NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

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

Via MS Teams

Thursday 15th May 2025
1.00pm – 3.30pm

[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 20th March 2025	Chair	Enc 03	A		6-19
5.	Action Log - progress update on actions	Chair	Enc 04	D		20
6.	Questions submitted by members of the public in advance of the meting	Chair	---	D	1.05pm	
7.	Community Story - Prostate Cancer Awareness Campaign: Delivered by SSOT ICB Cancer Team	PS	Enc 05	D/I	1.15pm	21-23
Strategic and System Development						
8.	ICB Chair and Chief Executive Report	DP/PA	Enc 06	I	1.25pm	24-31
9.	Local Dental Plan	PEJ	Enc 07	D/R/S	1.35pm	32-50
10.	National Planning Submission and Re-submission	PB	Enc 08	I/D	1.45pm	51-66
11.	Update on Intensive and Assertive Community Mental Health Care	ED	Enc 09	S	1.55pm	67-79
System Governance and Performance						
12.	Quality and Safety Report	BS	Enc 10	S	2.05pm	80-84
	Quality and Safety AAA Chairs Report	JS	Enc 11	I/S	2.15pm	85-88
13.	Staffordshire and Stoke on Trent Health and Care Senate AAA Chairs Report - March	PEJ	Enc 12a	I/S	2.20pm	89-91
	Staffordshire and Stoke on Trent Health and Care Senate AAA Chairs Report March - April	PEJ	Enc 12b	I/S		92-94
14.	ICS Finance and Performance Report	PB/PS	Enc 13	I/S	2.25pm	95-119
	Finance and Performance Committee AAA Chairs Report - April	JS	Enc 14	I/S	2.40pm	120-125
	Finance and Performance Committee AAA Chairs Report - May	JS	Enc 15	I/S		126-128

15.	ICS People, Culture and Inclusion Committee Report ICB People, Culture and Inclusion Committee AAA Chairs Report	MI SL	Enc 16 Enc 17	I/S	2.45pm 2.55pm	129-138 139-141
16.	Staffordshire and Stoke on Trent ICB Strategic Commissioning and Transformation Committee AAA Chairs Report	JH	Enc 18	I/S	3.00pm	142-145
17.	Staffordshire and Stoke on Trent ICB Audit Committee AAA Report	JH	Enc 19	I/S	3.05pm	146-148
18.	Staffordshire and Stoke on Trent ICB Remuneration Committee AAA Chairs Report	SL	Enc 20	I	3.10pm	149

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	---		3.15pm	
21.	Meeting Effectiveness	Chair	---		3.25pm	
22.	Close	Chair	---		3.30pm	
23.	**Date and Time of Next Meeting** **Thursday 17th July May 1.00pm – 3.30pm** **Midlands Partnership NHS Foundation Trust Headquarters Boardroom, Mellor House, St George's Hospital, Corporation Street, Stafford, ST16 3SR**					

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 08 MAY 2025

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

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 QE Hospital Birmingham (ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to 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.
25th June 2024	Mr	Jack	Aw	ICB Partner Member with a primary care perspective	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Principal Partner Loomer Medical Partnership Loomer Road Surgery, Haymarket Health Centre, Apsley House Surgery (2012 - present) 2. Clinical Director - About Better Care (ABC) Primary Care Network (2019 - ongoing) 3. Staffordshire and Stoke-on-Trent ICS Primary Care Partner Member (2019 - present) 4. Director Loomer Medical Ltd Medical Care Consultancy and Residential Care Home (2011 - ongoing) 5. Director North Staffordshire GP Federation (2019 - ongoing) 6. Director Austin Ben Ltd Domiciliary Care Services (2015 - ongoing) 7. CVD Prevention Clinical Lead NHS England, West Midlands (2022 - ongoing) 8. Clinical Advisor Cegedim Healthcare Solutions (2021 -	1. North Staffordshire GP VTS Trainer (2007 - ongoing) 2. North Staffordshire Local Medical Committee Member (2009 - ongoing)	1. Newcastle Rugby Union Club Juniors u13 Coach (ongoing)	1. Spouse is a GP at Loomer Road Surgery (ongoing) 2. Spouse is director of Loomer Medical Ltd (ongoing) 3. Brother is principal GP in Stoke-on-Trent ICS (ongoing)	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (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
1st April 2025	Mr	Paul	Brown	Chief Finance Officer	Staffordshire and Stoke-on-Trent Integrated Care Board	1. Director and shareholder of Kingdoms of Care Ltd, an investment consortium with the aim to build a company initially focussing on the Home Care market. The company does not currently have any trading activities, but at some point it may should it be able to attract investment and move to a trading status (June 2024 - April 2025) Declaration to be removed from the register at end of October 2025) 2. Director and CEO of Shropshire Financial Healthcare Consulting Ltd. My wife Evelyn Brown is a named Director of the company. This company has been set up for trading after I leave the employment of the ICB. There will be no trading activity until after July 2025 (July 2025)	1. Previously an equity partner and shareholder with RSM. I have no on-going financial interests in the company. (January 2014- March 2017) 2. Previously a non-equity partner in health management consultancy Carnall Farrar. I have no on-going financial interests in the company (March 2017-November 2018)	Nothing to declare	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on conflicts register.
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 to 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 to 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 to 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 to 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 to 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
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 to by company. (h) recorded on CCG conflicts register.
8th May 2025	Mrs	Julie	Houlder	Non-Executive Member	Staffordshire and Stoke-on-Trent Integrated Care Board	Nothing to declare	1. Chair of Derbyshire Community Health Foundation Trust (January 2023 - ongoing) (Non-Executive since October 2018) 2. Director Windsor Academy Trust (January 2019 - ongoing) 3. Associate Charis Consultants Ltd (January 2019 - ongoing)	1. Owner Craftykin Limited (July 2022 - ongoing) 2. Owner of Elevate Coaching (October 2016 - ongoing)	Nothing to declare	(a) to (g) inclusive as required in any procurement decisions relating to third parties advice is offered to by company. (h) recorded on ICB conflicts register

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*
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
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 to by company. (h) recorded on conflicts register.
25th July 2024	Mr	Shokat	Lal	Non-Executive Director	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 to by company. (h) recorded on conflicts register.
16th December 2024	Mr	Mike	Lawton	Board 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 to 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.
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 j2023 (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 to 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	Independent 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 to by company (h) interest recorded on the conflicts register.
9th April 2024	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*
(a) 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)
(b) 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 operate effectively or to make a full and proper contribution to meetings etc
(c) 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
(d) 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
(e) 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
(f) Conflicted members to not attend meetings, or part(s) 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)
(g) Conflicted members not to receive a meeting's agenda item papers or enclosures where any conflict arises
(h) 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)
(i) Other (to be specified)

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Staffordshire and Stoke-on-Trent Integrated Care Board

HELD IN PUBLIC – via MS Teams

Thursday 20th March 2025

12.30pm – 3.00pm

Members:	Quoracy	18/04/24	16/05/24	20/06/24	18/07/24	26/09/24	17/10/24	21/11/24	19/12/24	16/01/25	20/02/25	20/03/25
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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peter Axon (PA) Chief Executive Officer, Staffordshire & Stoke-on-Trent ICB		✓	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paul Brown (PB) Chief Finance Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Phil Smith (PS) Chief Delivery Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✓	✓	A	✓	A	✓
Heather Johnstone (HJ) Chief Nursing and Therapies Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✓	A	✓	A	✓	✓
Dr Paul Edmondson-Jones (PEJ) Chief Medical Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	A	✓	A	A	✓	✓	✓	✓
Elizabeth Disney (ED), Chief Transformation Officer, Staffordshire & Stoke-on-Trent ICB						A	✓	✓	✓	✓	✓	A
Julie Houlder (JH) Non-Executive Member, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	A	✓	✓	✓	✓	✓	✓	✓
Megan Nurse (MN) Non-Executive Member, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	A	✓	✓	✓	A	✓	✓
Shokat Lal (SL) Non-Executive Member, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
Josephine Spencer (JS) Non-Executive Member, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	A	✓	A	✓	✓	✓	✓	✓
Mike Lawton (ML), Non-Executive Member, Staffordshire and Stoke on Trent ICB											✓	✓
Jon Rouse (JR) CEO, City of Stoke-on-Trent Council		✓	A	A	A	✓	✓	A	✓	✓	✓	✓
Patrick Flaherty, (PF) Chief Executive, Staffordshire County Council		✓	A	✓	A	A	✓	✓	✓	A	✓	A
Dr Jack Aw (JA) Primary Care Partner Member, Staffordshire & Stoke-on-Trent Integrated Care Board		✓	✓	✓	A	✓	✓	A	✓	✓	✓	✓
Dr Simon Constable (SC) Chief Executive Officer, University Hospitals of North Midlands NHS Trust						✓	✓	✓	A	A	✓	✓
Neil Carr (NC) Chief Executive, Midlands Partnership NHS University Foundation Trust		✓	A	✓	✓	A	A	A	A	✓	✓	A
Dr Buki Adeyemo (BA) Chief Executive, North Staffordshire Combined Healthcare NHS Trust		✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
Participant Members:												
Simon Fogell (SF), Stoke-on-Trent Healthwatch		✓	✓	✓	✓	✓	✓	A	✓	✓	✓	✓
Anna Mather (AM) Healthwatch Support Staffordshire												✓
Tracey Shewan (TS) Director of Communications, Staffordshire & Stoke-on-Trent ICB		A	✓	A	✓	✓	✓	✓	✓	A	✓	✓
Chris Ibell (CI) Chief Digital Officer, Staffordshire & Stoke-on-Trent ICB		A	✓	✓	✓	A	✓	✓	✓	✓	✓	A
Paul Winter (PW) Associate Director of Corporate Governance & DPO, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	✓	✓	✓	✓	✓	A	✓
Mish Irvine (MI), Chief People Officer, Staffordshire & Stoke-on-Trent ICB		✓	✓	✓	✓	A	✓	✓	✓	✓	✓	✓
Dr N Tony Ahmed (TA), Dental Participant Board Member					✓	✓	✓	✓	✓	✓	✓	✓

Lisa Ellis, Executive Support Officer, Staffordshire & Stoke on Trent ICB						✓	A	✓	✓	✓	✓	✓
In attendance:												
Helen Slater (HS), Director of Community Transformation, Staffordshire & Stoke-on-Trent ICB											✓	✓
Sally Deacon (SD), Digital Transformation Lead, Staffordshire & Stoke on Trent ICB												✓
Richard Morris (RM), Director of Corporate Affairs & Comms, Midlands Partnership NHS University Foundation Trust												✓
Katie Weston (KW), Emergency Preparedness Resilience and Response (EPRR) Strategic Lead, Staffordshire & Stoke on Trent ICB												✓

		Action
1.	**Welcome and Introductions**	
	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. DP expressed his gratitude to SC for enabling the use of the facilities at UHNM. On behalf of all Board members, DP acknowledged that this is MN last Board meeting and thanked her for her continuous service during her tenure and wished her well for her new role at Mid-Cheshire Hospital.	
	Apologies	
	Apologies were received from: Elizabeth Disney – Helen Slater representing. Chris Ibell – Sally Deason representing. Neil Carr – Richard Morris representing.	
	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 February 2025**	
	The minutes of the meeting held on 20th February 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 meting**	
	Ian Syme Question one - maternity Relates to women whose total maternity care is the remit of Staffordshire and Stoke-on-Trent ICB. Mention is made of Home Birth services being reinstated April 1st, 2024, by both Maternity Providers i.e. UHNM and UHDB a. Per provider :- How many women in early pregnancy have now been booked in to the reinstated Home Birth Service? b. Per provider : - how many home births have now taken place? c. Per provider :- have any women and babies that had been booked for home births had to be transferred to a hospital Maternity unit and if so please quantify? HJ stated that up to the end of March, 33 women are booked for home births, ten home births have taken place and 4 requiring transfer to hospital due to clinical reasons. She added data provided for Queen's Hospital indicated that 30 home births took place since June last year, with 3 requiring transfer to hospital during or after labour for clinical concerns. She added there were 2 home births for Staffordshire and Stoke on Trent families since April last year at Royal Wolverhampton. Ian Syme Question two - paediatric dietetics Quality & Safety report mentions 'interim action being in place' as demand for this service exceeds provision. Would the ICB please give a flavour of those interim actions?" HJ explained the interim actions taken to address the demand for paediatric dietetics services, including amending referral criteria and ensuring effective use of the limited workforce. She added that a system decision was made to amend and reduce referral criteria to ensure a consistent approach across the system due to high demand and limited workforce and the interim actions also aimed to make effective use of the limited dietetic workforce while maintaining patient safety and reducing demand to a manageable level.	
7.	**ICB Chair and Chief Executive Update**	
	DP presented the report and announced that following a review of best practice outlined in NHS Insightful Board Publication and the ICB second governance review, Board meetings will be held bi-monthly moving forward into the new financial year and in the intervening periods, the Board will continue to meet to focus on development and strategic oversight of plans. He added that the meetings will be a hybrid of teams and face-to-face, with six meetings planned to be held face-to-face. DP referred to the recent announcement regarding NHS Reform and the implications for NHS England and added that ICBs have been requested to reduce running costs by 50% and colleagues are currently working through the detail. He added that one of the prime considerations is the impact on staff and ensuring that all staff are supported and added that he and PA met with staff this week and emphasised the importance of supporting staff through the change process, addressing concerns, and ensuring clear and honest communication. PA added that the 50% reduction of running costs is significant and the impact on the staff has the potential to be significant and the ICB has a responsibility to look after staff. He assured the Board that colleagues will ensure that there is honesty and clear lines of communication going forward. He added that further detail will be published and the ICB are will through the next steps, which will be taken through consultation as an inclusive piece of work and any decisions about how we work in the future will be orientated around out local population. He added that the system will focus on risk and the consequences of what could take place as a consequence of the decisions made and stated the next steps take will be reviewed by the Audit Committee, ICB Board and other Sub-Committees	

