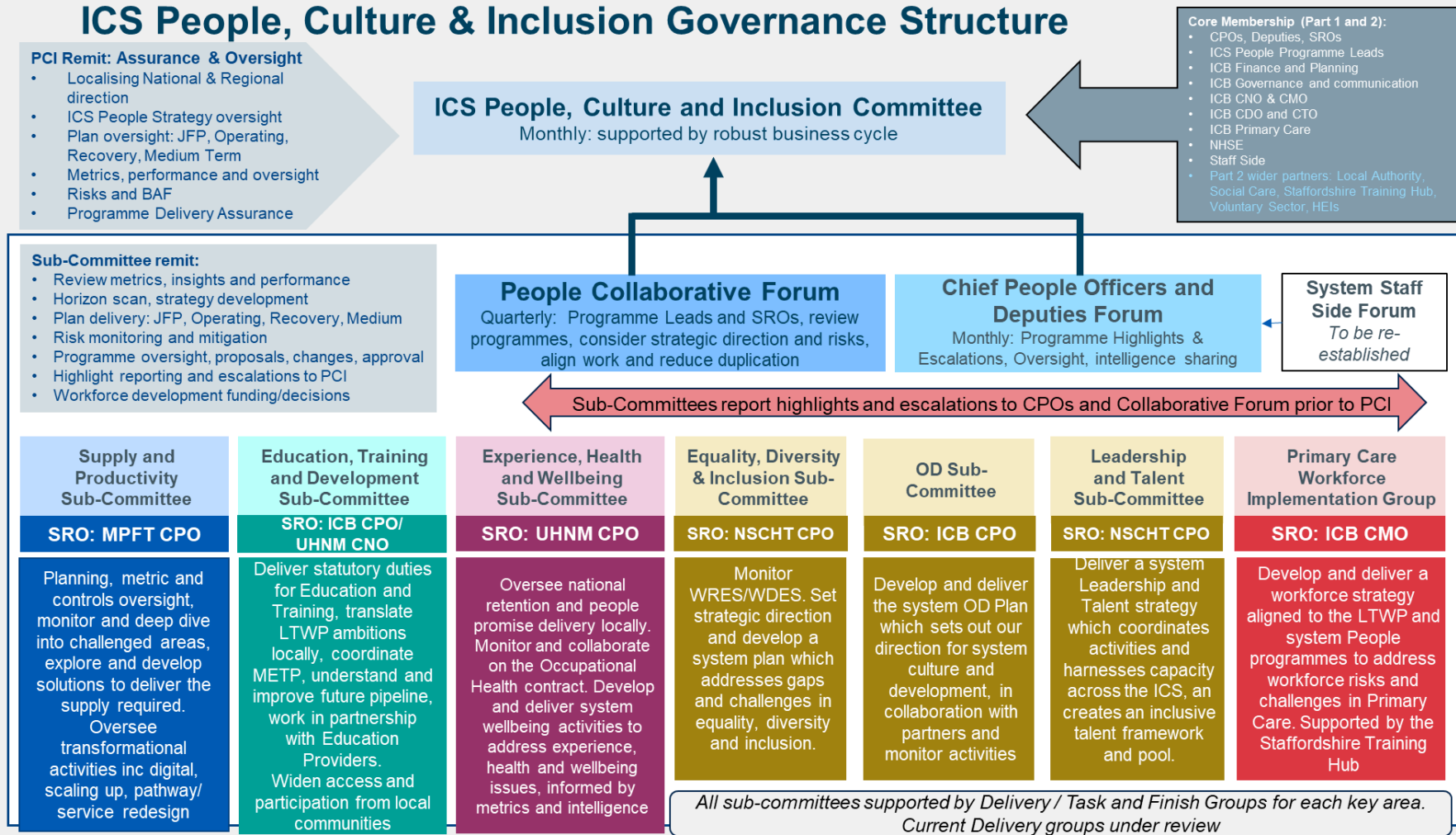
77.6% Medical Appraisal Rate



People, Culture and Inclusion Committee Governance

During Summer 2024, the PCI Committee and Governance structure was reviewed in collaboration with System partners. Members reflected on the progress made within the programmes, relationships and partnership working under the leadership of the Committee since its' inception, and the crucial role the Committee and People play in the success and achievement of the Systems' priorities. New Sub-Committees were established and existing reviewed to deliver the People priorities, and foster collaboration between System partners in tackling our biggest workforce challenges. Further reflections will take place during 2025/26 to ensure the Committee is effective, delivering its' core purpose and aims, and responding to our changing System landscape.

ICS People, Culture & Inclusion Governance Structure





Benefits Realisation

Our approach to measuring success and impact of People, Culture and Inclusion programmes

Understand & Scope

Use workforce plans, data, education and pipeline information to identify areas for improvement.

Design

Collaborate, Research, Best Practice.

Engage

Involve health and care partners, wider partners, workforce, public and education.

Implement

Create clear project plans with milestones and outcomes.

Test

Trial, monitor progress & outputs of projects.

Listen & Adapt

Engage stakeholders, review & refine.

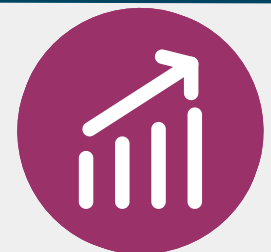
Assess the Impact

Use metrics and individual journeys to determine success.


Scale & Spread

Roll-out across programmes, organisations and sector boundaries.

*Underpinned and monitored via the **People Culture and Inclusion governance and Committee structure**



People, Culture and Inclusion achievements 2024-25

 **J2W Podcast** launched; 5 episodes recorded for T Level miniseries. Blueprint created to share knowledge & resource

System Sexual Safety Working Group

formed, in response to NHS Sexual Safety Charter and implementation of the 10 pledges.

 **Social Care Academy for Staffordshire and Stoke on Trent** launched



2751 shifts worked via the People Hub in 2024/25



OD in ICB

10 portfolio workshops delivered. 70 Strength Deployment Inventory (SDI) assessments completed and 7 workshops held for embedding of knowledge.



T Levels 80 placements provided in 2023/24 rising to **126 in total in 2024/25** - becoming a national exemplar within the DofE pilot.



Two pilot **Health and Care Careers Roadshows** held in 2024.

System wide **Organisational Development Strategy** coproduced.



Collaborated as System partners to deliver and improve our **24/25 Operational Plan**

Award Nominations



Apprenticeships: Winners of NSCG "Promoting Apprenticeships Recruitment Campaign" Award
Recruitment: Finalist in The Firm's 'Best UK Small Recruitment Team'
Outreach: Finalist for International Innovation Learning Awards



The first GP Long Service award held

, celebrating 115 members of staff with 4,032 years of combined service.



Apprenticeship Levy Facilitated the sharing of £214,000 to Primary Care and Social Care for upskilling careers in 2024.



VWEX Careers Hub launched in 2024. 5k+ students have utilised the 5 programmes since 2022.



NHSE Universal Family Programme Pilot Supported **25 young people with lived experience of care** into agreed ringfenced roles within the NHS across SSOT



12 WRES Champions, 4 WRES Sponsors & 12 Reciprocal Mentoring pairs completed training.

Staff networks collaborating on; **BHM, Race Equality Week, LGBTQ+ History Month, Ramadan and Disability History Month** - welcoming and enabling partners from across the System to celebrate and share learning



High Potential Scheme Cohort

2 Buddy Model with STW ICS **27 participants graduated.**



Differently Abled Buddy Scheme 700+ attended 8 Conferences. 420+ staff trained via lunch and learn sessions.



16 PCN's engaged with OD consultants for; needs assessments, bespoke workshops and Leadership Development.



ICS Journey to Work

Our 'Journey to work' model describes our approach to attracting, training and retaining our workforce; underpinned by our Anchor Employer Ethos.



Secondary School Engagement
Virtual Work Experience Programmes.

Click here and visit our Health and Care Careers Hub.

Primary School
Careers Engagement linked to CYP physical & mental health offers.

Click here to visit [careville](#)



College and University engagement to strengthen clinical education pathways and access to courses at all levels.

Developing new non-registered opportunities and access to jobs for people **New2Care**.

Click here to see the highlights of this years' ICS Careers Roadshow.



Offering workplace learning initiatives including **T-Levels & Apprenticeships**.

Click here to watch Maisie's T Level Journey.



Volunteering
Raising the profile of quality volunteering experiences across health and care.

Click to find out more about **VAST** and **Support Staffordshire**.



Outreach and inclusive recruitment activities

Increasing the diversity of our workforce by reaching out to inclusion groups such as **care leavers** and **refugees**, as well as our most **deprived areas**.

Click here and head over to our ICS Summer School.



Creating a thriving community in Staffordshire & Stoke-on-Trent

Making every contact count.

We support individuals at every stage of life to build fulfilling careers in health and care. Whether you're in school, college, or seeking a career change, there are roles for all skill levels, from apprenticeships to advanced qualifications. We invest in staff development through training and career progression, ensuring compassionate care comes from well-supported professionals. With ever-evolving healthcare needs and technologies, there's always room to grow, learn, and thrive.





Developing leaders and securing our talent pipeline.

[Click here](#) to find out about the Tri-sector Challenge

[Click here](#) to listen to Jess's story for Disability History Month.



Equality, Diversity Inclusion and Compassion as a Golden Thread.



Resourcing

Supporting System partners to find suitable resource, whether through **System wide workforce sharing**, deployment of contingent workforce during surge or by assisting with transformational staffing options.



Improving **employee experience** leading to better **retention**.

Retirement

Finding ways to retain the skills and expertise of our workforce post-retirement.

[Click here](#) to discover more.



Looking after our people, creating compassionate system culture and supporting wellbeing.



[Click here](#) to hear from the SSOT Psychological Wellbeing Hub.

Clear and accessible, innovative **system wide career pathways** - joint funded roles, rotations, **careers across boundaries**.

[Click here](#) and listen to Lucy's Apprenticeship journey.

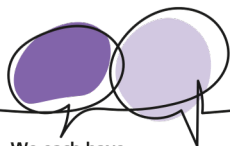
[Click here](#) and listen to our staff experiences of flexible working.

Our People Promise

We are **recognised and rewarded**



We are **compassionate and inclusive**



We each have **a voice that counts**

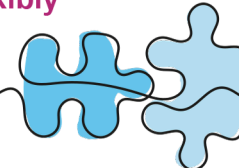
We are **always learning**



We are **safe and healthy**



We work **flexibly**



We are **a team**





Workstream Progress and Achievements

Inclusion and Belonging



OVERVIEW

Workforce Race Equality Standard (WRES) Champions

Developing a sustainable network of people who are willing to share their knowledge and expertise on race inclusion and to help create measurable and sustainable culture change improvement on workforce race equity and inclusion.

- 12 WRES Champions & 4 WRES Sponsors completed training in October 2024.
- Champions & Sponsors added to ICS Stepping Up and New Futures alumni as race inclusion allies.
- Feedback from participants; inspiring, insightful, challenging, thought-provoking and difficult. Scores of 8.9/10 were given for gaining greater understanding of both the significance of race equity in the workforce and the impact of inequality and racism.
- A celebration and planning event will be planned for Q1 25-26 to recognise learning and celebrate the commitment to embedding race inclusion more deeply across the ICS and to plan how to best mobilise/build on the resource developed.

Reciprocal Mentoring

A positive action on race development approach, accessing powerful learning from the lived experiences of Global Majority colleagues. Supporting the debiasing of ICS systems and processes from within through shared learning, reflection and action, leading to culture change.

- 20 RM pairings established with initial development delivered to all participants.
- Completion rate for RM engagements (50% TBC) Awaiting celebration event with feedback from training organisation (April 2025).
- Individual experiences and learning will be shared at our celebration and planning event (Q1 25-26) and discussion as to how to turn this learning into tangible collective action and change at organisation and system levels. Mentee participants have valued the experience as 'really useful' but a more in-depth evaluation is still to be completed.

EDI Celebrations / Calendar of Events

To increase collaborative working across the EDI calendar of celebrations / events throughout 2024-25. Key events to include: Stoke Pride / Pride Month, South Asian Heritage Month, Black History Month, Disability History Month, Race Equality Week and LGBT+ History Month.

- Successfully delivered a wide range of inclusion celebration and awareness events on a shared / open across the ICS basis, through collaborative working.
- Aims to develop awareness and deeper understanding - leading to behaviour and culture change on inclusion – through conversation, involving, engaging and educating.

Educating for Inclusion

Impactful education leading to behaviour and change on inclusion across the whole ICS. Seeking to deliver sustainable and measurable change that supports our People Plan and wider strategies.

- Educating on Inclusion in 24-25 provided predominantly through collaborative working to deliver EDI annual calendar of awareness events.
- Additionally through:
- WRES Champions & RM
- 2 x pairings on Developing You: Developing Me programme (in partnership with NHS England and Leicestershire NHS)
- 6 sessions of Comfortable Being Uncomfortable with Race and Difference delivered for ICS.

ICS Staff Networks

To grow the capability of our ICS and partner-level staff networks to address the most pressing ICS priorities and begin to develop the skills and influence to become powerful facilitators and enablers of inclusive change.

- Staff networks increasingly collaborating to deliver awareness a wider range of inclusion-focused learning, including in relation to annual EDI calendar of events for the whole ICS.
- Key events embodying this approach included Sexual Safety conference and Disability History Month conference.

ACHIEVEMENTS

Widening Participation

OVERVIEW

Primary School Project & Educational Resources

Recognising the importance of earlier health and careers intervention in primary schools. Projects; provide foundational workplace skills, raise aspirations, challenge stereotypes and link with CYP agenda.

- Created 'Careville', a special town in SSOT where everyone takes good care of each other. 12 primary school videos; 10 bespoke productions and 2 videos supplied by UHNM repurposed for primary school age. Showing a range of roles.
- Working with the Inspirational Learning Group to create accompanying resources for schools.
- Careers Booklet has been finalised and distributed. Positive feedback received from partners and students regarding the information being a clear and insightful way of understanding the variety of careers in health and care in Staffordshire and Stoke-on-Trent.
- Developed Educational Engagement Strategy linked to CYP strategy and priorities.



SSoT T Levels Project

A sustainable system wide operational strategy for T Levels involving all Trusts and Local Authorities, sharing best practices and providing high quality placements for students

- 80 placements provided in 2023/24 rising to 126 in total in 2024/25 including clinical and non clinical placements. An increase from 3 employers to 5 employers within the ICS including 3 Trusts and 2 Local Authorities. MoU agreed and signed by all partners to work together with Further Education colleges, 8 case studies developed in total to share best practices.
- T Levels in SSoT has been the first miniseries featured on the Journey to Work podcast. With employer, student and ICS partner speakers sharing their experiences and reflections.
- Developed a 'Guide to Hosting T Levels Placements' with Trusts and Local Authorities as part of the IPCO project, to help employers maximise the impact of T Levels industry placements within organisations including ICSs.

System Careers Roadshow

Careers fair model designed to engage, inform and inspire year 10 and 11 students to explore health and care careers through partners coming together to offer enhanced careers information and opportunities.

- Hosted first two pilot events at NSCG Stafford and Newcastle campuses.
- 210 students attended / 10 secondary schools / 11 interactive workshops.
- Partner and student feedback was very positive. On average, students rated the events 4.3/5.
- Teacher feedback; "The event was really good, our students engaged really well with it and got a lot from it. The variety of careers and information given gave them real insight into the breadth of careers in the subject that they are studying. I would highly recommend attending these events in the future.
- Student feedback; "Talking to professionals about their jobs which helped me justify on what I want to do in the future and the right path to achieve it" (Nursing).

Apprenticeships

• ICS rotational HCSW
 • Physician Associate
 • Student Nursing Associate Social Care
 • ICS Pre-Reg Pharmacy Tech
 • Administration & Leadership Apprenticeship Primary Care

- HCSWs: Winners of NSCG "Promoting Apprenticeships Recruitment Campaign", Shortlisted for the Widening Participation Recognition with FE Week & AELP Apprenticeship Awards 2024, and the FE Week & AELP Apprenticeships Awards 2025 for Social mobility.
- PAAs: Worked with Keele University to develop the first cohort of PA Apprentices nationally, 11 PAAs currently in Primary Care and NHS Trusts
- Student Nurse Associates: 3 cohorts recruited, 10 apprentices. PTPT: First cohort of PTPT apprentices have completed, with 75% remaining in positions in SSoT.
- Data gathered reflecting clinical and non clinical apprenticeship data from HEIs, Trusts and LAs
- Developed an apprenticeship resource for managers and apprentices collating all information in one location.
- Developed a partnership with Stoke College and conducted a FS Maths assessment for 11 members of staff who will join the FS maths classes.



Engage



Inform



Inspire



ACHIEVEMENTS

Education, Training and Development

OVERVIEW

Formalisation of ETD Sub-Committee

Joining system clinical, social and education partners together to consider key challenges, priorities and solutions for Education, Training & Development of the workforce across SSOT.

- Bi-monthly Sub-Committee meetings, to discuss the education, training & development landscape across SSOT and to update on national, regional and local priorities.
- Seven priority areas identified, chaired by system leads and supported by the ICS.
- Enhanced relationships between Higher Education Institutes and Health & Care providers across SSOT.
- Bi-monthly Newsletter created to highlight and celebrate Education, Training & Development initiatives across our system.
- Formal governance mechanism established to deliver the Joint Forward Plan ICB responsibilities around Education and Training.

ETD Working Groups

Work currently focussed on 7 distinct areas; Career Progression & Development, Clinical Education, Higher Apprenticeships, Student Experience & Retention, Student Pipeline & funding, Training & Development and Widening Participation.

- Sharing of best practice across provider organisations.
- Process created to fully optimise training sessions across the system.
- Data gathered to identify current course availability and workforce needs.
- Coordination and submission of Multi-Professional Education & Training Plan (METP).
- Analysis of student evaluations and experience across HEI's.
- Creation of a Student Ambassador role and system wide student focus group.
- Oversight of national Statutory & Mandatory Programme.
- Oversight & Assurance of Oliver McGowan Training Programme.

SSoT Social Care Academy

Partnering with LAs and Skills for Care to establish the Academy Jan25. A national pilot to support recruitment and retention within social care.

- An online learning platform, enabling workforce to access high quality and portable learning, supporting career development.
- 661 people have signed up from 168 different social care providers (data accurate to end of February 2025)
- Links with ICS Wellbeing Champions.
- New training courses include: Face-to-face training on Epilepsy and Buccal Midazolam, Dysphagia, Accidents and Incidents Training, and Advanced Manual Handling
- Bitesize e-learning modules on topics such as assessing risk, audit fundamentals, and delivering quality improvement
- Larger e-learning courses, such as safeguarding (developed by both local authorities)



Placement Capacity

Building an infrastructure to allow student placements to occur in non-traditional sectors – social care, primary care, voluntary, charity and non-clinical leadership areas.

- Future Leaders Placement week established in November 2024, with 60 students taking part to date and a waiting list created for future programmes. Includes engagement from Keele University, University of Staffordshire and University of Derby students including nurses from different disciplines, physiotherapists, radiographers and paramedics.
- Currently working with a number of local nursing homes, GP Practices (via Staffordshire Training Hub) and charities to prepare them to accommodate pre-registration nurses, midwives and AHPs. This includes training educators, working with HEIs to conduct audits, advising on student induction procedures and putting in placement governance structures.
- Developing a placement dashboard to enable a system overview of clinical education provision.

ACHIEVEMENTS



Planning, Supply and Transformation

OVERVIEW

The People Hub

A hub creating a long-term and moveable health and care contingent workforce by retaining valuable skills of staff currently working with us and encouraging new people to join health and care. The hub deploys staff to support systemwide.

- Finalist in The Firm's 'Best UK Small Recruitment Team'
- 2751 clinical and non clinical shifts covered by People Hub during 2024 (17,279 hours)
- Inducted 45 New2Care individuals onto the Social Care Hub, 76% having subsequently secured shifts and 7 going on to find permanent roles in the sector
- Approximate System savings in 2024 of just under £55k, by using People Hub to fill shifts (opposed to agency)
- Introduced new digital platform (Lantum) to enable booking shifts (3200 hours) across North Staffs PCN

Operational Planning and People Metrics

Coordination and oversight of System workforce information and planning aligned to national, Regional and System requirements. Bringing partners and insights together to understand the whole system workforce picture and information strategic direction.

- Coordinated and compiled weekly and monthly reporting of System People metrics and performance
- Further refined and developed System reporting and dashboards to enable ease of access to detail and accurate information to inform strategic decision making.
- Identified new opportunities and source of data to expand existing reporting eg CHPPD and Agency Price Cap compliance.
- Support workforce Health and Wellbeing through qualitative and quantitative analysis of key metrics including Sickness Absence, Staff Survey, EDI.
- Facilitated the Investigation and Intervention regime, supporting Providers in designing and introducing approaches to implement recommendations and improvements
- Utilised Making Data Count methodology

Portfolio / Collaborative Planning & Transformation

Provide leadership and deliver workforce planning and transformation activities across the System and Sector boundaries to Portfolio & Collaboratives.

- Led UEC workforce planning and supply including Acute Care at Home workforce supply and retention, Surge and Escalation process development and supply of contingent workforce.
- Ongoing support to Portfolios, Provider Collaboratives and Recovery programme on workforce elements
- Scoped People Services opportunities within Enabling Functions underpinned by People Services at Scale principles
- Coordinated the compilation and submission of 2024/25 and 25/26 Operational Plans, using insight and knowledge to check and challenge the viability of plan to deliver within operational constraints.
- Collaborated with NHS, Primary Care, Social Care and other external stakeholders to identify new priorities and improvement initiatives

Workstream/ Sub Committee Development

Establish a System Planning, Supply & Transformation workstream to address risks and deliver solutions.

- SRO appointed
- Workshop held January 2025 with System partners to consider the challenges and priorities for this workstream - aligning to One Workforce approach.
- Identified priority areas to be approved based on System people risks and areas of challenge: Operational planning and controls; strategic planning and transformation; supply and resourcing
- Existing working groups and networks continued to bring partners together to collaborate on and address key challenges e.g. Temporary Staffing Network, Attraction and Inclusive recruitment

ACHIEVEMENTS



Outreach and Inclusive Recruitment

OVERVIEW

NHSE Universal Family Programme

Programme launched by NHSE in 2023 as a commitment to support care leavers into our NHS family. In line with Overhauling Recruitment programme, aimed at transforming NHS into a more inclusive and diverse employer, at same time as tackling inequalities in our community.