	of the Board and will focus on understanding the risks associated with next steps and mitigate and manage the risks when required. SK welcomed the reassurance regarding communication to staff, as this will be critical going forward and the need to ensure that the lines or communication are clear and the workforce is kept informed. He added the system will need to be mindful of the outcomes moving forward and the impact on residents. JR provided solidarity in terms of the announcement and the consequences for the workforce and on behalf of the Local Authorities will work with the ICB to mitigate the risks moving forward. JH stated that it is important that the ICB acts on facts and stated that it is an opportunity to work together as a whole system. JH referred to the Board meetings going bi-monthly and stated that there should be a continued focus on the delivery and suggested that there should be published performance reports available on the website for the months where the Board does not meet in public. DP noted the comments. **The ICB Board:** • **Received the report and were assured the leadership are working on each topic as raised.**	
8.	**2025/2026 National Operational Planning Submission**	
	PB presented the report and provided an update on the progress of the financial plan submission, which will be submitted next week. He highlighted the significant risks and added that there is a significant risk for the system, which includes the need for workforce reductions. He added that the plan will be submitted on time and provided assurance that he believed, at that time, the plan will meet the key statutory targets, including UEC and elective waiting time targets. HJ assured the Board that clinical safety is a priority in the financial plan, with comprehensive quality and equality impact assessments been conducted when required, to ensure patient safety and address any concerns or challenges. It was highlighted that clinical involvement has been integral to the financial plan, with safety as a red line that will not be crossed. DP welcomed the update and acknowledged the very challenging demanding times and thanked all Executive colleagues across the system for their hard work and commitment to get the plan ready for submission. He added that assurance statements will be presented to the Board next week for final sign off. JR requested clarity regarding the process, noting the submission date is next week and asked when does the ICB Board sign off the plan as it is a critical decision for the Board. He added that due to the radical nature of the plan, can the Chief Medical Officer and Chief Nursing and Therapies Officer provide assurance that the plan is safe. PA stated that the final plan will be signed off by the Board at the Extra-Ordinary Board meeting, arranged for Tuesday next week. PEJ stated that there has been continuous clinical involvement and clinical colleagues have been leading on the plan across the system and stated that clinical safety is paramount. He added that this is a radical look at innovation and an opportunity of doing things differently whilst ensuring patient safety is maintained at all times. HJ stated that as a group of Chief Nursing Officers colleagues from across the system have worked and will continue to work together, ensuring quality and equality impact assessment are undertaken and provided assurance that patient safety is at the forefront of all decisions. DP thanked JR for the question in particularly the reference to patient safety and stated that we need to make sure the ICB has the capability and capacity going forward to ensure our Quality and Safety Committee is operating as fully as our Finance and Performance Committee. ML echo the comments regarding the hard work undertaken to get a plan ready for submission and added that when the plan is approved it is important to set the reporting rhythm and all the	

	commitments are committed to ensure confidence to ensure we deliver. PA stated that through the Finance and Performance Committee, colleagues will make sure that we have the appropriate infrastructure and mechanisms in place to produce timely reports, monitor milestones and progress going forward. MI referred to the potential workforce reductions and stated that clinical safety of the workforce is of high importance and stated that colleagues need to focus on how we are going to delivery this and provided assurance to the Board the colleagues continue to work with clinical colleagues from across the system and added that there is a lot we need to do around transformation and our process, for example shared roles and partnership working. SC highlighted the extraordinary nature of this year's planning cycle, specifically in terms of expectations and pace and as a system we have worked well together. He assured colleagues that patients are at the forefront, with an overarching approach to quality, ensuring quality and equality impact assessment are being undertaken. MN referred to clinical safety and stated that the Board have to be assured and need to have the discussions around the level of risk across the system, which will require a different level of monitoring. **The ICB Board:** • **Acknowledged the key milestones up until submission including the system wide events.** • **Acknowledged the release of the Board Assurance and plan overview template.** • **Acknowledged the need for the Board to submit assurance statements on 27th March as part of the full submission to NHSE.**	
9.	**Emergency Preparedness, Resilience and Response (EPRR) Annual Report /Emergency Preparedness, Resilience and Response (EPRR) Policy**	
	PS advised it has been a busy year in terms of EPRR, with 30 incidents during the year. He assured colleagues that we are compliant against the national standards, which have been approved by the Audit Committee and now requiring Board approval. KW presented the Emergency Preparedness, Resilience and Response (EPRR) Annual Report highlighting the ICB's substantial compliance and the importance of system-wide collaboration and the progress made against internal improvement plans. She emphasised the importance of system-wide collaboration and integration of EPRR arrangements to respond effectively to incidents and maintain resilience. KW outlined future priorities, including addressing new and emerging pandemics, mass casualty evacuation, and cyber threats, with a focus on working collectively within the system. JR welcomed a superb report, which provides the Board with excellent assurance. He referred to that National Risk Register, specifically in relation to national power outage, which is the second highest risk after a pandemic and stated that more frequent events are being reported around the globe and stated that the Local Authority undertook an exercise last week in relation to national power outage over a four day period and was shocked as to how quickly a societal position breaks down and urged that all organisations need to be fully prepared and asked is the NHS ready as and ICB and more broadly as an ICS and urged the need to have a pan Staffordshire Reliance Alliance as a priority. DP suggested that this topic should come to a future Integrated Care Partnership Board for broader discussion. ML welcomed such a detailed the report and asked how many full-time equivalents are involved in business contingency and does this include ICB and/or providers and what is the extent of the engagement across the system, so we can identify the opportunities and understand how we are working together to improve the matrix.	

	KW confirmed that there is excellent engagement across the whole system and all colleagues are worked hard over the past three years to take the EPPR work programme through LHRP and all systems are trying to achieve common goals and colleagues meet on a regular basis and there are robust system process in place. She added that plans are being made to arrange a system EPRR away day to look at priorities and how these are going to be achieved and were within the EPRR risk register these will be addressed. KW referred to the national power outage and assured the Board that this is a key and extensive piece of work which gives us some considerable challenges and stated that national power would be the initiating factor, the secondary impact would be this issues that we would be responded, for example hand washing and infection control, potential evacuation of bedded premises and assured the Board that there are plans in place at a secondary level and added it is one of our priorities and colleagues are working together across the system. She also added that we are fortunate in 2016 ran an LRF exercise which included scenarios relating to national power outage and many lessons were learnt. JA referred to national power outage and specifically for general practice and asked where this fits into the plans and provided an example of potential issues within secondary care if there was a national power outage, for example impact on IT system, impact on out of hours, prescriptions, ambulance system, laboratory requests. KW emphasises the importance on technology and assured that colleagues are making sure we have plans in place and continue to work together. JW stated that most secondary care organisations are prescriptions paper free and have electronic patient records, which will pose a huge risk if the systems go down. PS emphasised the value of doing the exercises and provided assurance that we have an extensive exercise programme. SC offered to meet with JW outside of the meeting to discuss continuity, specifically in relation to laboratory requests. **The ICB Board:** • **Noted the revised EPRR team structure and confirm the ICB has put in place adequate resources to meets its roles and responsibilities with respect to EPRR and Business Continuity planning.** • **Noted the 2024 EPRR annual assurance compliance rating of substantial compliance within the ICB.** • **Noted and support the EPRR annual assurance 2025/26 priorities as listed in section 5.** **Emergency Preparedness, Resilience and Response (EPRR) Policy** KW presented the policy which has been updated outside the three-year review to reflect the team changes that have taken place. DP thanked JH for the oversight at the Audit Committee. **The ICB Board:** • **Noted the amendments and ratified the ICB EPRR Policy.**	
10.	**Pre-consultation Business Case – Birthing services previously provided at County Hospital and Johnson Community Hospital**	
	HS presented the Pre-Consultation Business Case for Maternity Services which outlines the strategic case for change, workforce plans, and the recommendation to proceed to public consultation, based on national maternity reviews and workforce challenges, which has been developed in conjunction with partners from University Hospital of North Midlands and University Hospitals of Derby and Burton. She detailed the workforce plans, including strengthening the workforce to provide quality and choice of maternity services across Staffordshire and Stoke on Trent.	

	HS stated that this is a legal document for consideration but does not outline any decision making and added that several engagement events will take place, following which a decision-making report which will be prepared and presented to a future meeting of the ICB. HS highlighted that quality and the choice of maternity services will be available for women across Staffordshire and Stoke on Trent and assured the Board that quality and equality impact assessments have been undertaken. She added that following discussions with the Overview and Scrutiny Committee there will be a 12-week public consultation. JS welcomed that detailed report and was pleased to see the 12-week consultation has been taken onboard to ensure feedback from the public and service users. TS stressed the importance to move forward after the pre-election period to ensure we listen to the population, get the feedback, and make a decision for consideration. JR welcomed the report, which is an exemplary piece of work and stated that the thoroughness of the process and the level of level of engagement is exemplar. He referred to the consultation process from the perspective of the Children and Young Peoples Board in terms of infant mortality, support the direction of travel that is in the report. ML stated as Chair of the Strategic Commissioning Transformation Committee this was presented at the last meeting and echoed comments regarding the detailed report and highlighted the amount of work that has taken place and co-operation between provider colleagues. MN welcomed the report and referred to choice home birthing service and was pleased to note that the home birth service has been re-opened and asked to what extent are we able to meet the needs around home births and also asked if we are always able to offer home births if clinically safe. HJ stated that we are able offer choice where necessary and when clinically safe and added that there have been times when we have not been able to due to closure/suspension of the home birthing service. SC referred to patient choice and stated if this wasn't on the list, this would have been one of the tough choices and added that colleagues need to note the sense of respective that needs to be retained and noted 26 births a month across two units, which require a significant amount of resource. JH was pleased to receive the report and was shocked to read the level of high-risk births and asked what action is being taken about this in the quality agenda. HJ referred to the Local Maternity and Neonatal System Board which operates across the whole system and discussion are taking place looking at the outcomes and complexities. She also added that infant mortality has been an issue for a long time and a lot of detailed work is taking place to look at the risks and confirmed that she is happy to provide more detail outside of the meeting. BA referred to the involvement of mental health it is important in terms of prevention and this should be factored in across the whole pathway. HS confirmed that the pre-consultation focusses on the low-risk birthing services and complexities will be picked up via the Local Maternity and Neonatal System Board. **The ICB Board:** • **Approved the Pre-Consultation Business Case and appendices/Consultation Plan/Consultation Document** • **Approved the recommendation to proceed to public consultation on the single viable proposal to make permanent the temporary closure of birthing services previously provided at County Hospital in Stafford and Samuel Johnson Community Hospital in Lichfield.** • **Approved the recommendation to undertake a public consultation for a period of 12 week**	**HJ**

11.	**Specialised Commissioning Delegation Agreement, Collaboration Agreement and NHS Briefing**	
	PW presented the report and requested the Board's approval for the delegation of additional specialised services, highlighting the governance arrangements and the need for capacity to manage the delegation. He added that the report was presented and scrutinised at the Strategic Commissioning and Transformation Committee. He stated that the report also provides an update on the Midlands region phase two and background including mental health and autism standardised that will be presented to all eleven Boards within the Region to approve. DP referred to the recent announcement in which ICB have been requested to make a 50% reduction in running costs and asked can we be assured that this work will be carried out. PA assured that funds will flow as previously agreed and arrangements continue to host as highlighted in the report. DP requested that a cavate is added to the recommendations to ensure we have the capability and capacity going forward to be able to manage the delegation. SL asked what additional capacity required. PA stated that we will host the arrangements and create a governance arrangement to ensure all parties have the appropriate influence and decision-making arrangements. JS stated that the governance arrangements seem complex and given what we now know in relation to the potential NHS reform, is there an opportunity to re-look at this. PA stated that this will report through ICB Chief Executive forums so there will be an element of influence and added that through Strategic Commissioning and Transformation Committee discussions can be held and PA and ED can cascade this through the governance arrangements. TS thanked Kirsten Owen, Associate Director for Special Projects for pulling together the Specialised Working Group and stressed the importance of having one group to lead on this and ensure robust reporting arrangements are in place. JH referred to the potential government changes and asked is this likely to come round again and take a difference stance from a governance point. PA stated a number of decisions have been made, some of which may get reviewed, but will not fundamentally stop at this stage. JR stated that following the announcement last week it is inevitability that there are functions that are better carried out by ICBs. **The ICB Board:** • **Approved the Acute Specialised Services Delegation Agreement (Appendix 1)** • **Approved the Collaboration Agreement for the additional delegation of specialised acute and mental health learning disability and autism services (Appendix 2)** • **Received and note the Data Protection Impact Assessment (Appendix 3)** • **Were assured that the ICB has the relevant internal governance and reporting arrangements in place.** • **Noted the comment regarding the capability and capacity going forward**	**PA/ED**
12.	**Quality and Safety Report**	
	HJ presented the report and referred to Special Education Needs and Disability (SEND) and highlighted the progress being made highlighted that we have joint accountability with Local Authority colleagues. HJ referred to urgent emergency care and harm and stated that work continues to aim to reduce harm in emergency care and reported that no immediate harm was identified in 90% of patient, the remaining 10% where harm was identified there were no themes and learning is being taken from these incidents and colleagues are working with provider colleagues. She also assured the Board that colleagues are also working with colleagues in Derby and Derbyshire ICB to ensure the same	

	level of assurance is received in respect of Queen's Hospital Burton where large numbers of Staffordshire patients are treated. HJ referred to the ICS Palliative and End of Life Quality Group, which has recently been established and partners are working together to share best practice. DP referred to the urgent emergency care harm audit and commended a helpful piece of work. JH also referred to the urgent and emergency care harm audit and asked where there has been a level of harm, does duty of candour apply. HJ stated if an incident is reported, duty of candour does apply and family will be contacted. JH referred to the palliative care work and asked if this included dementia palliative care. HJ agreed to find out and come back to JH. **The ICB Board:** • **Received the report, sought clarification, and further action will be taken as appropriate.** • **Were assured in relation to key quality assurance and patient safety activity is undertaken in respect of matters relevant to all parts of the Integrated Care System.**	**HJ**
13.	**Quality and Safety AAA Chairs Report**	
	JS presented the report and referred to Looked After Children Assessments and advised that improvements have been made and colleagues will continue to monitor this. She added that the Quality and Safety Committee approved the Dementia Strategy. **The ICB Board:** • **Received and noted the report.** • **Noted and ratified the System Quality Group Terms of Reference** • **Noted and ratified the Quality & Safety Committee Terms of Reference**	
14.	**Staffordshire and Stoke on Trent Health and Care Senate AAA Chairs Report**	
	PEJ presented the report and advised that the Senate approved the Excluded Restricted Procedures Policy, important part of the programme going forward and advised that the policy is included in the contracts for the acute hospital and Midlands Partnership, however it has not been included in the contracts for the independent sector. He added that there is a need to engage with clinical colleagues to ensure that they understand the policy, QIA has been undertaken, nothing is restricted there is always an opportunity to make a special case for consideration. **The ICB received and noted the report.**	
15.	**ICS Finance and Performance Report**	
	PB presented the report and advised as the financial year comes to a close there has been a number of risks that have been crystallised and/or mitigated and reported that as of today the reported position is £30 million deficit. He added that the system is pleased with impact from the investigation and intervention regime and reported that we have an agreed a control total of £18 million deficit with the regulators. PB stated that the efficiency programme is being reported at £180 million of improvements, which is 90% of the target and workforce is a largest risk, as there has been a significant increase in workforce across the system. He also noted that the system is on track with all capital limits.	