- Ongoing engagement with Care Leaver support organisations (House Project/Voice Project) and Local Authority.
- 1 of 5 ICBs selected nationally to participate in pilot to support care leavers into entry level roles within health and care. Working with NHS partners to identify roles for ringfencing. Aim to offer roles to 25 young adults by end of March '25. Lots of commitment and enthusiasm locally from partners to deliver this.
- Summer School 24: 7-week programme delivered to care leavers seeking asylum in UK and for whom English not first language. Partnership with AmityHub and S-o-T College to deliver innovative curriculum of functional Maths and English, employability, self-care and wellbeing, application support and individual career plans.
- Innovation in Learning – Summer School project shortlisted for National Learning Awards in February

Unemployment

Outreach to those who are unemployed, encouraging more people into the health and care sector, at the same time as reducing health inequalities and in line with System's Improving Population Health agenda.

- Regular presence at Hanley and Newcastle under Lyme Job Centres, offering bookable appointments with team via work coaches. Bespoke support offered to customers depending on needs, including information giving, help with applications and interviews.
- During '24 – 25% conversion rate, from initial conversation to starting of work / training
- Engagement via our website, job fairs, support agencies and charities.

Preferred Futures Programme

Pre-employment programme aimed at those not quite ready for work or formal training. Includes elements of functional maths and English, as well as employability skills. Programme also includes a work experience placement.

- During '24 / '25, 3 cohorts accessed Preferred Futures programme. Over half of those who completed the programme have gone on to work or training, many remaining within health and social care. Onward pathways include a Level 2 Apprenticeship in Health & Social care, a carer role within a nursing home, a Level 3 Nurse Assistant Apprenticeship and social care work experience placements. Highly successful placements for Preferred Futures students have been offered by partners including the Diversional Therapy Team at Haywood Hospital.

Volunteering for Health Programme

A 3 year programme aiming to; create a change in volume of volunteering, ensuring a positive experience for volunteers and creating the infrastructure for those in health and care to benefit from volunteering and support senior leaders to make cultural changes.

- Local partnership via VCSE Healthy Communities Alliance between ICS Health & Care People Team, VAST and Support Staffordshire. Successful bid to become 1 of only 15 pilots nationally, Volunteering for Health programme, supported by NHSE and NHS Charities Together, will create a real step change in terms of SSOT volunteering.
- Volunteering for Health Steering Group set up, with participants from each of the NHS Trusts, the ICS, VAST and Support Staffordshire meeting on a bi-monthly basis.
- Project Officer appointed and working closely with system partners to create a project plan to meet the objectives of the project.

ACHIEVEMENTS





Primary Care

GPN Foundation School

General Practice Long Service Award

Schwartz Rounds

ARRS Support

Protected Learning Time (PLT)

OVERVIEW

A programme of structured and standardised quality training, supervision, assessment and support. Increasing the nurse profile, recruitment and retention in General Practice.

Launched in 2024 to recognise the commitment of General Practice staff in SSOT. Open to all clinical and non-clinical colleagues to recognise 25-50 years of service.

These sessions recognise the emotional impact on staff caring for patients and have been found to significantly reduce burnout, absenteeism and raise compassion levels.

Support with ARRS recruitment, training, peer support and integration into MDTs. Tailored education, training and professional growth for all staff groups.

Monthly sessions delivered virtually and tailored to meet General Practice and ICB key priorities. Collaboration with SSOT Consultants and colleagues to support delivery.

ACHIEVEMENTS

- Cohort 1: 13 GPN Trainees
- Cohort 2: 16 GPN Trainees
- A formal evaluation (by QNI) has established the GPNFS as gold standard benchmark for standardised recruitment and education of GPNs.
- The programme has a direct, positive impact on retention and upskilling of GPNs in terms of confidence and competence. Enabled new GPNs to become competent /more confident in a shorter time than other methods of recruitment/training.
- Additionally, the programme has also been cited as a cost-effective means of recruiting new GPNs into the workforce.

- 115 clinical and non-clinical staff received an award - recognising a total of 4,032 years of combined service.
- Commemorative booklet highlighting and celebrating award holders' career and achievements.
- A presentation ceremony in November 2024 was the perfect opportunity to shine a well-deserved spotlight on colleagues who have dedicated their lives to a profession that is driven by caring for others.
- All awardees received LSA pin badge and certificate.

- Two facilitators undertook accredited Schwartz Round Facilitator training.
- The STH are one of the first in the country to deliver Schwartz Rounds in Primary Care.
- Delivered several small test rounds before a large-scale virtual event focusing on 'wellbeing' at the November 2024 PLT session.
- This Round was followed up with a SSOT ICS Staff Psychological Wellbeing Hub session on 'Kindness in the Workplace'
- 65 attendees in November 2024 with a very positive response and comments.

- Experienced team in place including; ARRS Facilitator, AHP Ambassador, Clinical Pharmacist Ambassador and PA Ambassador offering support and guidance.
- Set-up virtual peer support and resources pages via Futures NHS platform.
- Delivered 16 Lunch & Learns in 2024 to 408 people.
- Created 6 animated explainer videos to highlight the ARRS roles. Showcase how they can work as part of a multi-disciplinary team; enhancing collaboration and fostering better teamwork - ultimately improving patient care.

- Topic specific PLT sessions delivered in 2024/25 including Cancer, Opioids and Health Inclusion, Menopause, Haematology, Sexual Health, Wellbeing, Children and Young People, Women's Health and Rheumatology.
- In total 833 GPs and Advanced Practitioners have attended one or more of the above sessions.
- Feedback: "It was one of the most excellent presentations I have seen so far. Thanks."

People Promise

“This is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone.”

Through a combination of workforce Development and programme funding, the Health and Care People Team includes six People Partners who collaborate with System partners to reinforce the People Promise model and its core values. The team provides support, shares knowledge, and leads evaluations to ensure the success of key initiatives. We work with partners to foster a cultural shift, enhancing engagement and cohesion across the system, aiming to strengthen collaboration and create a unified, forward-thinking environment. We support all system partners within our system on areas such as: Staff Health & Wellbeing, Retention, Training and Development, Flexible working, and Reward and Recognition. Inclusion & Diversity is a thread which runs through everything we do.



Disability History Month

What we did

Disability History Month Celebration Event

Systemwide Invitation: We invited staff from across the system to attend the event.

Executive Participation: Executives were also invited.

Sharing Staff Stories: We shared powerful staff stories.

Organisational Involvement: Each organization was invited to present an agenda item, fostering a sense of belonging within the system.

Panel Discussion: Panel discussion (those with lived experience) held for Q&A.

What we've achieved so far

First DHM Systemwide Event: Building Networks and Reducing Costs

•**Networking and Cost Reduction:** The event facilitated building networks, helping to reduce costs and duplication.

•**Sharing Stories and Information:** Attendees shared information and personal stories and we shared resources.

•**Pledge Commitment:** Participants took a pledge during the event.

•**Learning from Role Models:** We learned about famous people with disabilities and their achievements promoting inclusion in roles.

•**Understanding Disability and Allyship:** The importance of understanding disability and being an ally was emphasised.

•**Reasonable Adjustments:** We discussed making reasonable adjustments and their significance.

•**Invisible Disabilities:** We learned that not all disabilities are visible.

•**Acknowledging Contributions:** We recognised the vital contributions of individuals with disabilities in the workforce.

•**Workplace Adjustments:** One organisation highlighted that workplace adjustments are crucial for helping colleagues remain in work, with most adjustments being low or no cost to implement and the importance of speaking up when needed (self advocacy).

What we've learnt so far (Informed by feedback)

•**Average Attendee Rating:** 9.55/10

•**Advance Preparation:** Celebrating these events and preparing for them in advance is crucial, as it can be challenging to get people from clinical areas to attend at short notice.

•**Executive Board Support:** Buy-in from your Executive Board is essential—lead by example.

•**Power of Staff Stories:** Staff stories are incredibly powerful; “sharing is caring.”

•**Inclusive Learning for Leaders:** Learning for managers and leaders is key to fostering inclusivity. We need more people from this category to attend these events.

•**Impact of Face-to-Face Events:**

Face-to-face events can be more impactful/allows networking so consider moving to this format for future events as well as online events for those who have difficulty in attending face to face.

We are
compassionate
and **inclusive**

People Promise

Each Person

Reward and Recognition App

MSK Workplace Experience Initiative

What we did

Each Person is an award-winning Recognition & Reward Platform delivering significant benefits within the workforce. NHS England gifted the use of the Each Person platform to all NHS Trusts and ICB's in 2023. In August 2023 Each Person demonstrated the platform to the People Partners and highlighted its features.

Instant recognition and nominations, access to a wealth of reporting tools, Access to their discount shop including instant cashback, instant peer to peer recognition through Ecards and access to their Wellbeing Hub.

Details of the platform were shared with system partners and discussions began as to which partners wished to implement the platform. The Health and Care People Team were early adopters.

What we've achieved so far

To date we have implemented the platform into 10 organisations predominately within Social Care, with 4 organisations currently going through implementation. 12 additional organisations have expressed an interest, and conversations are ongoing with other partners within the system.

Reporting from 2024 shows that the services that have implemented the platform are showing that an average of 65% of staff use this regularly, with over 900 Ecards having been sent to date, and £8k having been redeemed in their cashback offer. A campaign to re-promote the benefits of Each Person is currently being planned with an aim to launch this in the early Spring.

Feedback; "I love receiving messages from my team members thanking me for my help, it puts a smile on my face and boosts my confidence!"

What we've learnt so far

Communicating the message out to all system partners and explaining the benefits of this has been a challenge and this has led to the campaign to re-promote the benefits in the early Spring. Some system partners that have shown interest have also had delays due to having to seek managerial or board approval.



What we did

Midlands Partnership University NHS Foundation Trust provides care across 80 different services in Physical, Mental Health, Social Care, Children's, Forensic, Specialist and Learning Disability Services. The Musculoskeletal Service is an integrated service providing care for muscle and joint problems.

The Health and Care People Team at Staffordshire and Stoke On Trent Integrated Care System worked in collaboration with MPFT colleagues to implement this initiative.

The purpose of the initiative was to better understand the day-to-day experiences at work and employee experience and knowledge relating to training and development opportunities within the Musculoskeletal Services at MPFT.

This feedback was gathered via an online survey and one to one or group discussions.

What we've achieved so far

65 survey responses received (45% of survey recipients)

18 one to one discussions held (28% of survey participants)

1 group discussion with colleagues from the same team

A report has been produced detailing the feedback gathered – presenting data in charts, graphs and quotes and giving commentary on the themes and recommendations that have emerged.

Service Leads have met to discuss feedback and create an initial proposal of actions.

"This (feedback) makes very interesting reading and there is certainly a lot to digest. Look forward to thinking about how we can move forward from here. Much appreciated." Clinical Lead, MSK Services MPFT

What we've learnt so far

The availability of a survey and offer of discussions need regular promotion and reminders to encourage participation.