PS presented the performance element of the report and advised that urgent care remains challenging across the whole system and advised that demand has started to steady. He added that infection control remains a challenge which impacts patient flow, the whole care sector and staff sickness absence.

PS reported that performance levels continue to be unacceptable, resulting in unnecessary delays for patients. It was reported that ambulance handover time during February was in excess of two hours, with just over half of handovers were carried out within 45 minutes, however during March there has been some improvement in handover delays and there was one day where over 80% of handovers were within 45 minutes.

PS reported that improvements are being made in relation to the 12-hour wait in the emergency department and all escalated governance and capacity remains in place, daily calls continue and are chaired by SC and stated that the System Co-ordination Centre remains active seven days a week and continues to manage patient flow throughout the system. He added that focus is on three areas:

- Alternative pathways (ICC receiving over 3000 contacts a month with over 50% of patients access care through other routes rather than the emergency department)
- Operational rhythm and flow (working to identify the variation in terms of demand and discharges)
- UHNM Improvement Plan (focus on robust and consistent adherence to policies and processes and focus on front door, site management, internal flow and discharges)

PS stated that naturally at this point of the year, colleagues start to look at de-escalation and advised that a number of system learning events are scheduled over the next couple of months to review the winter period and ensure plans are updated where necessary.

PS referred to the planned care position and advised that we are on track with our 78 week waits, although there will be residual 65 week waits at the end of this financial year, which will be carried into next year and addressed. He assured the Board that cancer services remain a priority and was pleased to report that the system has maintained delivery of the services and NHS England advised that our 62-day cancer performance was the best improved nationally out of all 42 ICSs in January.

DP noted the de-escalation learning events and potential learning and asked if this will be presented to the Board. PS confirmed that this will be presented to the May Finance and Performance Committee and learning report, following which a highlight report will be presented to the Board.

JR referred to autism assessment waits for children and young people and stated it can take on average two years to complete an assessment and stated that performance is achieved through reliant on the independent sector and noted that discussions are being held as part of the planning process and requested that no action is taken which could make this situation worse for the patients. PA assured the Board that tough choices will not impact from an equality and safety perspective and through the robust governance arrangements and relevant portfolios progress will be monitored.

BA echoed the comments made by JR and highlighted the recognition and as an example of how we work together as a system and referred to the referral rates for ASD and ADHD, which have increased since covid and as a system, including local authorities and education, need to work together to provide a good patient and family experience.

SC referred to the UHNM position in relation to ambulance handover and stated that this is not acceptable and acknowledged that we can do better and assured the Board that there is now time to look ahead at next winter to ensure that learning is embedded and best practise is adopted. He also added that colleagues are embracing the support and advised that norovirus has been a major challenge across the system and there has been an increase five times higher than in previous years, which has had significant impact on patient flow.

	The ICB Board: • **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 Assurance Report	
	MN presented the report and commended colleagues on the current financial forecast and thanked PB, the finance team and colleagues across the system. MN advised that the Investigation and Intervention work has taken place and advised that the close down report was presented and the view was that the future work had added value and will add more value moving into the next financial year. She added that the work did identify some significant saving opportunities and a number of key issues were identified and include the following which the Board will need to reflect on: • Implementation challenges across the system • Change in system wide mindset. **The ICB Board:** • Received and noted the report.	
16.	**ICS People, Culture and Inclusion Committee**	
	MI presented the report which highlights the workforce growth, sickness rates, and the importance of well-being and digital transformation in addressing workforce challenges. MI advised that the ICS People, Culture and Inclusion Committee will now be held on a bi-monthly basis. She referred to workforce growth and advised that as of January, as a system we are 900 whole time equivalent over the planned position and stated that colleagues are working collectively and considering different methodologies to ensure plans are in place to reduce the workforce in a safe way and in the right areas. MI reported that staff sickness is currently 6% and staff wellbeing remains a high priority. She also reported that the staff survey has recently been published and an action plan is being drafted. JS referred to staff sickness and stated given the high number of staff off sick with stress/anxiety (noting that all may not be work related) it would be good to see an overview of staff sickness. MI stated that as a system we have extended the Staff Psychological Wellbeing Hub and colleagues need to consider all the different aspects in the People Plan and are working collectively to take this forward. SL acknowledged the high sickness level and stated that this remains a high focus and will be reviewed. PB stated that workforce has increased, but due to the current financial challenges, as a system we cannot continue to recruit staff. ML referred to the last meeting which it was agreed to have a breakdown of staff sickness, for example are they frontline, clinical. MI stated that the information is contained within the report and added that there is additional background information for example reasons for sickness etc and agreed to share with ML. SD referred to the ongoing digital programme and stated that this can provide a number of opportunities as we start to think more systemically in terms of our digital infrastructure through transformation and standardisation.	**MI**

	The ICB Board: • **Noted the workforce position, operating plan, risks and mitigations in place to address.**	
17.	**Staffordshire and Stoke on Trent ICB Strategic Commissioning and Transformation Committee AAA Chairs Report**	
	ML presented the report and was delighted to see the impact of the Committee, as the Board has received two presentations today that were presented at the last Strategic Commission and Transformation Committee. He advised that there are no issues to escalate to the Board. DP welcomed the triangulated from the Sub-committees of the Board. **The ICB Board:** • **Received and noted the report**	
18.	**Staffordshire and Stoke on Trent ICB Audit Committee AAA Chairs Report**	
	JH presented the report reported on the Audit Committee's review of risk management arrangements, the Investigation and Intervention regime, and the need to measure progress on outcomes. It was noted that the Committee approved the EPRR Annual Report and EPRR Policy, both of which have been received by the Board today. JH stated that the Committee discussed risk appetite and highlighted the appetite and the outcome will come to the next meeting. She added that plans are being made to meet with provider audit colleagues to gain more understanding and working better together. **The ICB Board:** • **Received and noted the report.** • **Ratified the terms of refence.**	
19.	**Staffordshire and Stoke on Trent ICB Remuneration Committee AAA Chairs Report**	
	JS presented the report and stated that the Remuneration Committee approved the refreshed terms of reference, which require ratification from the Board. **The ICB Board:** • **Received and noted the report.** • **Ratified the terms of refence.** •	
20.	**Items notified in advance to the Chair**	
	No items were notified to the Chair and no other items of business were raised. On behalf of all Board members, DP acknowledged that this is JA last Board meeting and thanked him for his continuous service during his tenure, particularly the work around primary care.	

21.	Questions from the floor relating to the discussions at the meeting	

Ian Syme

Referred to the recent announcement in which ICBs need to make 50% reduction in running costs and is mystified by the announcements and noted that the ICB have had a lot of success in relation to the transformation agenda.

Ian Syme

Thanked MN for her clarity in produced her AAA Chairs report and thanked her for her wonderful service to the ICB Board and the general public and greater population.

Ian Syme - question one

Referred to the dental plan which is due to the presented at the May Board and asked if this is still on track to be presented at this meeting. PEJ acknowledged that the plan had been deferred and advised that he is anticipating that it will be presented to the May Board meeting, as the plan will need to be presented to all Boards across the West Midlands at the same time. TA confirmed that there is a significant amount of work being undertaken with regard to the commissioning of dental services and budget allocations and added that many decisions will not be made until the end of the financial year and provided assurance that the plan will be finalised by the end of the financial year.

Ian Syme – question two

Referred to quality maternity care throughout the nation has made improvements but has a long way to go and stated that the Ockenden report highlighted issues with culture and asked for assurance that the issues relating to culture will be addressed with providers. HJ stated that the recommendations from the Ockenden report have been shared with all providers, which they are implementing and colleagues are monitoring progress through the Local Maternity and Neonatal Service Board. She added that two years ago, the ICB highlighted a number of concerns with UHNM and colleagues have worked closely with UHNM and region and are satisfied that the improvements have been made and are being sustained. She also highlighted that an annual visit is undertaken to the maternity unit and colleagues meet with staff, students and families and a report is produced and progress has been made in terms of improvement in attitude and general experience. She also provided assurance that the ICB works closely with Derby and Derbyshire and Wolverhampton and the Black County to ensure we received the same assurance and confirmed that there is a significant amount of work being undertaken to ensure the improvements are being made and sustained and to ensure that women are listened to.

HJ added that the Birth Trauma Report has been published and the recommendations are monitored by the Local Maternity and Neonatal Service Board and through a shared work which has been established with Shropshire. MI added that are we addressing the culture as a system and advised that an OD Plan has been launched across the system, with the intention that providers will have their own mechanisms in place and to ensure staff are valued and involved in change. TS provided assurance that as part of the pre-consultation process, there will be plenty of opportunity to listen to women and thanked Healthwatch colleagues for their statutory responsibility.

Ian Syme - question three

Referred to urgent and emergency care and ambulance handover delays and stated at the January UHNM Board SC made a strong statement of intent, at the February ICB Board made an apology for the unacceptable delays and finally at the March UHNM a report was presented by the UEC Recovery Director which highlighted this as a priority and acknowledged a change and thanked all involved.

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**	
	15th May 2025 at 1.00pm – 3.00pm Staffordshire County Council Chamber, County Buildings, Martin Street, Stafford, ST16 2DH.	

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)
9	16/01/2025	Cyber update	CC highlighted the significant risk of cyber security across the country, which is heighten due to the move from analogue to digital and confirmed that it is included in the risk register and added that due to the nature of cyber risk advised that the ICB may want to give some consideration when we move into the BAF for 2025/26 this as a strategic risk within the BAF. She also added that the Audit Committee handbook is clear on its overview of cyber risk and advised from a UHNM perspective she has produced a similar report, which highlights the national context and the controls and assurances in place and suggested including this as part of the Audit Committee cycle of business, which will provide further assurance. DP requested further executive discussions and discussions at Audit Committee via JH and report back to a future Board with an update.	15/05/2025	Chris Ibell	
12	20/03/2025	Quality and Safety Report	JH referred to the palliative care work and asked if this included dementia palliative care. HJ agreed to find out and come back to JH.	15/05/2025	Heather Johnstone	**UPDATE FOR NOTING** - Nursing and Therapies colleagues have spoken with members of the Palliative Care Forum and whilst dementia palliative care has not been identified as a specific area they have focused on, it will now be placed on the agenda as an item of discussion at their next meeting on the 15th May.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 05

Report to:	**Integrated Care Board**						
Date:	**15 May 2025**						
Title:	Prostate Cancer Awareness Campaign: Delivered by SSOT ICB Cancer Team						
Presenting Officer:	Mark Doran, Senior Strategic Commissioning Lead - Cancer						
Author(s):	Jodie Furby, Cancer Service Improvement Manager – Planned Care Cancer Mark Doran, Senior Strategic Commissioning Lead - Cancer						
Document Type:	Report		If Other: Cancer Awareness Campaign				
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☐	
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*		
Is the decision within SOFD powers & limits	**Yes / No**	YES					
Any potential / actual Conflict of Interest?	**No**	NO *If Y, the mitigation recommendations –* Click or tap here to enter text.					
Any financial impacts: ICB or ICS?	**No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.					
Any impacts on ICB Undertakings?	**No**	NO *If Y, are those signed off by and date:* Click or tap here to enter text.					
Appendices:	Click or tap here to enter text.						

(1) Purpose of the Paper:

Improving cancer outcomes is a longstanding national ambition and comparison with international and national data shows that there is scope for improved outcomes both nationally regionally and locally. One of the key determinants of cancer clinical outcomes, including 1 year and 5 year survival following a cancer diagnosis is the stage of the cancer at diagnosis, mostly ranked as stage 1 (earliest) to stage 4 (latest). The ICB is supporting continuous improvement in primary care and secondary care pathways for diagnosis and treatment of cancer but all our diagnostic pathways start with an individual participating in screening or surveillance or contacting health professionals regarding symptoms. Some people will unfortunately develop a type of cancer in which there are no apparent symptoms until the cancer has reached a late stage, but in many cases, there are early symptoms, which might be relatively minor and non-debilitating and which are “shrugged off” as being part of growing older, nothing to worry about or in some cases are embarrassing to discuss. These are the cases where there is real opportunity to drive up cancer outcomes without major improvements in health technologies.

Staffordshire and Stoke-on-Trent ICB has benefitted over the last two and a half years from ringfenced funding allocated by the West Midlands Cancer Alliance aimed at increasing public awareness around potential cancer symptoms and the reasons for seeking medical advice at an early point as such symptoms emerge. We have been delivering about one campaign each month and over the last two years we have started to use a wider range of techniques to reach the members of our population less likely to seek help in a timely way.

We are presenting our most recent urology (prostate cancer) awareness campaign to showcase the impact and learning from our targeted communications aimed at increasing symptom awareness and

encouraging earlier diagnosis. Delivered by the cancer team at Staffordshire and Stoke-on-Trent ICB, this campaign used a multi-platform approach - spanning Meta, radio, and Spotify - to reach adults aged 40+ with specific focus on engaging harder-to-reach communities and black men. The campaign succeeded in driving engagement, particularly through the patient case study video which resonated strongly with viewers. Sharing this helps us reflect on successful strategies, identify areas for refinement, and guide future cancer awareness efforts.

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

(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

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	Click or tap here to enter text.

(5) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	☒	**BAF5**	High Quality, Safe Outcomes	☒
BAF2	Responsive Patient Care - UEC	☒	**BAF6**	Sustainable Finances	☒
BAF3	Proactive Community Services	☒	**BAF7**	Improving Productivity	☒
BAF4	Reducing Health Inequalities	☒	**BAF8**	Sustainable Workforce	☒

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

The SSOT ICB prostate cancer awareness campaign forms part of a wider, evidence-led cancer communications strategy that is vital in achieving long-term goals around early diagnosis, symptom recognition, and empowering the public to take control of their health. Reaching over 240,000 people across Meta, radio, and Spotify, the campaign successfully drove public engagement - particularly through a powerful patient case study video. These campaigns are delivering real impact by raising awareness and prompting action, but also highlight the need to continuously refine our approach,

especially in reaching high-risk groups such as men over 50. To build on this momentum, it is essential that we continue investing in targeted, well-executed campaigns and align them with diagnostic pathway readiness. Doing so will directly support national ambitions to diagnose cancers earlier and save more lives across Staffordshire and Stoke-on-Trent.

Subject to ongoing financial support from the West Midlands Cancer Alliance, the ICB cancer team intends to expand its awareness campaign workplans in 2025/2026, in particular by using any uplift in funding to directly commissioning community based leaders and groups to support cancer awareness in those communities less engaged with NHS services and less receptive to existing messaging.

(7) Recommendations to Board / Committee:

The campaign presented here has led to several recommendations as follows:

1. Increasing the use of personal testimonies; making our content more relatable and improve emotional engagement, thus campaign effectiveness.