Co-ordinating time for discussions can require extensive forward planning – there is a strong need to allow for an extended period for a survey to remain open and for discussions to be held before any reporting can be commenced.

Themes/frequent topics of feedback have been identified and outlined in the report and where consent given the locality, staff band, role associated with these has been noted which has helped to direct the next steps and actions from the initiative.



Functional Maths Skills

What we did

Partnering with Stoke on Trent College to offer functional maths provision. The Higher Apprenticeship Working Group which sits within the governance of the Education, Training and Development Sub-Committee were tasked with investigating what support was currently on offer to all employees requiring to complete their maths functional skills allowing them to progress within their careers.

The findings showed that there wasn't one consistent approach, and the working group felt that this was an area to focus on in their delivery plan.

What we've achieved so far

To date information sessions have been carried out with 6 employees completing their initial assessments during November 2024, and 5 employees attending the online session in December 2024. We have also had interest from a social care provider who wishes to offer this to their employees also.

An updated flyer has now been produced which has been shared with system partners detailing how staff can access the offer.

It is proposed that a push on the offer will be given during the appraisal window so that both managers and employees are aware of the offer available and that in September 2025 an online session will be open to employees to mitigate them having to attend the College on a weekly basis.

Feedback: "I just want to say thank you for your patience with me and helping me sort my maths, I start my level 1 next week!"

What we've learnt so far

Communicating the message out to all employees has been a challenge and this is why the working group intend to strengthen the message during the appraisal season in order that we can gain sufficient numbers to run the session online from September 2025 using a joined-up approach with all of the Communications Teams within our system partners.



We are
always
learning

Flexible Working Communication Strategy

What we did

With work-life balance consistently ranked as one of the top three contributors to staff turnover, we prioritized flexible working as a key initiative. I developed a flexible working communications strategy aligned with the Steering group's action plan and worked closely with key stakeholders to design a plan that met all objectives and achieved the desired outcomes. The strategy aimed to raise awareness of flexible working, deliver clear messages to inform and educate staff, make information and guidance more accessible, and encourage broader adoption of flexible working practices. Additionally, the strategy sought to educate, support, and encourage managers in implementing flexible working solutions. Prior to designing the strategy, a flexible working survey was distributed to all staff to capture essential baseline data

What we've achieved so far

- Established and launches a flexible working steering group and action plan.
- Launched an Flexible working intranet page
- Created unique less corporate "Flexible Friend" branding identity for the campaign
- Planned monthly "Flex Fridays" as part of the offering.
- Initiated manager support sessions
- Launched the "Flex Focus" newsletter for employee engagement.
- Created a flexible working survey to capture baseline data.
- Shared employee stories to highlight flexible working impact.
- Addressed myths with myth-busting activities.
- Moved all requests to the ESR system for streamlined processing.
- Shared a message from the Chief Executive with the Flexible Working lead.
- Aligned with "You Said, We Did" campaign to show responsiveness to feedback.

What we've learnt so far

- A multi-channel approach is essential to address accessibility challenges.
- Staff stories within the Trust help to foster wider acceptance of flexible working.
- Flexible working must be tailored to roles, environments, and service needs.
- Misconceptions about eligibility for flexible working are common.
- The flexible working request process needs to be more structured/data-driven.
- Flexible working requires greater recognition across the organisation.
- Generational differences in understanding and expectations must be addressed.
- Accurate data capture of all flexible working requests, both accepted and declined, is vital.
- Cultural resistance to change exists.



Quality Outcome Framework

What we did

For 2023/24 a new Workforce and Wellbeing Quality Improvement module was added to the Quality and Outcomes Framework (QOF). QOF is used in General Practice as a voluntary annual reward and incentive programme. The module aimed to reduce the risk of GP and Practice Staff burnout in what is a high demand, high stress workplace. The aims of the module align closely to the systems retention programme priorities and so became an area of focus for the Retention Partner. The first step of this process was for practices to evaluate their baseline, highlight what to focus on and produce an implementation plan. This was done on an individual basis so that practices can tailor their plans to their individual stage of the journey.

What we've achieved so far

- Increased awareness of the aims and ongoing engagement with a programme of health and wellbeing, without it being included in the QOF for 24/5. Involvement in QOF highlighted the importance of the agenda. Many initiatives/ideas for action around staff health and wellbeing and awareness were shared and showed the potential of how activity can be supported and made part of culture and BAU
- The module and data gathering encouraged conversations on Health and wellbeing within the general practice workforce and teams.
- The information recorded as part of the QOF enabled an understanding of the possible areas of future activity and how ongoing engagement and staff involvement is important to an individual practice.
- The work has increased involvement in health and wellbeing initiatives more widely/over a longer term. A renewed suite of wellbeing resources were brought together to support staff during the QOF QI process and beyond. This was made easy to access via an intranet available to all practices.

What we've learnt so far

- Ongoing engagement with staff health and wellbeing is hugely important to ensure that Practices are equipped with health and wellbeing awareness, knowledge and tools and “what good looks like”.
- Staff wellbeing is improved through ongoing conversations, support, engagement and awareness so that staff feel supported and listened to in the day-to-day reality of their practice.
 - Wellbeing Champions are a crucial link to enable open wellbeing conversations, make resources easier to find and signpost to other support such as the Staff Psychological Wellbeing Hub and system wide offers. Workforce feel part of a compassionate and inclusive culture, where health and wellbeing conversations are the norm.



We are
safe
and
healthy

People Promise

Social Care Staff Wellbeing Champions

What we did

SSoT ICS offers extensive health and wellbeing support/resources for social care staff, but many staff are unaware of what is available and are not making use of them. Our goal was to build a connection with social care staff, raise awareness of the available support/resources/encourage greater knowledge and engagement to support them with accessing health and wellbeing support. We implemented a role for an existing member of staff to be a Social Care Wellbeing Champion within their provider/setting. The role is a conduit between the SSOT ICS People Partner and care provider staff to share a multitude of resources/information back to their peers. These resources include training/development opportunities, benefits and discounts, menopause support, physical and mental health wellbeing support as well as other up-to-date resources which are shared via the development of wellbeing boards within the services along with direct discussions with staff.

What we've achieved so far

- 35 Services hosting 84 staff wellbeing champions identified to date.
- Each service are gifted the Each Person Reward and Recognition app as part of the SCSWC initiative.
- 309 responses to the staff survey completed to date with results collated for each individual service to feedback to managers on themes (anonymised) and areas of targeted support.
- Staff Benefit and discount booklet developed and provided to staff.
- A six-month evaluation identified an increase of approximately 70% in staff accessing the ICS Staff Psychological Wellbeing Hub.
- Feedback from services is massively positive with SCSWC's and manager's advising that staff are accessing the resources, courses and support highlighted to them
- Free Team Building opportunities were sourced via two entertainment venues and four services have now taken teams along to undertake Virtual Reality (VR) and Adventure Golf sessions, reporting that this really increased staff moral, integrated new members into the teams and teams had the opportunity to build relationships with their work colleagues which have enhanced their working relationship and in turn their care provision.

What we've learnt so far

- Provider engagement was positive but there were areas where managers engaged and agreed to implement the initiative but then did not move forward to identify SCSWC's within the service which can have an impact on time constraints.
- SCSWC's are not a 'quick fix' to improving staff H&WB, retention and sickness but with good engagement over time there should be a positive long-term impact.
- It can be difficult to engage managers to allow staff to have time to take part in initiatives and Team Building exercises/visits despite the long-term benefit that this will have.
- The initiative has been a positive success so far. This could be spread wider but would need a significant amount of dedicated time to adopt and share resources.

Employee Experience & Wellbeing

OVERVIEW

Staff Psychological Wellbeing Hub

Launched in May 2021 to support the Psychological Wellbeing of employees across the ICS

- Since May 2021 the hub has rec'd 1964 referrals, 1679 of which were assessed. Top 3 referrals by role is Nursing, Non Clinical & HCSW
- 1461 (86%) of the employees assessed by the hub were referred onto other support services
- Extension to the contract for a further 11 months (up until Feb 2026)
- Carers Network launched
- LGBTQ+ toolkit
- Financial Wellbeing toolkit
- Revive and Thrive Podcast launched
- 5344 employees have attended workshops since the hub opened on topics such as Psychological Safety, Anxiety, Managing Conflict in the Workplace
- Secured further non-recurrent funding via a rigorous business case approval process to continue the Hub into 2025/26

Occupational Health Contract

"Improving health and wellbeing by collaboratively growing our Occupational Health & wellbeing services"

- Delivery of year 2 of the system wide OH contract
- Optima HWB Sessions - mixture of MH including MHFA training & Physical Health Sessions delivered = 653 employees booked during 24/25
- Physical Health sessions recorded with Optima to disseminate across the NHS providers
- 6624 referrals rec'd into OH since April 2024 - 1659 MSK, 2475 MH & 2490 'other' e.g. surgical procedures / short term sickness

H&W Activities via Sub-Committee

Additional Health and Wellbeing activities through the Sub-Committee.

- 678 employees attended HSBC Financial workshops between June 24 - Dec 24
- 101 employees attended the Sexual Safety Virtual Conference in Oct 24
- 25 employees have enrolled to complete the MHFA course delivered by SOT City College
- ICS Winter Toolkit launched
- Henpicked membership (funded for a 2nd year) - ICB in the process of completing the accreditation for 'Menopause Friendly Organisation'
- Benefits booklet launched for Social Care



Sexual Safety Charter

Working at System level to embed the principles of the NHS Sexual Safety Charter and foster a safe, healthy and respectful working environment for all.

- Establishment of System Sexual Safety Working Group, in response to NHS Sexual Safety Charter and the implementation of the 10 pledges.
- System Sexual Safety virtual conference in October, aimed at raising awareness. Fabulous feedback and over 100 'live' participants from across System, collection of presentations and resources available. Sharing of best practice across organisations.



ACHIEVEMENTS

Organisational Development



OVERVIEW

ACHIEVEMENTS

ICS Organisation Development Strategy

Organisational Development in the ICB

Integrated Discharge Hub

Organisational Development in Primary Care

OD Community of Practice

The 3-year OD Plan will shape the ICS OD approach, aligning to wider CEO and SSOT ICB Board Development work and leadership/modelling of system culture and collaboration.

Undertaking OD needs assessment and designing interventions to support prioritisation and focus of ICB work.

OD needs assessment undertaken and designing interventions to support development of the service and to support staff wellbeing.

Bespoke OD in PCN's, GP Federations and Primary Care within ICB

The COP has run for 12 months bringing together OD leads and practitioners from across providers with system OD practitioners so that we can learn from one another, grow OD as a profession and to collaborate on key OD activities. The COP provides opportunity to reduce duplication and increase our effectiveness as we collaborate on shared work.

- Since July 2023, engaged with 80 system partners and colleagues including;
- Aiming Hire and Higher System Event
- Board Development & Governance Review
- EDI Leads, Staff Network Leads and Staff networks
- Provider organisations including NHS, Social care, primary care, the voluntary sector, education and union representatives
- Face to face OD Plan Launch took place in March 2025 with over 30 attendees
- Organisational Development Sub-Committee created.