2. Noting that this campaign was most engaged with by females aged 65+, not the intended male audience. Suggest targeted interventions to better engage men directly, such as adverts in male-dominated environments (e.g. sports clubs, pubs, barbershops) or through male influencers. [However it is likely that increased awareness and knowledge outside the direct target cohort can still have a meaningful indirect influence on the target cohort. The ICB cancer team has seen anecdotal evidence of individuals participating in cancer screening because of encouragement or support offered by partners, family or friends].

3. The need to work more closely with GPs to support symptom recognition and referral for prostate cancer, especially targeting men over 50 and Black men who are at higher risk. This could include GP-facing training, symptom checklists, and prompt templates integrated into practice systems.

4. More generally the Board is asked to note and support the expansion and development of future cancer awareness and cancer screening campaigns. The ICB cancer team would welcome an opportunity to present to the Board in future its 2025/2026 plans and other related initiatives such as the work of PCN cancer care coordinators and the Q4 2024/2025 cancer bus programme which will be repeated in Q4 2025/2026.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 06

Report to:	**Integrated Care Board**					
Date:	**15 May 2025**					
Title:	Chair and Chief Executive Officer Report					
Presenting Officer:	David Pearson, Chair, and Peter Axon, CEO					
Author(s):	David Pearson, Chair, and Peter Axon, CEO					
Document Type:	Report		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☐
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
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 ICS?	**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:	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

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

(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

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	Click or tap here to enter text.

(5) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	☒	**BAF5**	High Quality, Safe Outcomes	☒
BAF2	Responsive Patient Care - UEC	☒	**BAF6**	Sustainable Finances	☒
BAF3	Proactive Community Services	☒	**BAF7**	Improving Productivity	☒
BAF4	Reducing Health Inequalities	☒	**BAF8**	Sustainable Workforce	☒

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

(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 - Model ICB Blueprint

On 01 April 2025, NHS England wrote to ICB and provider leaders outlining how we will work together in 2025/26 to deliver our core priorities and lay the foundations for reform. Delivering these core priorities will require a leaner and simpler way of working, where every part of the NHS is clear on their purpose, what they are accountable for, and to whom.

Over the last few weeks, NHSE has worked with ICB leaders to co-produce a draft Model ICB Blueprint that clarifies the role and purpose of ICBs, recognising the need to build strong strategic commissioning skills to improve population health and reduce inequalities, and focus on the delivery of the three strategic shifts – sickness to prevention, hospital to community, analogue to digital.

The blueprint, which was shared on 02 May, will support ICBs to create locally driven indicative plans by the end of May 2025, ensuring these are affordable within the reduced running cost envelope and implemented by the end of Q3 2025/2026. For Staffordshire and Stoke-on-Trent, we have been asked to make a 39% reduction (£16million) on our baseline running cost.

The draft Model ICB Blueprint has functional implications for different parts of the system and the next steps will need to be developed through close working with partners nationally and within local systems. It describes the responsibilities that ICBs may look to grow, adapt or review for transfer and includes three main areas of cost reduction and improvement, which are:

- Vertical integration – working more closely and/or transferring services to system partners
- Macro horizontal integration – working with multiple ICBs to share services and gain economies of scale reducing unwarranted variation
- Micro horizontal integration – work particularly closely with one or more ICBs to align services (clustering)

No specific timeframes are provided at this stage for functions set out in the blueprint and we need to look at all three areas. Our responsibility is to ensure that any change we can directly influence will be handled in a compassionate and fair manner for our staff. We also have our day jobs to deliver and a significant in-year plan to achieve, which we mustn't lose focus of.

1.2 Final ICB Board meeting for Peter Axon and Paul Brown

After years of service to the NHS, I would like to express my gratitude to Peter for his steadfast leadership, and dedication, to the ICB as Chief Executive Officer. Peter has provided unwavering support to our staff through the challenges and opportunities we have faced over the years, especially throughout the recent times of uncertainty. I have no doubt that he will continue to make a positive impact in whatever he pursues next, and I wish him every success.

As Paul prepares to move on to his next opportunity, I would like to share my appreciation for his exceptional direction as Chief Finance Officer. Paul's expertise has been instrumental in ensuring the efficiency of our services, enabling us to deliver high-quality care to our community and patients. We wish him every success in his next chapter and look forward to hearing of his continued achievements.

1.3 NHSE Fit and Proper Person Test (FPPT)

The ICB is currently finalising the last few key aspects of the annual NHSE Fit and Proper Person Test (FPPT) Framework requirements for Board Members. This includes completing personal self-attestations to confirm that Board Members are in adherence with FPPT requirements. With completion of the annual FPPT self-attestation being a required part of the formal annual appraisal process, to support completion of this, we are currently finalising the annual checks for all relevant members and will be reporting formally

on the ICB Chair's Annual FPPT Declaration (required by June, to NHSE) at our July Board Meeting in Public.

1.4 The Ministry of Defence Swynnerton site

The Ministry of Defence Swynnerton site has been used for the last 18 months to house Afghan individuals with the right to remain in the UK. The operation to relocate these individuals was undertaken by the Ministry of Defence, and resettled individuals were housed on Ministry of Defence sites until longer term accommodation became available. As part of the operation, these individuals will be relocating into hotels, and the Swynnerton site is planned to close by the end of June 2025. No hotels have currently been identified for use within Staffordshire and Stoke-on-Trent.

Whilst the Ministry of Defence Swynnerton site has been in use for this operation, Staffordshire and Stoke-on-Trent ICB have coordinated the health response being the main contact for the Ministry of Defence personnel, with wider NHS services working to address all health needs of resident individuals. GP First have provided GP and nursing provision on site to undertake initial health assessments and routine primary care access. Supplementary to this, Midlands Partnership Foundation Trust (MPFT) Families Health and Wellbeing 0-19 service have supported the site with health visits and school nursing to ensure parents and children have access to all required support. Additionally, University Hospitals of the North Midlands (UHNM) maternity teams have supported pregnant patients whilst they resided locally. ICB Nursing and Quality leads, ICB Public Health Consultants and Infection Prevention and Control Leads have worked together with Local Authority Public Health teams to ensure that the site is safe and suitable for all residents.

As the site winds down towards closure, Commander Medical Colonel, Caroline Vincent OBE, intends to formally thank Staffordshire and Stoke-on-Trent ICB for the support given over the past 18 months. On Thursday 15 May, Caroline Vincent OBE will be visiting the Stafford Hub to present the ICB with a small token of appreciation on behalf of the General. We will be inviting key individuals from the services who have supported the site.

2.0 System and general update

2.1 Primary Care

2.1.1 Stafford Primary Care Networks' Wellbeing Event

A Primary Care Networks Wellbeing Event took place on 27 March at Stafford County Showground, uniting four Primary Care Networks to promote Health and Wellness. Patients had the opportunity to talk to professionals about managing health concerns and to find out more about local groups, activities and wellbeing resources for keeping happy, healthy, and active. Additionally, patients were offered health checks, information about the Cancer Bus and local screening programmes. The event partnered with many community-based specialist services, with over 1,100 people in attendance.

2.1.2 Gorden Street Surgery

Gorden Street Surgery successfully moved back to its former premises on Friday 21 March, with patient appointments moving back from Monday 24 March. A patient engagement questionnaire for practice procurement opened in March and closed last week, along with face-to-face engagement sessions for provider procurement held on 07 and 08 May.

2.2 The People Team

The 2024/2025 People, Culture and Inclusion (PCI) Annual Report was recently received by the PCI committee, documenting the significant achievements of the People programmes across the system. Those nationally recognised included the High Potential Scheme (HPS), T-Levels pilot and Outreach work. The PCI Report will be presented to the Board alongside the ICB Annual Report in July. As we look to 2025/2026, the PCI committee will focus on delivering the Operational Plan and workforce elements of the NHS reform, ensuring the wellbeing of our workforce is paramount throughout.

2.3 Finance

The month 12 position has improved in comparison to previous months. At a system level, we are reporting a year-end deficit position of £17.8m variance to plan as agreed after receipt of £90m deficit support. The year-end deficit variance to plan sits within ICB (£14.9m) and UHNM (£18.1m), which are partly offset by surplus positions at MPFT (£11.6m) and NSCHT (£3.5m).

The reported system efficiency ended the financial year at £172.8m delivery, which equates to 85% delivery against the annual efficiency plan of £203.2m.

Financial planning for 2025/2026 has been completed. The system submitted a balanced financial plan supported by £95m deficit funding. All organisations have submitted breakeven plans. The plans contain £97.3m (down from £105.6m in March) of net risk and £306.3m of efficiencies.

2.4 Planned Care and Cancer

University Hospitals North Midlands (UHNM) and University Hospital of Derby and Burton (UHDB) continue to be in tier 2 elective oversight.

During the last period, urgent emergency care pressures and infection constraints have impacted planned care procedures at UHNM and although activity has now resumed, the impact of the reduced activity continues to be felt because it will take time to recover this lost activity. We have utilised the Independent Sector for appropriate cases.

New national priorities and success measures for elective care for 2025/2026 were published on 30 January 2025 as part of NHS operational planning guidance. These measures seek to further reduce patient waiting times and improve cancer diagnosis and treatment timeframes. The operational plan for 2025/2026 confirms a compliant plan for these measures.

2.4.1 Elective Waits - 104, 78, 65 and 52 week waits summary

Appendix 1

	March - Number of patients waiting at month end			
	104+	78-103 weeks	65-77 weeks	52-64 weeks
University Hospitals of North Midlands	0	5	165	1,105
Nuffield North Staffordshire	0	0	4	4
Ramsay	0	1	0	4
Medefer	0	0	0	1
System Providers Total	0	6	169	1,114
Out of System Providers	0	1	57	1,706

The table in Appendix 1 shows the number of 104, 78, 65 and 52 week waits for March. The March month end Referral to Treatment (RTT) submission has provided the March position for both providers outside of the system and within the system. The numbers detailed above are for Staffordshire and Stoke-on-Trent patients only. This is the latest published data available.

2.4.2 Cancer performance figures

Appendix 2

		February - Number of patients				
Provider	Cancer Standard	Treated	Within Standard	Breaches	Target	% compliance
University Hospitals of North Midlands	28-day Faster Diagnosis	3,335	2,561	774	75.0%	76.8%
	31-day target	1,386	1,312	74	96.0%	94.7%
	62-day combined target	720	490	230	70.0%	68.1%
University Hospitals of Derby and Burton	28-day Faster Diagnosis	3,654	2,820	834	75.0%	77.2%
	31-day target	1,496	1,306	190	96.0%	87.3%
	62-day combined target	825	522	303	70.0%	63.3%

The table in Appendix 2 shows the February performance for 28-day Faster Diagnosis, 31-day target and 62-day combined target. Please note this is the provider position, not solely Staffordshire and Stoke-on-Trent patients, and is taken from the published Cancer Waiting Times data with the latest data available being February.

Further/ongoing actions:

- Continued focus on clearance of long wait patients.

- Continued focus on faster Cancer diagnosis and treatment.

- Focus on achieving the new national priorities and success measures for 2025/2026, to further reduce the time people wait for elective care and cancer diagnosis and treatment.

2.4.3 Cancer Awareness Bus Tour

During the Cancer Awareness Bus Tour across Staffordshire and Stoke-on-Trent, which ran over three weeks in early 2025, we brought cancer education and support directly into local communities. In the first week, a woman visited the bus and talked about symptoms she had been experiencing that were worrying her. She had been hesitant to speak to her GP, convinced she'd be wasting their time. After a calm, supportive conversation with the cancer team, she felt empowered to act. Four weeks later, her aunty returned to thank the team and shared that her niece had been diagnosed with breast cancer. She told the team, "I'm so thankful the cancer bus was there that day, it gave me the push I needed." She believes the bus helped save her life.

2.5 Urgent and Emergency Care

April saw a continuation of the increased demand for Urgent and Emergency Care services across Staffordshire and Stoke-on-Trent. Despite these increases, the proportion of patients admitted, transferred, or discharged within four hours increased and was marginally above the system plan for the month. Challenges remain with regards to ambulance response and handover times. The system has agreed with the continuation of the ICC overnight, which has been recognised as a national exemplar, and the embedding of the West Midlands Ambulance Service (WMAS) Hospital Ambulance Liaison Officers (HALO) model to support mitigate. System partners are working collaboratively to take forward the wider urgent and emergency care improvement plan and to further address these challenges via targeted action and advancement of key workstreams.

2.6 Key figures from our population

		Last 4 months in current financial year				Comparator month		Change on same month previous year		
		Dec-24	Jan-25	Feb-25	Mar-25	Feb-24	Mar-24	No.	%	Direction
*	111 calls received	35,886	29,051	27,368						
	Percentage of 111 calls abandoned	1.5%	0.4%	1.0%						
#	A&E and Walk in Centre attendances (UHNM)	21,895	21,299	20,117	24,350		21,913	2,437	11.1%	↑
	A&E and Walk in Centre attendances (other providers)	18,753	17,065	16,236	18,196		18,861	-665	-3.5%	↓
	Non elective admissions (UHNM)	8,024	8,298	7,482	8,237		7,864	373	4.7%	↑
	Non elective admissions (other providers)	7,080	7,122	6,516	7,222		6,610	612	9.3%	↑
	Elective and Day Case spells (UHNM)	7,459	8,262	7,589	8,237		7,394	843	11.4%	↑
	Elective and Day Case spells (other providers)	7,542	8,790	8,159	8,557		8,234	323	3.9%	↑
##	Outpatient procedures (UHNM)	8,172	9,353	9,185	10,026		7,266	2,760	38.0%	↑
	Outpatient procedures (other providers)	11,967	14,649	11,945	11,938		12,770	-832	-6.5%	↓
	GP appointments (all)	508,968	590,624	533,109	564,221		538,690	25,531	4.7%	↑
**	Physical Health Community contacts (attended)	137,680	158,830	139,835		133,790		6,045	4.5%	↑
**	Mental Health Community contacts (attended)	39,765	50,005	45,085		41,620		3,465	8.3%	↑

* 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. The increase in December is expected to be related to the additional bank holidays for the festive period, which are normally NHS 111's busiest days of the year. Also likely to be linked to the additional winter pressures experienced across the system.

Most datasets are subject to change upon refresh.

** Physical and mental health contacts - are sometimes one month behind other datasets depending upon publication timing.

The comparison with the same month the previous year is the same month for most measures, apart from when measures 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). 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.

The increase in A&E attendances in March 2025 at UHNM has been attributed to a variety of factors, including an increase in ambulance conveyances and walk-ins.
The increase in Outpatient Procedures in March 2025 at UHNM has been investigated and not found to be a concern because not abnormally higher than preceding months.

2.7 Quality and Safety

The Chief Nursing and Therapy Officers (CNTO) directorate, alongside members of the Integrated Care Boards (ICB) Urgent Care Team, have led a collaborative multi-disciplinary team known as the HIT (High Impact Team) to support improvement within discharge pathways. Initial focus over the winter period has been within University Hospital of North Midlands (UHNM) with the feedback from the HIT reviews built into the refreshed Urgent and Emergency Care (UEC) delivery workstreams. The model has been rolled out into the community to include Community Hospitals and North Staffordshire Combined Health Trust (NSCHT) Discharge to Assess (D2A) beds. The support received from partners and clinical members of the UEC and CNTO teams has been invaluable to improving discharges and outcomes for patients.

2.8 Improving Population Health

Last week, the Health Inequalities Strategy was approved at the Improving Population Health Portfolio Board with plans to publish shortly. The Locality Improvement Framework (LIF) information and resource packs were released on 28 March 2025, detailing the LIF offer to Staffordshire and Stoke-on-Trent localities. There is an investment offer of £100k for the eight localities in Staffordshire and £125k for the four localities in Stoke-on-Trent. This is an exciting programme of work to reduce health inequalities by bringing partners from local authorities, district and borough councils, primary care networks and the

voluntary sector, to strengthen partnership working that demonstrates systematic measurable change to improve health outcomes.

2.9 Learning Disabilities, Autism and Down's syndrome

On Friday 21 March, Sarah Cherry and Alison Rosenburg, Learning Disability Nurses, attended the British Nursing Journal Awards in London on behalf of the Primary Care Learning Disability Nursing team at MPFT. Nominated for the Learning Disability Nurse of the Year Award, the team were awarded Bronze for their Champions scheme and Menopause work. Congratulations to the whole team, a well-deserved award recognising outstanding achievements across the nursing community in Staffordshire and Stoke-on-Trent.

2.10 Consultation on birthing services at Freestanding Midwife-led Birthing Units

We have been working with our provider trusts and other partners to explore options for the future of our freestanding midwife-led birthing units (FMBUs) at County Hospital in Stafford and Samuel Johnson Community Hospital in Lichfield. Birthing services at the FMBUs were temporarily suspended at the start of the COVID-19 pandemic in March 2020. This was to ensure we had enough staff to safely run the maternity departments at Royal Stoke University Hospital and Queen's Hospital, Burton. The birthing service closure was intended to be short-term, and the FMBUs have stayed open for antenatal and postnatal care. However, staffing challenges have meant that it has not been possible to safely re-open them for births.

We're now ready to launch a public consultation on a proposal to make permanent the temporary closure of the birthing services at these two sites. The units would stay open and continue to provide antenatal and postnatal appointments. No final decisions have been made at this stage. The consultation will run from 12 May to 03 August 2025. An online survey and easy read version will gather views on the proposal, and there will be opportunities for people to join conversations and share their thoughts and experiences in online and face-to-face meetings.

Further information on this was shared at our public board meeting in March, which can also be found in this briefing paper.

2.11 Vaccinations

COVID-19 vaccinations are now available as part of the Spring campaign. They are being offered to 75-year-olds, older age care home residents and those who are immunosuppressed. Community pharmacies, general practice and the Targeted Vaccination Team are providing clinics and walk-in sessions across Staffordshire and Stoke-on-Trent to those eligible, in addition to providing home visits for care home residents and housebound patients.

David Pearson, ICB Chair

Peter Axon, ICB Chief Executive Officer

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 07

Report to:	**Integrated Care Board**						
Date:	**15 May 2025**						
Title:	**Staffordshire and Stoke on Trent ICB Local Dental Plan**						
Presenting Officer:	Sarah Jeffery - Director of Primary Care						
Author(s):	Sarah Jeffery - Director of Primary Care, Tracey Cox – Associate Director for Primary Care, Laura Bird – Primary Care Programme Lead,						
Document Type:	Strategy		If Other: Click or tap here to enter text.				
Action Required (select):	**Information (I)**	☐	**Discussion (D)**	☒	**Assurance (S)**	☒	
	Approval (A)	☐	**Ratification (R)**	☒	*(check as necessary)*		
Is the decision within SOFD powers & limits	**Yes / No**	YES					
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 ICS?	**Yes / No**	YES *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:	Click or tap here to enter text.						

(1) Purpose of the Paper:

The purpose of this paper is to update the Integrated Care Board on the Local Dental Plan for Staffordshire and Stoke on Trent which includes key areas of focus and programmes of work currently being undertake. Also, to seek approval of the plan.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
Primary Care Forum	December 2024
West Midlands Joint Commissioning Committee	March 2025
Strategic Transformation and Commissioning Committee	7 May 2025

(3) Implications:	
Legal / Regulatory	ICB Delegated Commissioning responsibilities
CQC / Patient Safety	None
Financial (CFO-assured)	The Local Dental Plan outlines a budget plan which includes the investment required for programmes of work.
Sustainability	None

Workforce / Training	The plan includes dental recruitment and retention schemes to improve workforce across dentistry in Staffordshire and Stoke on Trent.
Equality & Diversity	None
Due Regard: Inequalities	A dental health equity audit has been completed across Staffordshire and Stoke on Trent and forms part of the local dental play to identify areas with the lowest levels of oral health and access to dental services, the aim is to support with future commissioning intentions to ensure inequalities are considered.
Due Regard: wider effect	None

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☒	☐	Patient engagement will be carried out to focus on communicating the plan as well as the urgent dental appointments.

(5) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	☐	**BAF5**	High Quality, Safe Outcomes	☒
BAF2	Responsive Patient Care - UEC	☐	**BAF6**	Sustainable Finances	☐
BAF3	Proactive Community Services	☒	**BAF7**	Improving Productivity	☐
BAF4	Reducing Health Inequalities	☒	**BAF8**	Sustainable Workforce	☐

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

The ICB assumed responsibility for the commissioning of primary community and secondary care dental services from 1 April 2023. Dental services nationally were impacted significantly during the COVID pandemic. While recovery has improved there are still many patients that are unable to access dental treatment locally.

The local dental plan has been developed in line with national and regional recovery plans to address access, workforce and oral health concerns across dentistry.

The plan sets out the key areas of focus locally and details each programme of work.

(7) Recommendations to Board / Committee:

The plan has been approved by Joint Commissioning arrangements of the West Midlands ICBs Tier 1 Chief Executives Joint Commissioning Committee.
To receive the Staffordshire and Stoke on Trent Local Dental Plan be assured regarding its delivery, and ratify the approach.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Staffordshire and Stoke-on-Trent ICB Local Dental Plan

April 2025

Context

- The ICB assumed responsibility for the commissioning of primary community and secondary care dental services from 1 April 2023
- Services in Staffordshire and Stoke on Trent:
    - **130 dental contracts**
    - **Community Dental Service / Specialist Care**
    - **1 Secondary Care contractor**
    - **Oral Health Improvement and Prevention Team**
- There has been significant impact of the COVID pandemic on dental services. Recovery of NHS provision has been slow and while the situation has improved, some patients are still unable to access the dental treatment they need.

Local challenges

- Stoke-on-Trent is a densely populated urban area and deprivation is higher than the England average and around 26% of children live in poverty
- 25.7% of children under the age of 5 years have experienced dental decay
- Staffordshire and Stoke-on-Trent ICB have had the lowest average UDA rate nationally at £30.48
- Increasing numbers of children and young people aged 0-19 living in Staffordshire and Stoke-on-Trent have received a general anaesthetic for tooth extractions in hospital.

National and Regional Dental Recovery Plans

National

Faster, simpler and fairer: Plan to recover and reform NHS dentistry

The plan includes:

- Faster and Fairer Access for patients
- Persistent contractual underperformance
- Contract Reform
- Workforce
- Ringfencing NHS dental budget for dental care
- Give local commissioners the tools they need

Regional

West Midlands Dental Services Strategy

Common strategic themes across all 6 West Midlands ICBs areas:

- Developing the dental workforce
- Improving equitable access to dental services / reducing dental access inequalities
- Increasing focus on prevention and reducing oral health inequalities
- Strengthening relationships with communities

Local Dental Recovery Plan

Areas of focus:

1. SSOT Dental Services Equity Audit
2. Unit of Dental Activity (UDA) Dispersal Plan
3. Addressing local UDA rates
4. Urgent Dental Appointments
5. Dental recruitment and retention
6. Community Dental Service
7. Oral health improvement / prevention
8. Dental Budget

1. SSoT Dental Services Equity Audit

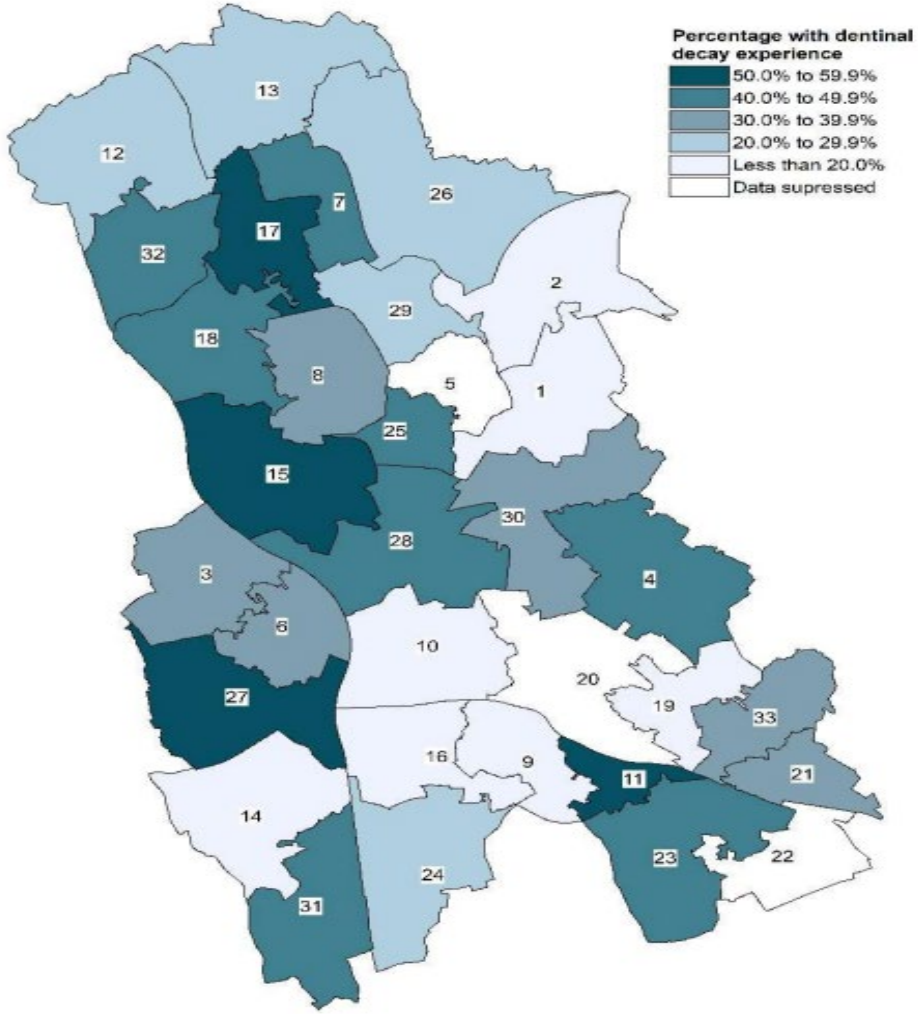
The aim: to identify how fairly dental services are distributed relative to the oral health needs of the patient population.

The Equity Audit uses a wide range of data and information to identify initial priority areas for those with the poorest oral health, who also have the lowest levels of access to dental services.

The audit has informed the ICB and Office of West Midlands dental commissioning team when prioritising targeted action to improve access to dental services and help reduce inequities in access to dental services across Staffordshire and Stoke on Trent ICB.

SSoT Oral Health Profile – key points

- The percentage of children found to have experienced decay into dentine by the age of 5 years was 25.7% for the ICB.
- More than **50%** of children in some areas of Stoke-on Trent have experienced tooth decay by the age of 5 years.
- In Stoke-on-Trent, the rate for general anaesthetics rate for tooth extractions was 9.3 per 1000 people (0-19 years)



Prevalence of dentinal decay experience in 5-year-olds in Stoke-on Trent

Access to NHS dental services for residents

- The COVID-19 pandemic resulted in a significant reduction in access to dental care across the UK.
- Dental practices were closed from 25th March -7th June 2020
- Dental service access has still not fully ‘recovered’

Resident children seen by NHS dentist in the previous 12 months

31st March 2019	60%
31st March 2022	47%
31st March 2023	51%
31st March 2024	61%

Resident adults seen by NHS dentist in the previous 24 months

31st March 2019	51%
31st March 2022	36%
31st March 2023	43%
31st March 2024	43%

2. Unit of Dental Activity (UDA) Dispersal Plan

- Since 31 March 2022 there have been 8 contract terminations, and 15 providers have rebased their contract activity target across SSOT.
- In total this equates to 146,873 UDAs and to date 70,974 UDAs have been successfully dispersed to NHS dental practices to expand capacity.
- The remaining activity has been commissioned at an increased UDA rate to £36 to include a recurrent inequality premium.
- A total of 51,594 UDAs will be used to target priority areas identified within the Dental Health Equity Audit

Dental Health Equity Audit Priority Areas:

- The Dental Health Equity Audit identified an initial 12 priority areas, taking account of the oral health, relative deprivation, access to dental services and water supply fluoridation status of the most deprived populations.
- Incorporating the UDA dispersal plan has enabled the ICB to ensure that handed back or terminated activity is recommissioned in the priority areas.

Priority Areas for Dental Service Commissioning

Priority	Area	Number of wards	Estimated no. of additional UDAs	UDA Dispersal Plan
1	Stoke on Trent	3	10,800	UDA's dispersed to bring the access rate per ward up to the ICB average
2	Stoke on Trent / Newcastle-under-Lyme	11	19,673	
3	Stoke on Trent	5	13,520	
4	Stoke on Trent	5	6,917	
5	Stoke on Trent	4	9,334	
6	Newcastle-under-Lyme	4	9,136	
7	Stoke on Trent	5	5,460	
8	Stafford Borough	5	10,379	
9	Tamworth Borough	6	12,804	
10	East Staffordshire	6	22,255	Change to provider
11	Cannock Chase Borough	3	6,000	
12	Cannock Chase Borough	3	4,692	

3. Local Unit of Dental Activity (UDA) Rate

The aim: to improve the sustainability of dental services by better supporting dentists and ensuring the viability of treating NHS patients

- Across the West Midlands ICBs the average Unit of Dental Activity (UDA) rate is £31.58
- Staffordshire and Stoke on Trent ICB have had the **lowest** average UDA rate nationally at £30.48.
- The ICB have agreed from 1 April 2025 that the UDA rate will increase to **£33**
- This is a £2,886,448 investment being made by SSoT ICB.
- By increasing the UDA rate, we expect to see improved NHS dental activity available for patients as well as making Staffordshire and Stoke on Trent a more desired place for dentists to work.