- Senior Team development coaching. Leadership development using SDI for collaborative working.
- 10 portfolio workshops. 70 Strength Deployment Inventory (SDI) assessments completed and 7 workshops well attended. Including; portfolio collaborative working teams and ICB Senior Leadership team. Bi-monthly development workshops designed and developed to focus on team development and relationship management skill.

- Funding secured to support leadership development using DiSC/winter debrief. Winter debrief workshop delivered for 15 delegates. Co-designed and delivered 2xworkshops delivered by system OD colleagues to support team and leadership development. 10 x DiSC assessments completed and workshop time to embed learning. Coaching support to team leads in place. All OD activity reported through the IDH steering group and programme management structure.

- 16 PCN's engaged with OD consultants to undertake needs assessments, delivery of bespoke workshops and Leadership Development opportunities. OD support to develop collaboration between Federations, PCN, ICB and Provider Collaboratives. Team Development journey delivered with Primary Care. OD enabler actions to support delivery of Primary Care Strategy. 96 DISC assessment complete with 8 workshops delivered to embed understanding.

- The COP meets quarterly over the year and focuses on development of relationships. Key achievements - building an OD skills stocktake, building relationships and sharing best practice/development opportunities across organisations.

Leadership and Talent

High Potential Scheme

- Cohort 2 Buddy Model with STW ICS (2023-2024). A 2 year inclusive senior leader accelerated development programme, aiming to ensure future boards are diverse and representative of the communities they serve.
- Foundation principles: Inclusive, compassionate, systems leadership
- Target Audience: Band 8a-8c or equivalent.
- Time to executive roles 5-8 years.
- Based on 70:20:10 development model.

- 27 participants graduated on 23/01/25. 16 were from SSOT ICS.
- 67% progression in Cohort 2 since start of scheme.
- 80% progression in Cohort 1 since 2020.
- System OD capacity increased: 20 career coaches, 30 mentors, 6 action learning facilitators, 30 sponsors, 27 placement managers, 10 SDI facilitators, 14 potential diagnostic facilitators, 23 360 facilitators, 45 assessors, 35 Placement Panel members, 38 Showcase Panel members, 124 stretch opportunities offered across both placement rounds.

Coaching and Mentoring Partnership

Collaboration between NHS providers and the ICB on joint approach for embedding a coaching approach and culture across the ICS.

- 3-year membership of Public Sector Coaching and Mentoring Pool (until March 2025): 49 subscribing organisations.
- Continued growth in staff accessing coaching over the 3 years: 94 (2022-2023), 110 (2023-2024), 2024-25 awaiting data.
- Maximising our membership of the pool with number of trained coaches registered: 34 coaches are operating in the internal pool.
- Cost of total coaching hours accessed by staff in 2023-24 at industry standard rate (Sherpa 2020 annual survey average of £220 per 1 hour session): £97,790. Annual subscription cost: £15,534.
- Growth in career development mentor pool by 7 mentors.
- Regular system programme of provision for CPD/Supervision for internal pool staff.

West Midlands Tri-sector Challenge

An all-day simulated training event run by West Midlands Employers on 24/09/2024. A fantastic development opportunity for aspiring leaders, giving exposure to issues outside of their normal work, providing them with a taste of what senior management is really like.

To successfully complete the challenge, teams had to work strategically with neighbouring stakeholders and partners to deliver a new strategy for their organisation within an unpredictable world; identifying which areas to prioritise, dealing with politically sensitive issues and maintaining customer focus when determining how to provide the the best services possible despite limited resource.

This event was offered to all SSOT ICS leadership alumni. Two teams of six from the ICS entered, competing alongside 11 other local council and housing association entries.

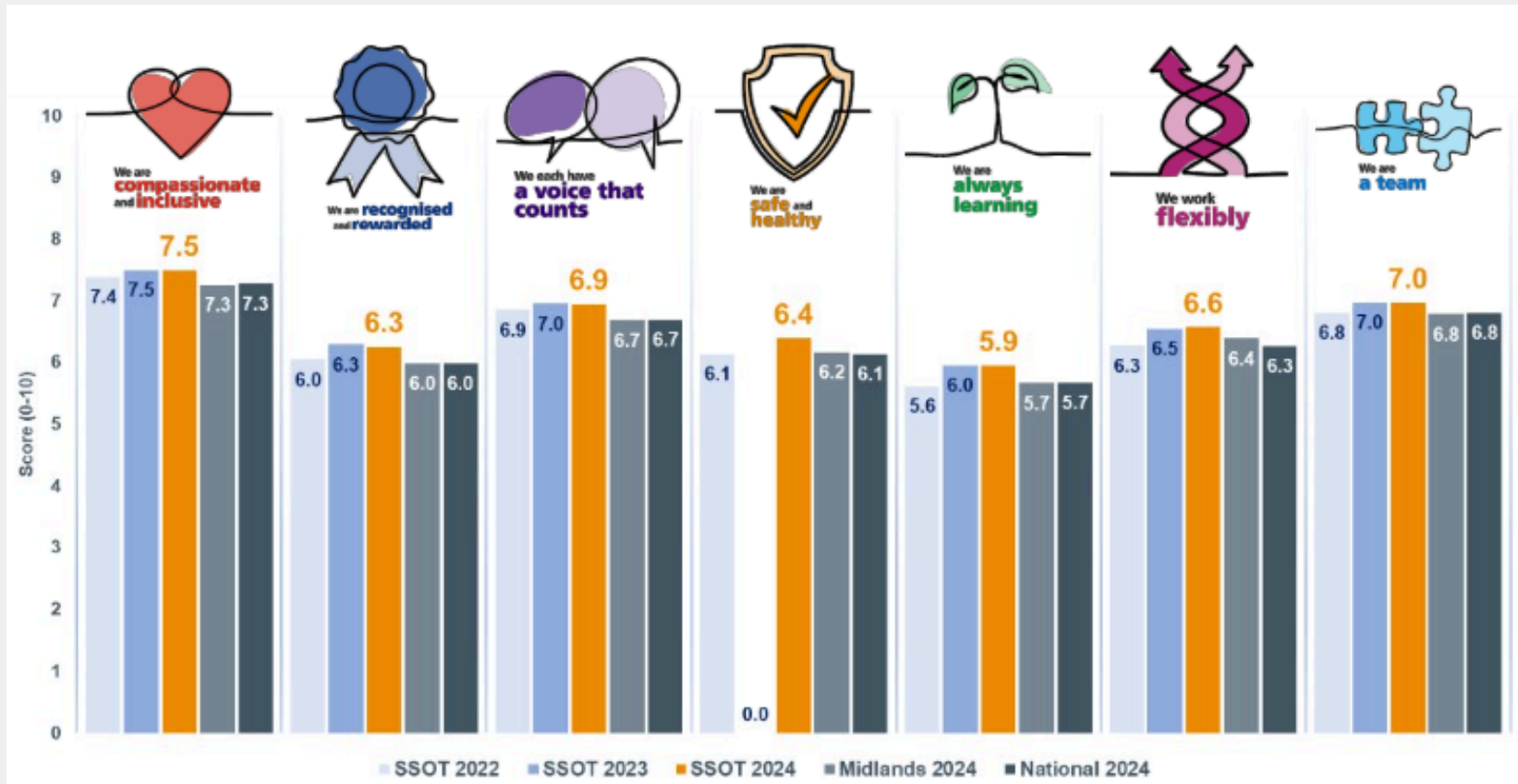
- 'Team 2' won the Behaviours Award.
- For the Communications Award both of our teams had special mentions for their presentations and dealings with the press with 'Team 1' in the final three shortlisted for the award.
- 'Team 2' were in the final three, shortlisted for Best Team award.

OVERVIEW

ACHIEVEMENTS



NHS Staff Survey 2024: Summary & Response



People Promise Elements, themes and sub-scores are scored on a 0-10 scales, where a higher score is more positive than a lower score.

The People Promise summary indicators provide an overview of staff experience in relation to the seven elements of the 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**

Scores are also reported for two of the ten themes previously reported:

- Staff Engagement
- Morale

The score for each People Promise element and theme is based on between two and four sub-scores*, with each sub-score calculated from the responses to between one and nine aligned questions. Sub-scores are also reported.

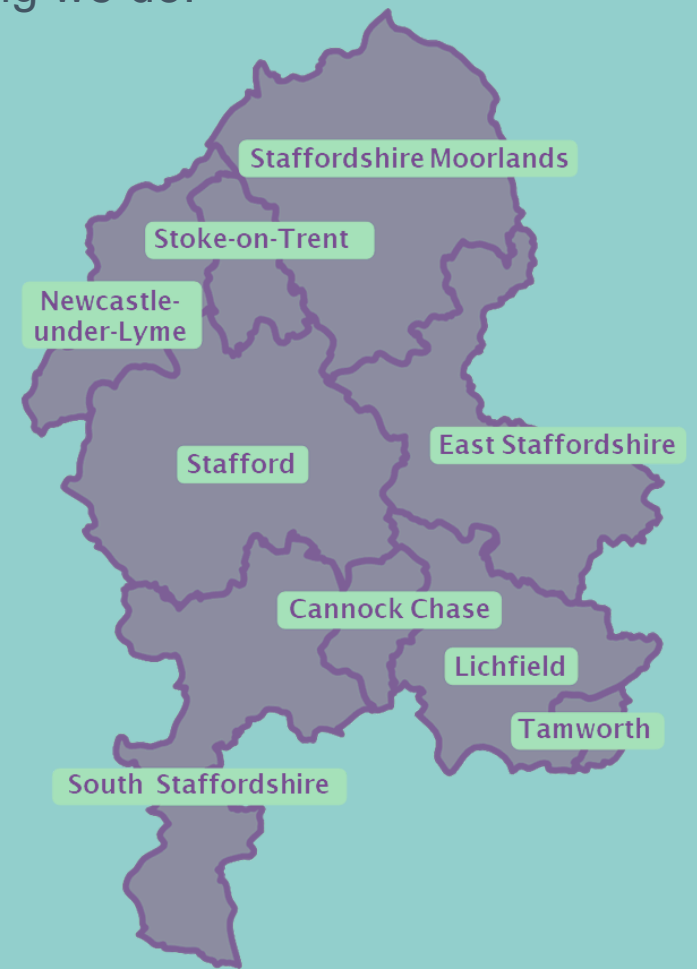
2025/26 Deliverables

To be included subject to PCI approval

With huge thanks to Our Partners

Without the support and contributions of our partners and workforce, we would not have been able to achieve or make the difference we have this year.

We look forward to continuing our work with all partners with our people at the heart of everything we do.



AAA Escalation & Assurance Report from Committees

Enclosure 18

| | |
|-------------------------------------|---|
| Report To: | ICB Board |
| Date: | 17 July 2025 |
| Reporting Committee / Group: | People, Culture, and Inclusion Committee (PCI) (Part1) |
| Date of Meeting: | 4 July 2025 |
| Meeting Quorate Y/N? | Y |
| Presenter: | Shokat Lal, Non-Executive Director & Committee Chair |
| Author: | Gemma Treanor, Head of ICS People Function |

Key Escalation & Discussion Points from the Committee Meeting:

(1) Strategic People Updates**NHS Reform / ICB Reset**

The Committee discussed the progression since the last meeting from a Reform/Reset perspective in interpreting the national ICB Model Blueprint and designing the local ICB structure. The Committee were advised of the approved Clustering arrangements between SSOT and STW ICBs. Members shared positivity around the established relationships with STW already, which presents an opportunity to work collaboratively to design the future.

It was confirmed that the appointment process for the Interim ICB CEO and Chair would take place during this Summer. It was acknowledged that the ICB Reset is creating a great deal of uncertainty for ICB workforce, as well as recognising the wider System challenges around reducing infrastructure costs.

The role of the ICB as a Strategic Commissioner was highlighted, as well as the focus on prevention, population health and health inequalities, and care closer to home. Concerns were raised regarding the lack of clarity in some areas of the Blueprint and around the Regional Blueprint and responsibilities. The Dash report on Quality and Safety should provide indications around the role of strategic commissioner and support a triangulated approach to design and expectations.

Members were advised that the Provider Collaborative is taking shape and that the group are starting to identify the key priorities – with workforce implications and opportunities being considered with CPO input. The national model for People Services at Scale will also provide a robust framework to guide the People Agenda from a Provider Collaborative perspective.

It was acknowledged that transformation on the scale anticipated will require a robust approach to OD across the System, as well as managing and delivering the operational changes and 'BAU'. The people aspects of the Reset and 10 year plan are significant and there will be a requirement to transform the way we work together, the culture of the System and Organisations and the way we continue to collaborate to deliver the changes. The shift to digital and a more community focussed model will require investment in workforce skills and development, supported by a dynamic OD programme. Looking after our people – keeping morale high, our workforce engaged and well – while we navigate the transition and deliver the financial plan will be critical.

The Committee will continue to monitor, identify risks and agree actions around the People elements of NHS Reform.

ADVISE

(1) Strategic System updates:

NHS 10-year Plan

The Committee received a brief overview of the 10 year plan and discussed the People elements of the plan. It was acknowledged that the ICB and NHS Trusts are currently interpreting this in their context, with further clarity and agreement required on local implementation. The Committee and CPOs noted the significant OD and cultural implications of the plan – a shift from Hospital to Community and Neighbourhoods, Analogue to Digital, Sickness to Prevention. Members agreed to further discuss the plan at the next Committee, to consider the People elements, impact on System People programmes and priorities.

NHS England update

The Committee received an update on the regional NHSE position including their focus on productivity, corporate functions and agency/bank improvement. It was confirmed that the regional team would continue to support Providers. Members were also advised that the Regional Operating Model/Blueprint is expected imminently, to provide clarity on roles and responsibilities alongside clarity on the National leadership and structure.

(2) Performance, Planning and Finance:

The Committee was updated on the workforce position, performance to 25/26 operational plan and people metrics.

2025/26 Operational Plan

- **Finance**

The Committee received an update on the financial position at Month 2, reporting a £16.0m deficit which is £2.9m adverse variance to a £13.1m deficit plan (month 1 £2.2m variance). The biggest driver of variance to plan is the efficiency programme phasing. As a system we are forecasting to meet our year end financial plan of break even, subject to the receipt of £95m deficit support funding (DSF).

- **Workforce**

The system workforce WTE (substantive + bank + agency) was 24,628 in May 2025. This is a reduction on month 1 of 105 WTE mainly achieved through a reduction in bank of 96 WTE's. Month 2 workforce numbers were 43 WTE below plan which is in substantive (86 WTE) and agency (34 WTE) offset by bank which is over plan by 78 WTE.

The Committee recognised this positive position and discussed the contributing factors including grip and control, and transformation activity. It was acknowledged that there is a mismatch between workforce and pay spend, with the Month 2 reduction in WTE and a pay spend increase – work is ongoing to triangulate and align.

The Committee acknowledged the importance of aligning the quality elements as well as finance, with further work needed to assure the Committee and Board on the interdependencies and impact. Achievement of the Operating Plan will remain a standing agenda item and priority for the Committee.

ASSURE

(3) Performance, Planning and Finance:

The People Metrics were noted and assurance received by the Committee regarding ongoing monitoring and mitigation to improve metrics.

(4) People Culture Inclusion Programme delivery

2024/25 PCI Annual Report

Members were provided the final version of the 2024/25 Annual Report for approval. The Committee noted the contents of the report and the significant achievements of the People, Culture and Inclusion programmes across the System. The report was approved.

2024 Staff Survey

The Committee received an overview of the 2024 Staff Survey Results (NHS) and were advised that SSOT was the best performing System overall out of all Midlands ICS's, and achieved higher scores than the overall Midlands and National results in all People Promise themes.

Members heard that scores increased in the 'safe and healthy' and 'flexibility' People Promise themes, alongside morale; achieved the same score for 3 themes – 'compassionate and inclusive', 'recognised and rewarded', 'team', and 'engagement'. Scores reduced in a 'voice that counts', and 'always learning' themes.

NHS Trust results and plans have been mapped to understand common themes and opportunities for collaboration. In addition to the specific Trust/Sector actions, there are 3 overarching themes, - Health Wellbeing and Experience, Leadership and Discrimination with 5 identified improvement areas and opportunity to collaborate. The results and actions will be taken forward by the Health, Wellbeing and Experience and Leadership and Talent Sub-Committees. Once the Primary Care and Social Care Staff Survey Results are available, further analysis and comparison will be undertaken to understand the overall System position.

The Committee acknowledged the results and welcomed revisiting the progress of the plans in the Autumn.

System-ICB Risks / Board Assurance Framework (SBAF):

(1) Risk Register

The Committee received the People Risk Register, discussing the closed 2024/25 risks and new risks for 25/26 which considered the current System context. Members approved the risks and agreed to monitoring and further review as the landscape changes over the coming months.

Policies Approved:

The Committee did not receive or approve any policies this month; nor did any papers received under the Business Cycles have any future impacts on current policy matters.

Decisions to be Escalated to ICB Board:

Nothing for escalation to ICB Board or other Committees.

AAA Escalation & Assurance Report from Committees

Enclosure 19

| | |
|-----------------------------|--|
| Report To: | ICB Board |
| Date: | 17-Jul-2025 |
| Reporting Committee: | Strategic Commissioning & Transformation Committee (SCTC) |
| Date of Meeting: | 4 th June and 2 nd July 2025 SCTC Meetings |
| Meeting Quorate Y/N? | Yes |
| Presenter: | Mike Lawton, ICB NEM and SCTC Chair |
| Author: | Paul Winter, Associate Director of Corporate Governance |

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

Local Authorities (LAs) SCTC Update Report – July meeting:

A combined two LAs Status Report was discussed by SCTC, alerting members to the following key issues:

Positive Assurance “Alerts” regarding both Authorities CQC ratings rated as “Good”.

Medium-Term Financial Strategy both LAs continue to face cost pressures from rising demand in Social Care as well as inflation. The LAs & ICB have agreed an ongoing approach to managing / funding people eligible for aftercare under Section 117 of the Mental Health Act 1983; and are both working on new joint arrangements to support those people eligible for Social Care who have Health Needs that are more than incidental / ancillary to their Social Care Needs, which cannot be met by routine health services.

Health & Care Improvement Priorities for 2025/26 in addition to those referenced above that may have an impact on the NHS, further areas include: (a) *Staffordshire County Council* – recommissioning of Supported Living care services, recommissioning of Care Homes, implementation of a new Social Care Case Management system, and reform of 0-19 services; (b) *Stoke-on-Trent City Council* – promoting integration of health & care services, stronger / more integrated support for carers, Vulnerable Adults sustainable long-term model, Neighbourhood Health Service & Provider Collaborative facilitated delivery, an expanded step-up / stepdown provision to reduce admissions & support timely discharge to home from hospital, Implementing a new frailty management programme.

ADVISE

NHS Reset / Transition Updates – both meetings: *[verbal updates from ICB CTO]*

Following publication of the *Model ICB Blueprint*, the ICB submitted at the end of May its plan for NHSE required areas: a narrative outlining a potential new ICB Operating Model per the Blueprint; including outline functions, identified risks to delivery and indicative costs to meet the national Running Costs target of £18.76 per head of population.

Updates were also provided on the frequent national and regional meetings taking place, attended by the CEOs. Routine feedback on these is being provided to the lead committee – the Transition Committee. None of the documents submitted include any structures or roles, as these are all still being worked through.

The SCTC noted that comprehensive updates continue to be given at ICB Team Briefs to sight staff on the latest developments. Similar Blueprints for national and regional elements of the new NHS over the next 18 months to 2 years are still awaited.

SCTC acknowledged how complex things were at this time as everything is moving at pace, and it is hard to get a degree of clarity which must be challenging for everyone within the ICB, while there is clearly still a long way to go in the rest process.

SCTC noted the importance of this committee in supporting the ICB alongside the Transition Committee, owing to the need to start thinking about the future role in terms of strategic commissioning for outcomes, per the Ten Year Plan.

SCTC also acknowledged the significant level of risk involved in the work, and while those would be managed through the Transition Committee, it felt that some of those may have an impact on the SCTC, so all will be inter-linked and there will be some areas of normal business risk that also needs to be managed whilst doing the reset.

Members also raised that whilst recognising what the ICB is going through, there are also implications for NHS Provider organisations as well in terms of their Running Costs and the ICS facing similar challenges in terms of their workforce as well.

The first meeting of a new Transition Programme Group took place early July, chaired by SSOT's CTO. Overviews of how this part of the programme works with the Transition Committees were presented to SCTC. Indicating the different functional ('feeder') workstreams that will do the detailed work at Cluster level, and report regular updates & assurance reports into Transition Programme Group; and by exception to both ICBs' Transition Committees via 'SITREPs' + Escalation Reports.

Each functional group will be tasked with a range of locally determined key deliverables, such as the Cluster Governance Plan, People Communication plans, and the management of the Reset Transition; and have had stressed the need for clarity and simplicity in their Transition Programme operations.

There has been establishment of 3 key workstreams, led by Exec Directors with support from STW-SSOT Senior Leaders:

- (1) Technical & Governance (will manage the Clustering setup);
- (2) Retained Functions (will manage functions that remain within the organisation);
- (3) At-scale Functions (will address functions that are transferred or scaled up).

ADVISE (continued)

Business Case for NHS Diabetes Prevention Programme (NDPP) – June meeting:

A (short form) Business Case request for approval of a £20k call on money already within existing SDF funding, in addition to ICB's current, annual £60k contribution to the Local Authority to support the costs of running this programme, and ensure it keeps in line with pay & inflation for the small team offering this valuable service.

The Regional Diabetes Network recognise the great work that has been done through the programme and SCTC noted the NHSE-proposed future utilisation of NDPP on an interim basis to support psychological wellbeing for roll-out of the Mounjaro weight loss drug. The SCTC fully supported the Business Case as the benefits outweigh the £20k needed but raised concerns around cost pressures in prescribing; with assurances noting this should be met by the benefit of people having reduced weight in terms of their future health outcomes.