4. Urgent Dental Appointments

- The Government's manifesto committed to securing 700,000 additional urgent dental care appointments per year.
- For 2025/26 ICBs will be required to deliver additional urgent care appointments over and above the ICB urgent dental care baseline.

Baseline Urgent COT in 12 months to June 2024	New requirement urgent appointments	% increase
63,900	16,190	25.3%

- As part of the UDA uplift, practices will be required to provide 1, 2 or 3 urgent dental appointments per day, or 1 per week, depending on the level of financial uplift the practice will receive.
- ICB Communication Team will support to raise public awareness.

5. Dental recruitment incentive scheme

The aim: to encourage relocation to areas with workforce challenges, to attract new workforce to the NHS, and to retain those who might have otherwise moved into private practice

- The ‘golden hello’ offer is to help practices that are struggling to attract dentists through the usual recruitment routes
- A bonus incentive payment of £20,000 will be offered per dentist
- Dentists in receipt of the bonus payment are also expected to deliver a minimum amount of NHS activity per year

As of April 2025	WTE Vacancies Approved in SSOT	Dentists Recruited but not Commenced in Post	Dentists Commenced in Post
	4 (4wte)	0	3 (1.6 wte)

6. Community Dental Service

- Midlands Partnership University Trust (MPFT) deliver the community dental service across Staffordshire and Stoke on Trent.
- The service provides:
    - An in and out of hours clinically led Dental Advice Line (0300 123 0981). Via clinical triage, this supports access to urgent dental care and signposts other patients to available routine dental care providers.
    - In and out of hours urgent dental services.
    - Special care dental service for adults, including treatment under local anaesthetic, sedation or general anaesthetic as appropriate.
    - Paediatric dental services, including treatment under local anaesthetic, sedation or general anaesthetic as appropriate.
    - Domiciliary dental services.
    - Delivery of Dental Epidemiology programmes to support the mandated national dental survey programme for England.
    - A network of Dental Access Centres across SSOT to support all the above services.

7. Oral health improvement and prevention

The aim: improving the oral health of the population, particularly targeting young children and vulnerable groups

- The service provides a range of evidence based oral health improvement programmes including:
  - **Oral Health Training** – building the capacity of the wider frontline workforce to promote oral health within their role.
  - **Brilliant Brushers** – a supervised toothbrushing programme for 3-5 year olds
  - **Brushing 4 Life** – Targeted provision of toothbrush and toothpaste packs and advice by health and social care professionals.
  - **Care to Smile** – a mouthcare programme for staff working in care homes.
- The ICB have committed additional investment into the service to allow the team to expand and increase their capacity.

8. Dental Budget

Dental Budget for 2025/26	Total
Primary Care Dental	£43,941,000
Secondary Dental	£19,329,000
Community Dental	£6,752,000
Dental Reserves	£4,783,000

Dental Reserves approved	
Average UDA Rate Increase to £33/UDA	£2,886,448
Oral Health Team Expansion	£218,000
Golden Hello	£60,000

Conclusion

- There have been significant challenges faced in recent years and the development of the SSoT Local Dental Plan is to help place NHS dentistry on a more sustainable and resilient footing.
- Dental providers have been carefully listened to and by taking action including increasing the UDA rate locally, is a meaningful step toward supporting their continued delivery of high-quality patient care.
- The ICB shall continue to work closely with colleagues from the Office of the West Midlands and engage constructively with the Local Dental Network and the profession to support further improvements across access and patient experience.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 08

Report to:	**ICB Board**					
Date:	**15 May 2025**					
Title:	**National Planning Submission and Resubmission**					
Presenting Officer:	Paul Brown, Chief Finance Officer					
Author(s):	Prepared by the ICB Finance, Planning, Intelligence and Workforce Leads					
Document Type:	Report	If Other: Click or tap here to enter text.				
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☒	**Assurance (S)**	☐
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	YES				
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 ICS?	**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:	National Planning Round Submission and Resubmission Summary					

(1) Purpose of the Paper:

The purpose of this paper is to provide the board with an overview of the national planning resubmissions made on 27th March 2025 and the subsequent resubmissions made on 30th April 2025. Where appropriate the paper outlines movements in the plan between the two submissions.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
System Finance and Performance Committee	06/05/2025
System Performance Group (for I & D)	30/04/2025

(3) Implications:	
Legal / Regulatory	The areas discussed reflect ICB Statutory Duties and Functions
CQC / Patient Safety	N/A
Financial (CFO-assured)	As outlined in the body of the report.
Sustainability	N/A
Workforce / 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**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	Click or tap here to enter text.

(5) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	☒	**BAF5**	High Quality, Safe Outcomes	☒
BAF2	Responsive Patient Care - UEC	☒	**BAF6**	Sustainable Finances	☒
BAF3	Proactive Community Services	☒	**BAF7**	Improving Productivity	☒
BAF4	Reducing Health Inequalities	☒	**BAF8**	Sustainable Workforce	☒

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

Background

NHS England's (NHSE) 2025 Operational Planning Guidance was published on 30 January 2025. The initial plan submission was completed on 30 March 2025.

Following submission, the plan underwent a review process led by NHSE, during which feedback was provided to providers and the Integrated Care Board (ICB) by regional subject matter experts.

The review highlighted key areas requiring further consideration for the resubmission, summarised below and outlined in more detail in the attached.

Re-submission

Finance

- The system plan is to achieve an overall financial balance, supported by £95m in deficit funding.
- Efficiency targets remain at £306.3m (9.5% of Revenue Resource Limit). Of this, £149.5m is assessed as high-risk.
- Overall system unmitigated risk has been assessed as £97.3m. This takes account of potential shortfalls on the efficiency plan and other cost pressures. The system is working hard to mitigate this risk.
- Capital allocation has increased to £97.5m following confirmation of flexibilities aligned with 2024/25 outturns.

Workforce

- The 2025/26 plan outlines a planned reduction of -1,098 Whole Time Equivalent (WTE) by March 2026. This reduction comprises -525 Substantive WTE, -437 Bank WTE and -134 Agency WTE.
- Much of this change can be attributed to University Hospital of North Midlands (UHNM) where the workforce is planned to decrease by a total of -871 WTE. This encompasses -399 Substantive WTE, -348 Bank WTE and -124 Agency WTE.

- North Staffordshire Combined Healthcare NHS Trust is the only provider where an increase in WTE is planned. Here an additional 17 WTE is to be added to the workforce in the form of a +46 WTE increase in substantive, partially offset by a -29 WTE reduction in Bank and -0.5 in Agency WTE.

Activity and Performance

- In the March submission, the system was compliant against national headline metrics covering 52 week waits, percentage of patient waiting 18 weeks or less on incomplete pathways, percentage of patients seen within 62 days on the cancer pathway, percentage of patients informed within 28 days (cancer faster diagnosis), patients leaving A&E within 4 hours, average length of stay adult mental health, number of children and young people under 18 supported by NHS services with at least one contact.
- In March three areas of non-compliance were identified at UHNM against national ambitions, forming the primary focus of NHSE's feedback for resubmission:
  - A&E 12-Hour Waits – Remains non-compliant in the resubmission, with performance at 16.65% against a target of <15%.
  - Ambulance Handover Times – Remains non-compliant in the resubmission, with average handovers at 63 minutes against a target range of 16–45 minutes.
  - Referral to Treatment (RTT) – 18 Weeks – Now compliant in the resubmission, achieving 75.1% against the 75% threshold.
- In addition, UHNM reviewed their initial submission across these key areas:
  - A&E 4-Hour Performance – Plan remains compliant, with a revised trajectory across the year; March 2026 target remains at 78%.
  - Elective activity has been revised upwards, with consultant-led first appointments increased by 16%, day cases by 5%, and ordinary admissions by 4%, improving the ICB position by 7%, 3%, and 2% respectively. Outpatient activity has risen by 44,997 appointments (5.48%), with minimal increase in follow-ups without procedures (474).
  - Non-Obstetric Ultrasound (NOUS) – the plan was revised to increase activity. Performance has improved to 96.3% within 6 weeks.

Other Areas requested as part of resubmission

- ICB Assurance Statement: The overall assurance conclusion remains unchanged, with additional assurance provided on the progress of quality impact assessments for the ICB efficiency programme.
- Other activity and performance areas for the resubmission where there was no impact on performance or activity compliance are included in the attached report.

(7) Recommendations to Board / Committee:

The Board is asked to:

1. The Board is asked to formally sign off the system plan for 2025/26 which is a financially balanced plan that is compliant on the majority of the national ambitions/targets.

Staffordshire and Stoke-on-Trent Integrated Care System

National Planning Round Submission and Resubmission Summary

ICB Board – 15th May 2025

National Priorities and Objectives: A recap

The national priorities for the NHS in 2025/26 focus on improving patient outcomes by:

1. Reduce the time people wait for elective care
2. Improve A&E waiting times and ambulance response times
3. Improve access to general practice and urgent dental care
4. Improve mental health and learning disability care

To achieve these goals, **ICBs and providers must**:

- Live within the budget allocated, reducing waste and improving productivity
- Maintain our collective focus on the overall quality and safety of our services
- Address inequalities and shift towards prevention
- Making the shift from analogue to digital

- NHS England's (NHSE) priorities and operational planning guidance was published on 30 January 2025. The number of national priorities reduced from last year's guidance instead focusing on a small set of headline ambitions and key enablers
- The templates submitted focused on priorities 1,2,3 and 4 and the must do around living within the budget allocated, reducing waste and improving productivity.

Overview

- NHSE published its 2025 Operational Planning Guidance on 30 January 2025.
- In response to the guidance the ICB and each of our providers submitted organisational and system-level plans covering activity, finance, workforce, delivery narrative and a system assurance statement.
- NHSE provided checklists, national benchmarking data in key areas eg Continuing healthcare (CHC), productivity and efficiency opportunity packs which were used to inform planning submissions across all areas.
- Cross-system workshops were held, focusing on areas such as CHC and Community Transformation. These sessions brought together stakeholders and were used to review, challenge, and refine proposals with system partners. Chief Executive and ICS Senior Leadership Team meetings during March ensured executive oversight and alignment.
- The ICB final full submission in response to the guidance was submitted on 30 March 2025 and subsequently reviewed by NHSE subject matter experts. Feedback was provided to both providers and the Integrated Care Board (ICB), identifying key areas for further development to support a resubmission on 30th April 2025.
- The following slides outline the plan submitted at the end of March and then any plan movements made for the resubmission at the end of April.

Overview of Submissions

- The table below sets out the main changes between the March and April submission.

Area	30th March Submission	30th April Resubmission
Workforce	• Plans submitted aligned with national goals to live within budget and improve productivity. All trusts except NSCHT show projected staff reductions. Only NSCHT met the target for a 30% agency staff reduction. All plans reflect alignment across workforce, finance, and efficiency.	• Plans submitted aligned with national goals to live within budget and improve productivity. • All trusts except NSCHT show projected staff reductions. Only NSCHT meets the target for a 30% agency staff reduction. All plans reflect alignment across workforce, finance, and efficiency.
Finance	• The system submitted a balanced financial plan, supported by £95m in deficit funding. It includes a £37m deficit at UHNM and corresponding surplus in the ICB. • The plan requires £306m in efficiencies, with £106m in unmitigated risk.	• The system financial plan remains in overall financial balance, all organisations have now moved to breakeven positions. • Efficiency targets remain at £306.3m (9.5% of Revenue Resource Limit). • Capital allocation has increased to £97.5m following confirmation of flexibilities aligned with 2024/25 outturns.
Activity & Performance	• The system submitted compliance in all trajectories and targets with the exception of A&E 12-hour waits, ambulance handovers, and 18-week referral to first appointment.	• The system submitted compliance in all trajectories and targets with the exception of A&E 12-hour waits, ambulance handovers. • 18 week referral to first appointment is now compliant.
Assurance Statement	• The system confirmed compliance with all assurance statements with the exception of those around Quality Impact Assessments. The board acknowledged that these would be ongoing up to May, therefore full assurance could not be given at the stage of the submission.	• The overall assurance statement was not changed in terms of conclusions however, further assurance was provided on the progress of quality impact assessments for the ICB efficiency programme.

Next Steps

Board-to-Board Engagement with NHSE and the ICB

- It is yet to be formally confirmed but we understand that formal board-to-board sessions will be arranged by NHSE and utilised to:
  - Provide assurance on the robustness of planning assumptions and delivery trajectories.
  - Demonstrate alignment between system and organisational-level strategies.
  - Explore opportunities for further support, challenge, and alignment around national expectations for financial recovery and sustainability.

System Cost Improvement Programme (CIP)

- The System Cost Improvement Programme (CIP) will remain a focus across all partner organisations, with a clear focus on implementing opportunities that will contribute to financial sustainability in 2025/26.
- CIP development is reported and reviewed weekly at the special System Performance Group, providing a dedicated forum for system-wide monitoring and coordination of progress.
- In parallel, weekly reporting to the NHSE Regional Team ensures consistent regional oversight and enables early escalation of risks or support needs as the programme evolves.
- Finalisation and Review of Quality Impact assessments: The remaining QIAs are in the final stages of development, with all outstanding assessments scheduled for review and sign-off by the appropriate panels during May 2025. The QIA process will continue throughout the year to assess the impact of decisions beyond the planning round.

Assurance on delivery of activity, finance and workforce plans

- Reporting of delivery against plans through ICB and provider governance to enable oversight.

Staffordshire and Stoke-on-Trent Integrated Care System

Appendix

Finance – Efficiencies and Net Risk

Efficiencies

- Total efficiencies of £306.3m remains unchanged. The amount of high-risk efficiencies has gone from £135.2m to £149.5m which shows an increase in risk of CIP plans. The majority of this increase sits with the ICB and is due to the National consultation on IS contracts which has moved from medium to high risk (£24.5m). This table reflects the efficiency risk rather than the stage of development risk which is reported weekly through special system performance group.

Changes from 27th March submission						30/04/2025
Risk	**ICB**	**MPFT**	**NSCHT**	**UHNM**	**Total change**	**Total**
Low	6,000	1,696	0	1,008	8,704	89,817
Medium	(-23,804)	(-1,828)	129	2,250	(-23,253)	66,706
High	17,804	132	(-129)	(-3,258)	14,549	149,753
Total	**-**	**-**	**-**	**-**	**-**	**306,276**

Net risk

- Net risk in the 27th March plan was £105.6m. This is now £97.3m with key movements in ICB contract risk, a small movement in efficiency risk and some additional ICB mitigations.