Service Transformation & Service Change Updates – both meetings:

The Committee received and noted the content of an update report, covering:-

- *Maternity* – consultation has commenced, with over 700 responses to the online survey. Face-to-face & Drop-in events at County Hospital, Samuel Johnson, and community hubs have been completed; with further activity planned through July. A midpoint review took place on 26 June. Local media and campaign groups are vocalizing, with the expectation of a petition submitted to the ICB at some point as part of the consultation.
- *UEC* – a technical event has taken place where the implications of the new guidance around co-located UTCs was discussed; and since briefed to NHSE. Which is also being followed up with Provider colleagues in terms of some of the revenue consequences / implications in areas like Cannock & Leek, to be presented to the Overview & Scrutiny Committee in Cannock.
- *Neighbourhood Health* – there is System involvement from a range of Partners in looking at the 6 core components for this year; focusing on the 2-4% of people that are the highest users of services / attendances at Acute services. A Steering Group is in place. There is a dedicated session around frailty taking place with Stoke-on-Trent colleagues and a positive session with East Staffordshire PCN, also looking at the impact of the 2-4% and how this can be wrapped into Integrated Neighbourhood Teams.

The SCTC discussed the likely impacts of the Ten-Year Plan on the work being done and how these particular areas of Transformation have been accounted for in the 2025/26 Plan. Also, raising that whilst this is a good piece of co-production engagement is this at the expense of pace. The Ten-Year Plan will focus on a Population Health Management approach and outcomes, building on the guidance around Neighbourhood Health. For this year the focus will be on the six core components which will help set up the framework for future years.

The first 3 components are about where are we at, how we utilise digital & data; services commissioned by ICB and Provider (e.g. MPFT) sub-contracts with other organisations such as the Voluntary Sector; services the Local Authorities commission and how we do integrated commissioning with through the Better Care Fund. It is anticipated there will be further guidance for how to focus on different elements in terms of the wider community offer, focusing on preventative as well as high-level needs / those with Long-Term Conditions and how to stop them progressing into the next cohort of the 2-4%.

Pace is recognised and it's about getting Early Implementers up and running. There is good commitment from Partners, with work to build on this via the Provider Collaborative.

Wheelchairs Commissioning Update – June meeting:

The Committee received a report providing an update on the current service and advised that the current contract is in its final year, running to end March 2026. The briefing set out how the service will be monitored during the exit period. Contract meetings are held monthly, with the latest meeting held to discuss the Exit Plan and Improvement Plan for those service users currently waiting.

The Chair asked if this problem is experienced by other ICBs; and it was confirmed that it is. While there are several different providers in the market, and variations exist depending on service specs / local contract arrangements, there is however generally a number of common challenges like waiting times and supply & delivery delays. Often caused by multiple parts for a bespoke piece of equipment coming from different manufacturers.

Assurances were provided that for future procurement, part of the process will be to ensure that the service specification will consider themes raised by feedback from patients & service users, from complaints, a clinical Task & Finish Group, and all of the learning from managing the current contract. A revised spec would also explore development of an outcome-based contract. This will come back to SCTC at the next meeting and will be used to test the market. The cost envelope + contractual form discussions will take place through the F&P Committee.

The current backlog for AJM services is coming down and is smaller than when AJM took over the contract. All those patients that transferred over have now been closed and AJM gave assurance when discussing transition / exit planning that workforce resilience was being factored in. With AJM and the ICB to look at modelling how to reduce the caseload over the next 9-10 months and draw the current arrangements to a close.

Provider Collaborative update – June meeting:

Updates on the actions taken over the last 2 months to reset the version 2 Provider Collaborative Programme and undertake scoping work to deliver against the 3 Priority Areas of Neighbourhood Health, UEC / Community Transformation and Delivering Back Office at scale. Each of these are at different stages of development and the Collaborative will be taking the lead on developing plans for the short, medium and the longer term.

- **Neighbourhood Health**

The Collaborative will take a lead role on developing the neighbourhood programme (an area identified in the Model ICB Blueprint to transfer into providers); a development piece of work is looking at how to start this work.

- **UEC & Community Transformation**

Two key actions for the Collaborative to progress are being clear about what the ICB asks of its Collaborative from each of the Portfolios (predominately Community Transformation, Primary Care, UEC) and work around the offer to the System from the Collaborative, building up plans up using PHM data and focusing on areas of greatest impact.

- **Back Office at scale**

The Collaborative has started work with Deloitte as part of the I&I Regime to identify areas for opportunity; with Executives identified for each of the key elements from across System Providers, leading a c. 6-8 week diagnostic whose outcomes will be taken forward.

ASSURE (continued)

Primary Care Forum (PCF) AAA Reports – both meetings:

Both May and June 2025 PCF AAA Reports included no “Alerts” to SCTC; and no new risks or formal escalations to make the Committee aware of. Whilst there is still the risk around Dental Recovery, this has been downgraded on the basis that the new Access Plan is being implemented. There were no SCTC questions on the assurance items included within the two reports presented to committee.

Gordon Street (GP Practice) Procurement – July meeting:

An overview of the Options Appraisal available to the ICB for the future commissioning of Gordon Street Surgery; detailing 4 options together with advantages, disadvantages, risks and mitigations of each. The paper has also been presented to the Primary Care Forum and Procurement Operational Group, where option 1 has been approved. A financials update from POG will also be presented to Finance & Performance Committee.

The ICB terminated the GMS contract for the Surgery on 6th May 2024 as a result of ongoing poor performance. To ensure services remained stable for patients, a short-term APMS caretaking contract was urgently awarded to East Staffordshire Primary Care Partnership for a period of 2 years; which commenced on 7th May 2024 and is due to end on 6th May 2026.

The paper included the following options:

- (1) Procurement of a new APMS contract – term = 5 years plus 4 years;
- (2) Procurement of a new APMS contract – term = 5 years with no option to extend;
- (3) Modification of a Practice Contract to take on Gordon Street building as a branch;
- (4) List Dispersal.

The SCTC also supported the prior PCF/POG recommendations of option 1 being taken forward to shape the future procurement work.

Regional Specialised Services Commissioning Business Plan 2025/26 – July meeting:

The Plan has been developed by the regional team and outlines strategic priorities for delegated and retained specialised healthcare services across the Midlands.

Delegated services include Acute Care - focused on reducing waiting times, improving neonatal safety and equitable access. And Mental Health, Learning Disability & Autism: MHLDA services - with priorities such as pathway redesign, reducing delayed discharges, and expanding support for forensic cohorts.

Retained services cover high-cost, complex areas like pharmacy, screening & vaccination, health & justice and MHLDA - with targeted actions including medicines optimisation, screening programme enhancements, and continuity of care in justice settings.

The plan outlines new governance tools to improve performance oversight and includes a detailed financial strategy addressing allocations, risks, and efficiency targets. It also highlights a regional acute clinical strategy with five key priorities, a procurement pipeline aligned with the Provider Selection Regime, and the development of Integrated Provider Collaboratives to enhance service co-ordination.

The Committee is discussed the 2025/26 Integrated Commissioning Operational Plan; and endorsed the continued engagement approach with ICBs / regional partners.

ASSURE (continued)

ICS Green Plan Refresh 2025-28 & Quarterly Sustainability update – July meeting:

The ICS Green Plan Refresh outlines the progress made so far, key targets, timeframes and collaboration opportunities between system partners for a range of topics. The plan outlines collective goals and includes an action plan that sets out key deliverables against all nine areas of focus, along with KPIs and delivery dates. Continuing a System approach is key to maximising benefits in terms of emission reductions, financial savings and improved health outcomes and requires a System Lead to oversee / manage progress to ensure key milestones are achieved. The SCTC approved the Green Plan refresh.

The Quarterly Update highlighted ICS work ongoing to deliver our Green Plan and the System Ambitions agreed for 2024/25. These have been agreed by the Green Delivery Group; and a new ICS Greener NHS Performance Dashboard reflects the new System Ambitions and is reviewed at every Green Delivery Group meeting. ICS Provider Trusts + Staffordshire County Council have completed highlight reports, giving an overview of progress to date, key tasks to be completed over the next quarter, and risks to internal programmes. The SCTC was assured by all of these. As noted above, the ICS Green Plan has been refreshed and approved by SCTC prior to ICB Board on 17th July ratification, in order to ensure the national deadline of publishing on the ICB website and shared with NHSE by 31st July 2025 is met.

System-ICB Risks / Board Assurance Framework (SBAF):

June: System / ICB Risk Registers update:

While a number of risks has another lead committee as the prime assurance & oversight, many cover areas of business with SCTC (e.g. F&P Committee lead but risks relate to Transition and Commissioning agenda type risks). SCTC approved one risk for closure; and two with an increase in residual scores.

The Chair commented on the absolute need to keep an eye on 25/26 delivery and also the future, while not underestimating the importance of Risk Management. The committee also noted it needs to be more assured on a number of risks that need to include a more detailed update in order to give the Committee this, and that risks are being managed / mitigated towards hopefully closure at some point in the future.

July: Q1 SBAF update:

SCTC received the first in-year report on the SBAF, concentrating on the two Strategic Objectives under their remit: Community Services Integration & Reducing Health Inequalities. SCTC welcomed the changes in monitoring the relevant key controls & assurances stated within the report. As well as its updated style, contents and emphasis on non-acute services within the ICS (as agreed by the Board at its earlier development sessions on the SBAF).

The Vice-Chair (Audit NEM) requested that the Committee and all Strategic Objective Action Owners are clear on the reasons / mitigations for the many high risk score areas currently on the SBAF. Stronger links to the NHS Outcomes Framework (NHSOF) are felt needed from contributors, to show robust management of SBAF lead areas alongside the NHSOF's delivery requirements. Ensuring that our plans are delivered and the aligned risk statuses decrease as improvements are made and Board Committees more assured on these.

SBAF #4 (Health Inequalities) updates for Q2 were asked to show further signs of movement and more quickly addressing inequalities, as plans are delivered. The Lead for this agreed and will hold an offline discussions pre-Q2 with the Audit NEM to provide greater assurances.

Policies Approved:

Not applicable – no policies required for approval at either June or July meetings.

Decisions to be Escalated to ICB Board:

- ☑ **To ADVISE the ICB Board** of the SCTC-endorsed decisions taken at its June and July 2025 meetings;
- ☑ **To ADVISE the ICB Board** of the SCTC-endorsed approvals made pertaining to ICB procurement decision on Gordon Street GP Practice and the ICS Green Plan;
- ☑ **To ASSURE the ICB Board** of the SCTC fulfilling its decision-making role effectively per its role and Terms of Reference, especially in the remit of Transformation consultation and engagement work.

No other decisions or matter are escalated to the Board.

AAA Escalation & Assurance Report from Committees

Enclosure 20

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|-----------------------------|---|
| Report To: | ICB Board |
| Date: | 17-Jul-2025 |
| Reporting Committee: | Audit Committee |
| Date of Meeting: | 7 th July 2025 |
| Meeting Quorate Y/N? | Yes |
| Presenter: | Julie Houlder, ICB NEM and Committee Chair |
| Author: | Paul Winter, Associate Director of Corporate Governance |

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

Risk and SBAF Management in 2025/26:

As covered within the AAA Risk & SBAF section, the Committee raised a number of process matters that it wishes to bring to Board's attention, for improving oversight and assurances:-

- **Mitigating Actions to be strengthened:** greater clarity from Risk / Objective Owners on their proposed mitigations or SBAF Controls & Assurances are needed. Committees should query these more as scores stay static and high risk. The question being: are the actions appropriate enough to reduce risk or increase likelihood of delivery. And if not, should they be reset to something that is?
- **NHS Reset:** the impact of the Transition on 'Business as Usual' Risk & SBAF Management needs to be better understood. A clearer understanding of how these inter-relate is needed by the time of Q2 reporting, in terms of SBAF Controls and Assurances reported to Committees, and other risks relating to the Transition / Reset.
- **Links to the NHS Oversight Framework (NHSOF):** stronger links between the SBAF and the NHSOF were requested. Delivery of the 25/26 Plan remains critical; and will relate directly to how the ICB is assessed under the NHSOF for the same year. Therefore all Action Owners need to strengthen these links more within their Q2 updates (whether for SBAF Objectives or for Risks on the System or ICB Risk Registers).