	Risk / Mitigation Movement from 27th March submission (£m)						30/04/2025
Risk / Mitigation	**Theme**	**MPFT**	**NSCHT**	**UHNM**	**ICB**	**Total change**	**Total**
Risk	Additional cost risk				0.2	0.2	(21.1)
	Contract risk				(10.0)	(10.0)	(30.4)
	Efficiency risk		0.3		0.9	1.2	(82.1)
	Income risk						(5.0)
	Prescribing / CHC						(4.9)
Risk Total		**0.0**	**0.3**	**0.0**	**(8.9)**	**(8.6)**	**(143.5)**
Mitigation	Additional cost control or income						3.4
	Efficiency mitigation	3.3			13.7	17.0	20.5
	Non-recurrent mitigation	0.0					22.4
Mitigation Total		**3.3**	**0.0**	**0.0**	**13.7**	**17.0**	**46.3**
Grand Total		**3.3**	**0.3**	**0.0**	**4.8**	**8.3**	**(97.3)**

Finance - Capital

- Total capital allocation has increased from £85.1m to £97.5m due to increases on the internally funded capital allocation and the PDC.
- Reward capital linked to 2024/25 provider revenue performance has been included as Freedoms and Flexibilities capital of £6.3m for 2025/26 across MPFT & NSCHT. A further £8m will be available to use in 2026/27. There is also an additional £6.1m of public dividend capital (PDC) funding for out of area mental health capital included in the PDC movement at MPFT below:

Capital Programme 2025/26 (£'000)	Column Labels			
Row Labels	MPFT	NSCHT	UHNM	Grand Total
Capital Allocation	**15,088**	**3,158**	**22,456**	**40,702**
Internally Funded	**12,478**	**2,959**	**30,698**	**46,135**
Equipment	660	30	2,760	3,450
Fleet, Vehicles & Transport		120		120
IT	700	429	6,790	7,919
Maintenance		75	14,595	14,670
New Build	5,153	1,943	6,053	13,149
Plant & Machinery			500	500
Freedom / Flexibility Capital	5,965	362		6,327
Charitable Funds / Grants			**(500)**	**(500)**
Donation			(500)	(500)
Disposals	**(150)**		**(11,000)**	**(11,150)**
Disposals	(150)		(11,000)	(11,150)
IAS 17: Operating lease	**2,760**	**199**	**3,258**	**6,217**
IFRS16 / IAS17	2,760	199	3,258	6,217
CDEL	**12,908**	**1,985**	**41,931**	**56,824**
PDC	**12,272**	**1,470**	**38,855**	**52,597**
Equipment			7,162	7,162
IT		1,000		1,000
Maintenance	3,734	470	3,593	7,797
New Build	2,488		28,100	30,588
2025/26 Mental Health: Reducing Out of Area Placements	6,050			6,050
IFRIC 12			**9,599**	**9,599**
Maintenance			9,599	9,599
PFI Capital	**636**	**515**	**(6,523)**	**(5,372)**
PFI Capital	636	515	(6,523)	(5,372)
Grand Total	27,996	5,143	64,387	97,526

National Headline Metrics Position at resubmission

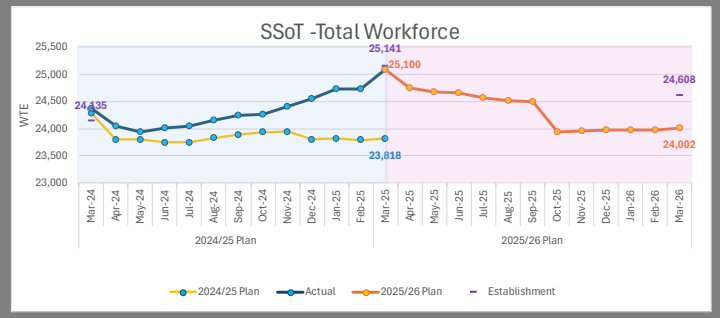
Area	Measure	Target	Deadline	Submission from SSOT Providers						Submission from Black Country and Derbyshire Providers				SSOT ICB	
				UHNM		MPFT		NSCH		UHDB		RWT			
				Target	Plan	Target	Plan	Target	Plan	Target	Plan	Target	Plan	Target	Plan
Planned Care	% waiting 52 weeks or more - RTT Incomplete Pathways	<1%	Mar-26	<1%	0.9%					<1%	0.7%	<1%	0.9%	<1%	0.8%
	% waiting 18 weeks or less - RTT Incomplete Pathways	5% increase or minimum of 60% (Nov-24 baseline)	Mar-26	62.8%	62.8%					60.0%	60.0%	60.0%	60.6%	62.3%	63.4%
	% waiting 18 weeks or less - First Appointment	5% increase or minimum of 67% (Nov-24 baseline)	Mar-26	77.0%	77.3%					67.0%	67.5%	67.0%	67.1%	70.3%	71.8%
Cancer	% patients seen within 62 days - 62 Day Cancer Pathway	75%	Mar-26	75.0%	75.0%					75.0%	75.0%	75.0%	75.2%	75.0%	75.2%
	% patients informed within 28 days - 28 Day Faster Diagnosis	80%	Mar-26	80.0%	80.1%					80.0%	80.0%	80.0%	80.3%	80.0%	80.1%
A&E	% patients leaving A&E within 4 hours	78%	Mar-26	78.0%	78.0%					78.0%	73.1%	78.0%	83.2%		
	% patients in A&E for over 12 hours	Improvement (2526 v 2425)	Full Year	<15.02%	16.65%					<12.99%	8.2%	<12.49%	9.5%		
	Average Handover Time for Ambulances	Working towards 15 mins average handover	Full Year	15-45 mins	63 mins					15-45 mins	Awaiting update	15-45 mins	28 mins		
Mental Health	Average Length of Stay Adult Mental Health	Improvement	Full Year			44.6 days	43 days	40.9 days	39 days					41.1 days	40.3 days
	Number CYP under 18 supported by NHS services with at least one contact	17,273 (based on 2425 plan)	12 rolling											17,273	17,273

For national priorities

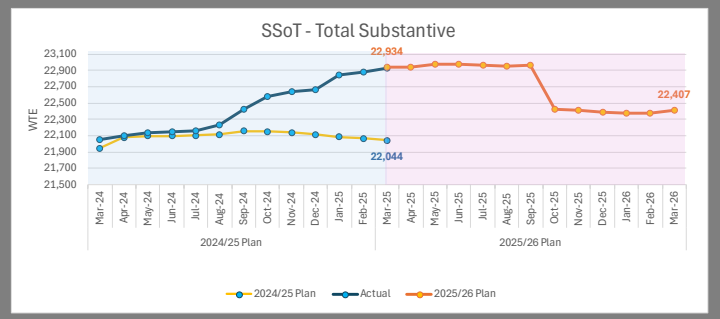
- Both UHNM and RWT are non-compliant with reducing average ambulance handover time to less than 45 minutes and working towards the 15 minute standard.
- UHNM remain non-compliant on 12 hour waits.
- UHDB remain non-compliant on 4 hours.
- UHDB has made a minor change to the 62 days cancer waits to fix a rounding issue. Remains compliant at trust level.
- Planned care and cancer targets are all compliant, at provider and ICB level.

FY25-26 Operating Workforce Plans – Full Workforce Submission: 30th April 2025

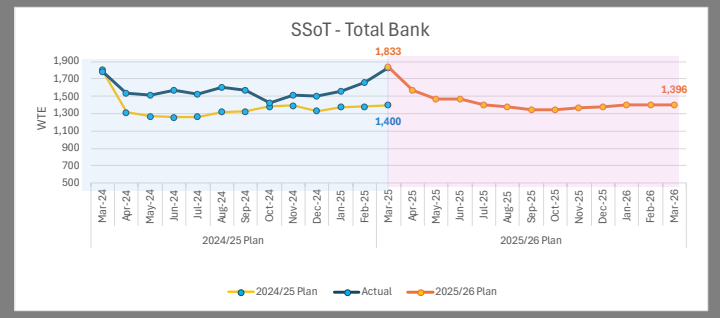
Total WF (Providers – wte)



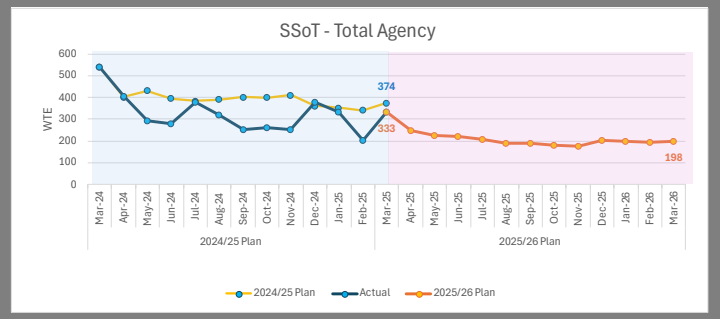
Substantive WF (Providers – wte)



Bank WF (Providers – wte)



Agency WF (Providers – wte)



2024/25 Planning Legacy

- Mar-25 Starting position is significantly higher than intended when the 2024/25 Plan was formulated:
  - **Overall Workforce: + 1,282 wte (+5 %)**
  - **Substantive: + 890 wte (+4 %)**
  - **Bank: + 434 wte (+31 %)**
  - **Agency: - 41wte (-11%)**
- **Funded Establishment** is stated to have increased by **+753 wte (3.1%)** from those levels put forward for Mar-25 in the 24/25 workforce Plan

Summary

- **Total Workforce** is planned to decrease by **1,098 wte / 4.4%** from **25,100 wte** to **24,002 wte**

Staff Type Movement (Total WF)	
Substantive	-527 wte / -2%
Bank	-437 wte / -24%
Agency	-134 wte /-40%

Overall Total Workforce Movement:

MPUFT: -244 wte/ -2%: Decrease from **10,123** to **9.879** wte
NSCHT: +17 wte/ +1%: Increase from **1,820** to **1,836** wte
UHNM: -871 wte/ - 7%: Decrease from **13,157** to **12,287** wte

- **Establishment** is planned to decrease by -533 wte/-2%; decreasing from **25,141 wte** to **24,608 wte** across the year..

FY24-25 Plan Development NHS Providers (wte)

		Mar-25 SIP	Mar-25 Establishment	Mar-26 SIP	Mar-26 Establishment	SIP Change		Establishment Change	
						WTE	%	WTE	%
SSoT	Substantive	22,934	25,141	22,407	24,608	-526	-2.3%	-533	-2.1%
	Bank	1,833		1,396		-437	-23.8%		
	Agency	333		198		-134	-40.3%		
	Total Workforce	**25,100**		**24,002**		**-1,098**	**-4.4%**		
MPUFT	Substantive	9,436	10,479	9,263	10,479	-173	-1.8%	0	+0.0%
	Bank	582		521		-61	-10.4%		
	Agency	105		95		-10	-9.5%		
	Total Workforce	**10,123**		**9,879**		**-244**	**-2.4%**		
NSCHT	Substantive	1,709	1,866	1,755	1,838	+46	+2.7%	-28	-1.5%
	Bank	102		74		-29	-28.0%		
	Agency	8		8		-0	-5.7%		
	Total Workforce	**1,820**		**1,836**		**+17**	**+0.9%**		
UHNM	Substantive	11,788	12,795	11,389	12,290	-399	-3.4%	-506	-4.0%
	Bank	1,149		802		-348	-30.3%		
	Agency	219		96		-124	-56.3%		
	Total Workforce	**13,157**		**12,287**		**-871**	**-6.6%**		

Assurance Indicators	SSoT	MPUFT	NSCHT	UHNM
Mar-25 : How many additional wte will be in post ,when the 2025/26 plan commences, compared to those planned for Mar-25 in last year's plan?	**+1,282 wte** +5%	**+297 wte** +3%	**+11 wte** +0.5%	**+975 wte** +8%
Is **Mar-25** Staff in Post within Establishment?	**Yes** (-41 wte/ 0.2%)	**Yes** (-356wte /-3%)	**Yes** (-47 wte / -3%)	**No** +352 wte / +3%
Is **Mar-26** Staff in Post within Establishment?	**Yes** (-606 wte -3%)	**Yes** (-600 wte / -6%)	**Yes** (-2 wte / 0.1%)	**Yes** (-3 wte / 0%)
Does the plan demonstrate a reduction in Overall Workforce?	**Yes** -1,098 wte / -4%	**Yes** -244 wte / -2%	**No** +17 wte / +1%	**Yes** -871 wte/ -7%
Does the plan demonstrate a reduction in Infrastructure Support?	**Yes** - 397 wte / -8%	**Yes** - 207 wte / -9%	**Yes** - 23 wte / -6%	**Yes** -167 wte / -7%
Does Mar-26 Bank wte indicate a 10% reduction in Bank Spend, as identified by NHSE as an efficiency opportunity, may have occurred?	**Yes** -24% Decrease	**Yes** -10% Decrease	**Yes** -28% Decrease	**Yes** -30% Decrease
Does Mar-26 Agency wte indicate a 30% reduction in Agency Spend, as identified by NHSE as an efficiency opportunity, may have occurred?	**Yes** -40% Decrease	**No** -10% Decrease	**No*** -6% Decrease	**Yes** -56% Decrease

Next Steps:

WHAT:

1.Assurance of Provider performance against Operational Plans.

2. Review of triangulation or Workforce, Financial and Performance metrics in regular reporting which will forewarn of any planned update to Operational Plans, accommodating Business Cases or service acquisition as well as outlining areas of non performance against CIP/ other pressures resulting in variance from planned WF numbers.

3. Escalation process implemented as and when required.

HOW:

1. Introduction of a review proforma, comprising workforce and financial measures, for documenting and extrapolating on reasons for deviation from Operational Plans formulated in partnership between ICB and Provider Finance/People colleagues.

2. Existing Monthly Assurance and Oversight meetings, with individual Providers, are to be reformatted with a renewed focus on addressing concerns, challenges and deviation from Operational Plans.

3. Escalation process to be defined by SSOT Turnaround Finance Director.

Key Points

- UHNMs current Plan begins 352 wte / 3% Over Establishment as a result of the 2024/25 plan but, by Mar-26, this will be realigned
- NSCHT is the only NHS Providers planning for workforce to increase in 2025/26.
- Despite a planned reduction of 1,098 wte across 2025/26, Mar-26 position will remain 184 wte above the intended Mar-25 starting position (as outlined in last years plan).
- Workforce increases through 2024/25 were such that, even with a 1,098 wte reduction in 2025/26, wte in Mar-26 will be just 285 wte lower than Mar-24.
- The Operational Plan targets of 30% pay spend reduction in Agency may have only been met in one provider (based on wte indicators) but has been exceed at System level

* NSCHT Agency consists of very few wte. A 30% reduction in wte equates to only -2.5 wte and, as the actual measure is spend related, it is possible that the Trust is compliant.