ALERT (continued)

Counter Fraud Progress Report:

This report provided an update on anti-fraud activities in line with the agreed ICB Workplan for 2025/26. The Committee noted the potential for NHS Reset to have risks in increased fraud activities due to organisational change. This was asked by the Committee Chair to be an “Alert” to Board, due to the need for wider awareness and oversight during the Transition.

The ICB’s Anti-Fraud Specialist (AFS) has held several stakeholder meetings with key contacts, including Chief Finance Officer, Financial Controller and Governance Manager / Counter Fraud Champion, as well as several other contacts in respect of specific tasks and referrals. Monthly planning and catch-up meetings have commenced between the AFS, Financial Controller and the Counter Fraud Champion to help mitigate this.

In April 2025, the AFS met with the Deputy CEO of the NHS Counter Fraud Authority. Where the discussion considered the potential for NHSCFA to get more involved in Primary Care fraud over the next 12-18 months, particularly due to the proposed eventual abolition of NHS England, including providing more support to Primary Care providers directly rather than leaving it to individual police forces. Discussions have also taken place with the Department of Health & Social Care’s anti-fraud unit with this objective in mind. Those conversations also considered the need for NHSCFA / DHSC to pick up NHSE responsibilities over time.

The AFS advised that the 2022 Statutory Guidance on ICB Counter Fraud arrangements remains in force currently and for the foreseeable future and directs responsibilities for different aspect of counter fraud / investigatory functions relating to ICBs and Primary Care. He acknowledged that NHSE and ICB responsibility for fraud within a Primary Care provider is not covered by the current requirements.

NHSCFA have just issued specific guidance to support NHS organisations in understanding the impact of the new ‘Failure to Prevent Fraud’ offence, which is a corporate offence that was introduced as part of the Economic Crime & Corporate Transparency Act 2023 and which comes into force in September 2025. This guidance supplements Home Office guidance; and includes reference to how Public Sector organisations should follow advice on the NHSCFA website when developing fraud prevention measures. The AFS will keep the Audit Committee updated accordingly; and relevant compliance work has been included within the anti-fraud work plan 2025/26 to address the new requirements.

ADVISE

Financial Governance:

Review of losses and special payments

There have been no Losses incurred since the last Audit Committee in March 2025. There has been a single special payment made of £110,000 in resolution of a complaint covering a period between 2010-15. As per the ICB ‘Losses and Special Payments’ policy, any payment meeting the criteria for a ‘special payment’ that is greater in value than £95,000 (as this payment is) requires HM Treasury approval. That approval was granted on 24th March 2025.

Review of waivers for single contract tenders

A total of eight new Single Tender Actions / Waivers have been signed off during the reporting period 1st March 2025 to 30th June 2025. Total expenditure for 2024/2025 up to year-end was; £3,305,883; with total expenditure for 2025/26 to date at £42,820.

ADVISE (continued)

Internal Auditor Progress Report – Quarter 1 2025/26:

The Committee noted the contents of the report, with the assurances provided and risks associated, and agreed with the recommendations made. The report provides a summary of Internal Audit activity and complies with the requirements of the Global Internal Audit Standards (UK public sector).

2025/26 Audit Reviews in progress currently are the Quality of Commissioned Services (at Fieldwork phase). ICB's Auditors have also issued a number of briefings for information, including updates on the new Cyber Assessment Framework aligned Data Security & Protection Toolkit, Global Internal Audit Standards and Board Assurance Frameworks.

A prior audit Recommendations follow-up exercise is in progress, with an update provided at the next Audit Committee. The Committee were assured about this, though some comments were made about the planning of future audits seemingly backloaded towards the end of the financial year, by which time NHS Reset / Transition could have an impact.

ASSURE

Freedom of Information Act / Subject Access Requests (SAR) update report:

Submitted to the Audit Committee for information and assurance, and to provide an update on the status of requests received. This report covers the Q1 period 1st April – 30th June 2025. The Governance Team are pleased to advise that during this reporting period, all FOI requests have been responded to in line with statutory requirements and the ICB has not had any breaches. A total of 88 requests were received in the period, with 14 currently open. There has been a total of 38 SARs received during the period, which is a continued trend growth in volume – 17 were CHC related and 21 for access to medical records.

Gifts & Hospitality Register update:

A report covering recent entries onto the register since the start of the year was presented to Committee. With four declarations covering the ICB's Medicines Optimisation Team (3 additions) and EPRR Team activities (1 addition); all made in line with ICB policy.

System-ICB Risks / Board Assurance Framework (SBAF):

System / ICB Risk Registers update:

While most risks have another lead committee as the prime assurance & oversight body, the Audit Committee receives the whole registers 12+ for oversight and assurances that key internal controls are operating effectively. The Committee confirmed it was assured on the management of risks; although raised an important process issue as an "Alert" covered within that section.

Q1 SBAF update:

Similarly for the SBAF review at Q1, the first in-year monitoring report presented. Again, some process "Alerts" were raised as part of the Committee's overall assurance role, which the Chairs and Risk Owners in other Board Assurance Committees need to be aware of ready for the Q2 updates due around September time.

System-ICB Risks / Board Assurance Framework (SBAF) - continued:

The Vice-Chair (Audit NEM) requested that other Committees and all Strategic Objective Action Owners are clear on the reasons / mitigations for the many high risk score areas currently on the SBAF. Stronger links to the NHS Outcomes Framework (NHSOF) are felt needed from contributors, to show robust management of SBAF lead areas alongside the NHSOF's delivery requirements. Ensuring that both our plans are delivered and their aligned risk statuses decrease, as improvements are made and Board Committees together feel more assured on these core matters being delivered.

Policies Approved:

Not applicable – no policies required for approval at either June or July meetings.

Decisions to be Escalated to ICB Board:

- ☑ **To ALERT the ICB Board** to a small number of important Risk & SBAF monitoring process issues to be taken forward by all Board Assurance Committees
- ☑ **To ADVISE the ICB Board** of a number of Financial Governance & Counter Fraud activities, especially the new Failure to Prevent Fraud obligations on the ICB under updated statutory requirements;
- ☑ **To ASSURE the ICB Board** of good progress continuing with in routine Corporate Governance activities of the ICB.

No other decisions or matters are escalated to the Board.

AAA Escalation & Assurance Report from Committees

Enclosure 21a

| | |
|-------------------------------------|-------------------------------|
| Report To: | ICB Board |
| Date: | 17 th July 2025 |
| Reporting Committee / Group: | Remuneration Committee |
| Date of Meeting: | 20 th May 2025 |
| Meeting Quorate Y/N? | Yes |
| Presenter: | Shokat Lal |
| Author: | Stacey Robinson, Project Lead |

Key Escalation & Discussion Points from the Committee Meeting:

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|----------------|
| ALERT |
| None discussed |
| ADVISE |
| None discussed |

ASSURE

Non-Executive Member for Quality and Safety

Committee members approved the recruitment of Siobhan Rielly to the Non-Executive Member for Quality and Safety post. The process had previously been approved by Remuneration Committee in October 2024 but was paused mid-recruitment due to the national announcements. Committee members agreed to the recruitment on a shorter term to end in March 2026, the Committee noted the importance for there to be the full requirement of NEMs in post during the transition period, in particular, the emphasis for quality and safety. Committee members reviewed and approved the following roles and responsibilities:

| ICB Committee | Chair | Second | NEM membership (& quoracy) |
|--|----------------|----------------------------|----------------------------|
| Finance and Performance Committee | Josie Spencer | Mike Lawton | 2 (1) |
| Quality and Safety Committee | Siobhan Rielly | Josie Spencer | 2 (1) |
| Strategic Commissioning and Transformation Committee | Mike Lawton | Julie Houlder | 2 (1) |
| People Culture and Inclusion Committee | Shokat Lal | Siobhan Rielly | 2 (1) |
| Audit Committee | Julie Houlder | Shokat Lal and Mike Lawton | 5 (2) |
| Remuneration Committee | Shokat Lal | All NEMs | 5 (2) |
| Deputy Chair | Josie Spencer | | |
| Senior Independent Director | Julie Houlder | | |

Interim Chief Executive Officer, Chief Medical Officer and Deputy Chief Medical Officer Arrangements

The Remuneration Committee approved interim arrangements for the Chief Executive Officer, Chief Medical Officer and Deputy Chief Executive Officer with a start date of 15th July 2025 for a period of 6 months. The Remuneration Committee agreed to review the arrangements in 3 months' time.

VSM Framework

Committee members reviewed the recently released updated VSM Framework. Further work and understanding is to be done around the impact and a paper will be discussed at the June Remuneration Committee.

System-ICB Risks / Board Assurance Framework (SBAF):

Nothing to be added.

Policies Approved:

None discussed

Decisions to be Escalated to ICB Board:

No decisions to be escalated to the ICB Board.

AAA Escalation & Assurance Report from Committees

Enclosure 21b

| | |
|-------------------------------------|-------------------------|
| Report To: | Board |
| Date: | 17-Jul-2025 |
| Reporting Committee / Group: | Remuneration Committee |
| Date of Meeting: | 19-Jun-2025 |
| Meeting Quorate Y/N? | Y |
| Presenter: | Shokat Lal |
| Author: | N Walker (Project Lead) |

Key Escalation & Discussion Points from the Committee Meeting:

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| ALERT |
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|---------------|
| ADVISE |
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ASSURE

Review of current CNTO and Assistant CNTO working hours:

The Remuneration Committee received a paper on the Chief Nursing and Therapies Officer (CNTO) and Assistant CNTO's working hours.

The Committee requested a further paper outlining the business case to be presented at the Extraordinary Remuneration Committee Meeting in July 2025.

VSM Pay Framework

The Remuneration Committee received a paper on the Very Senior Managers (VSM) pay framework which will apply to all integrated care boards and NHS provider trusts from the 1 April 2025.

The Remuneration Committee noted the paper. A paper in relation to the VSM pay recommendations for 25/26 is to be presented at the Extraordinary Remuneration Committee Meeting in July 2025.

Voluntary Redundancy Expression of Interest

The Remuneration Committee received a paper on an Expression of Interest process for a Voluntary Redundancy Scheme.

The Remuneration Committee approved the launch of an expression of interest process for a national Voluntary Redundancy Scheme within Staffordshire and Stoke on Trent ICB, subject to receiving guidance for the ICB scheme.

System-ICB Risks / Board Assurance Framework (SBAF):

Nothing to be added.

Policies Approved:

None discussed.

Decisions to be Escalated to ICB Board:

No decisions to be escalated to ICB Board.