FY25-26 Operating Workforce Plans – Progression from Feb-25 Headline submission to Apr-25 Submission

		February 2025 Headlines Submission			27th March Headlines Submission			30th April Headlines Submission		
		Mar-25 WTE (Forecast)	Mar-26 WTE	Change WTE	Mar-25 WTE (Forecast)	Mar-26 WTE	Change WTE	Mar-25 WTE (Actual)	Mar-26 WTE	Change WTE
MPUFT	Substantive	9,499	9,557	+58	9,508	9,331	-177	9,436	9,263	-173
	Bank	520	490	-30	520	467	-53	582	521	-61
	Agency	110	100	-10	110	100	-10	105	95	-10
	Total Workforce	**10,129**	**10,147**	**+18**	**10,138**	**9,898**	**-240**	**10,123**	**9,879**	**-244**
NSCHT	Substantive	1,721	1,795	+74	1,721	1,767	+45	1,709	1,755	+46
	Bank	112	67	-45	112	75	-37	102	74	-29
	Agency	11	9	-3	11	8	-4	8	8	-0
	Total Workforce	**1,844**	**1,871**	**+27**	**1,844**	**1,850**	**+6**	**1,820**	**1,836**	**+17**
UHNM	Substantive	11,784	12,029	+245	11,759	11,359	-400	11,788	11,389	-399
	Bank	1,026	1,026	+0	1,042	943	-99	1,149	802	-348
	Agency	303	303	+0	293	231	-62	219	96	-124
	Total Workforce	**13,114**	**13,358**	**+245**	**13,094**	**12,533**	**-560**	**13,157**	**12,287**	**-871**
SSoT	Substantive	23,004	23,380	+377	22,989	22,457	-532	22,934	22,407	-526
	Bank	1,658	1,583	-75	1,674	1,486	-188	1,833	1,396	-437
	Agency	425	412	-13	414	339	-75	333	198	-134
	Total Workforce	**25,087**	**25,376**	**+289**	**25,076**	**24,281**	**-795**	**25,100**	**24,002**	**-1,098**

Other areas

- The table below, outlines additional requests as part of the resubmission which did not form part of the technical templates.

Areas	Overview
Learning disability metrics baseline	• The resubmission reflected the adjusted baseline from NHSE but there was no impact on performance or compliance. • Remains a compliant plan for Reliance on mental health inpatient care for adults with a learning disability; Reliance on mental health inpatient care for autistic adults; Reliance on inpatient care for people with a learning disability and/or autism - Care for children
GP appointments	• Revised increase in appointments in the resubmission **by 212,914** to reflect the year-end performance, which is higher than the forecast outturn expected and the basis of the March submission. • Remains a compliant plan.
Virtual ward	• Main changes in resubmission is reduction in available and occupied beds to meet NHS England criteria. The occupancy has changed slightly in the resubmission across 2025/26 (from 82.61% to **82.04%).**
Planned Care	**Women's Health Hubs - Request from NHSE to confirm that previous ICB response is unchanged** • Previous response made on 11th March remained unchanged. We restated our commitment to having 1 hub delivering 3 core services 'SSOT Community gynae service'. The community gynaecology service is a recurrently funded service contracted for 3 years (+2 optional years) - commenced July 2024. The ICB confirmed that the provision will not decrease and will be maintained over 2025/26.
Mental Health	**Mental Health Support Teams (MHST) Growth - Request from NHSE to confirm that previous ICB response is unchanged and to respond to an additional question** • We restated our commitment to utilising our 1 MHST allocation as per the ICB multi allocation MHST tool. • An additional question was asked by NHSE for the resubmission. The ICB needed to confirm how we would prefer these teams to be allocated annually across from 2026/27 through to 2029/30. This was requested to support ensuring that there was going to be enough national training capacity in place for the growth in these teams across systems.
Primary Care	**Digital Tools - Request from NHSE to confirm ICB funding for digital tools will be included within the Digital Plan** • We restated our confirmation that ICB is committed to funding digital tools for general practice. The ICB continues to fund digital pathway solutions to support MGP implementation and there is an ongoing commitment to digital transformation. **Dental – Request to provide a monthly breakdown** • The original submission contained monthly returns that were a combination of baseline and ICB allocation. Resubmission has been amended to provide a monthly breakdown on additional urgent appointments.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 09

Report to:	**Integrated Care Board**						
Date:	**15 May 2025**						
Title:	**Update on Intensive and Assertive Community Mental Health Care Following the Independent investigation into the care and treatment provided to VC**						
Presenting Officer:	Nicola Bromage Associate Director MHLDA;						
Author(s):	Nicola Bromage Associate Director MHLDA ICB ; Upkar Jheeta Head of MH Transformation MPFT; Josey Gaitley Associate Director MH						
Document Type:	Other		If Other: Review and Action Plan				
Action Required (select):	**Information (I)**	☐	**Discussion (D)**	☐	**Assurance (S)**	☒	
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*		
Is the decision within SOFD powers & limits	**Yes / No**	YES					
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 ICS?	**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:	**Review of Intensive and Assertive Community Mental Health Treatment and Review Report**						

(1) Purpose of the Paper:

1. NHS England commissioned an independent investigation into the care and treatment provided to VC (January 2025). This report recommends that ICBs review their existing Intensive and Assertive Community Mental Health action plan against the ten areas for improvement with recommendations for local Trusts. These recommendations are made with the anticipation that there will be collaboration across the healthcare system to achieve the required change. Whilst these recommendations are directed at the Trust who provided care and treatment for VC, all Trusts need to assure themselves against the ten recommendations.
2. Claire Murdoch, National Director for Mental Health, Learning Disabilities and Autism, NHS England and Dr Adrian James, Medical Director for Mental Health and Neurodiversity, NHS England letter dated 5 February 2025 to ICBs asked to update plans to reflect the outcomes of your reviews and any actions identified to make improvements locally.
3. The ICB is required to update action plans and discuss them in both the ICB Trust and ICB Public Board meetings no later than 30 June 2025.
4. The attached paper summarises the updates required against the actions identified following As required, particular attention has been given to both short term actions and longer-term actions that address gaps in process and provision.
5. The request from NHSE is that systems should continue to focus on the short-term actions with minimal resource implications.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
MHLDA Portfolio Board (D) Quality & Safety Committee (S) ICB Board (A) Quality & Safety Committee (S) Quality & Safety Committee (S)	05/09/2024 09/10/2024 17/10/2024 11/12/2024 12/03/2025

(3) Implications:	
Legal / Regulatory	2024/25 Priorities and Operational Planning Guidance (page 24) : https://www.england.nhs.uk/wp-content/uploads/2024/03/2024-25-priorities-and-operational-planning-guidance-v1.1.pdf
CQC / Patient Safety	CQC Special Review of NHFT: https://www.cqc.org.uk/publications/nottinghamshire-healthcare-nhsft-special-review Independent investigation into the care and treatment provided to VC: https://www.england.nhs.uk/midlands/wp-content/uploads/sites/46/2025/02/independent-investigation-into-the-care-and-treatment-provided-to-vc.pdf
Financial (CFO-assured)	Resource implications yet to be determined following NHSE national review
Sustainability	As identified in paper and actions
Workforce / Training	As identified in paper and actions
Equality & Diversity	As identified in paper and actions
Due Regard: Inequalities	As identified in paper and actions
Due Regard: wider effect	As identified in paper and actions

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☒	☐	Click or tap here to enter text.

(5) Integration with the SBAF & Key Risks:

SBAF1	Responsive Patient Care - Elective	☐	**SBAF5**	High Quality, Safe Outcomes	☒
SBAF2	Responsive Patient Care - UEC	☐	**SBAF6**	Sustainable Finances	☐
SBAF3	Proactive Planning & Delivery of Integrated Locality Based Community Services	☐	**SBAF7**	Improving Efficiency & Productivity	☐
SBAF4	Reducing Health Inequalities	☒	**SBAF8**	Sustainable Workforce	☐

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

1. This work was instigated nationally following a CQC special review into mental health at Nottingham Healthcare Foundation Trust. In addition to the issues identified by the CQC, the 2024/25 Priorities and Operational Planning Guidance asked all systems to:
   "Review their community services by Q2 2024/25 to ensure that they have clear policies and practice in place for patients with serious mental illness, who require intensive community treatment and follow-up but where engagement is a challenge."
2. In late July, an outline NHSE review template was circulated to the ICB and following this came a detailed maturity index tool and action plan template document. With collective input across the community, specialist, nursing and quality and performance directorates withing both Midlands Partnership NHS Foundation Trust and North Staffordshire Combined Healthcare NHS Trust the ICS position has been summarised to inform an overarching ICB response. This including confirming no blanket DNA discharge policies
3. The Integrated Care Board (ICB) have been instructed by NHS England (NHSE) to carry out a review of intensive and assertive community treatment for people with severe mental health problems, submitting findings to the Regional NHSE Mental Health Team by midday on 30th September and ensuring subsequent ICB Board oversight of findings and proposed actions by the end of Q3 2024.
4. In November 2024 Systems provided detailed cost estimates and anticipated benefits to quantify funding gaps identified in the review. This valuable data has supported future funding bids in the government spending review process.
5. Following the Independent Report on VC's care, NHSE has asked ICBs and MH Trusts to update their local action plans, and report progress by June 30th 2025 at the public boards.
6. The attached paper summarises the updates required against the actions identified following As required, particular attention has been given to both short term actions and longer-term actions that address gaps in process and provision.

(7) Recommendations to Board / Committee:

1. To note the assurance provided from the updates to the October 2024 action plan and the review undertaken against the Independent Report on VC's care and update against the actions.
2. To note the requirement to correlate a range of recent and emerging guidance in relation to the patient cohort that require an intensive and assertive approach.
3. To note 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.

Update on Intensive and Assertive Community Mental Health Care Following the Independent investigation into the care and treatment provided to VC

1. Background

This paper provides an update on intensive and assertive outreach guidance following the last update to Board in October 2024. This paper also provides an update against the key recommendations following the independent review into Valdo Calocane's care including progress against the previous actions and the new actions following the independent review and steps the trust needs to take to support the returns against the independent review recommendations.

2. National context

The NHS Priorities and Operational Planning Guidance for 2025/26 mandated that all ICBs conduct a review of their community services by Q2 2024/25. This review aimed to ensure that clear policies and practices are in place for patients with serious mental illness who require intensive community treatment and follow-up, particularly in cases where engagement is challenging.

Subsequently, following the publication of an independent review report on VC care, providers and ICBs received the following directives:

2.1 Independent Review into VC Care and Treatment: On 5th February 2025, NHSE published the findings of an independent investigation into the care and treatment provided to VC. The full report is available at: NHS England — Midlands » Independent investigation reports for the Midlands

2.2 Staying Safe from Suicides: On 4th April 2025, NHS E published "Staying safe from suicides," best practice guidance for safety assessment, formulation, and management. This guidance requires Trusts to implement new risk assessment procedures at pace. The full report is available at: NHS England » Staying safe from suicide

2.3 Midlands NHS E Mental Health Team Clinically Led Review of ICB Community Mental Health Assertive and Intensive Outreach Action Plans: On 11th April 2025, the regional NHS E team circulated a review of all Midlands ICBs' action plans, following the completion of the Midlands Mental Health Maturity Index Self-Assessment Tool (MMHMIT). The output from these self-assessments was used to produce benchmarking information for the Midlands region. This benchmarking exercise provided a more detailed picture of effective provision and areas requiring further attention. The regional NHS E team also reviewed the ICB action plans from a quality perspective, identifying good practices and areas for further consideration. This review offered suggestions for ICBs to strengthen their action plans, presenting an overview of combined action plans rather than specific provider feedback.

2.4 Intensive and Assertive Community Treatment: A webinar on 3rd April 2025, outlined guiding principles for IAOT and the timeline for ICBs and providers to consider the new guidance.

- **Guiding Principles for IAOT:**
    a) Key Workers: Every service should have a skilled key worker, operating within an MDT, to provide personalised care, monitor for early signs of relapse, and deliver appropriate interventions.
    b) Assessments: Assessments should prioritise the psychological and physical safety of the individual and incorporate risk formulation.
    c) Care Plans: Care plans must be reviewed at least every 6 months and include clear pathways for escalating care when needed.
    d) Carer and Family Engagement: Services must actively involve both individuals and their support networks, including in situations where direct information sharing is restricted.
    e) Support During Hospitalisation: Key workers must maintain contact with individuals during inpatient stays to ensure continuity of care.
    f) Staff Skills and Competency: Staff must possess the appropriate level of skill and competency.
    g) Care Delivery: Dedicated Intensive Assertive Outreach Teams are not mandatory; however, community teams must ensure they can provide dedicated support for this cohort.
    h) Governance: ICBs and providers must have appropriate assurance processes in place to mitigate risks.
    i) Multi-agency Working: Effective information gathering and sharing is required to ensure that decisions about patient care are informed by data held across all relevant system partners.

- **Timeline for ICB/Providers:**
    a) Discuss action plans in both Trust and ICB public board meetings, no later than 30th June 2025.
    b) Maintain a focus on short-term actions that have minimal resource implications.
    c) Present progress made against action plans since September 2024, by June 2025.

3. Mental Health Standards

The national team is currently developing guidance on new standards for mental health services called The Personalised Care Framework. These standards aim to guarantee that all individuals with serious mental illness receive a minimum level of high-quality, personalised care and treatment, and that care is effectively coordinated when delivered across multiple teams or organisations. The new standards will be circulated for consultation during May 2025.

4. Review of Independent Review Approach

In response to the independent review, both MPFT and NSCHT established task and finish groups to review the recommendations, provide an initial response, and assess them against key requirements. This was followed by a wider organisational

engagement process to gather input from a broader audience, including service users and staff with lived experience as part of the public engagement process in SSoT. The final review document against the 10 recommendations is detailed in Appendix A.

5. Progress Against Action Plan

5.1 Interim Actions-

MPFT to mitigate risks of not having an assertive outreach function/team

a) Identifying At-Risk Individuals: "at-risk" individuals on caseloads across the trust were identified by the 15th of November. **- Complete**

b) System Enhancements: The specification for necessary changes to RiO and MDT management, including BI reporting, was completed by 15th November. Our IM&T team developed and implemented the changes to RiO by 30th November. **- Complete**

c) Standardised Work/SOPs: standardised work and SOPs across the trust were implemented by 30th November to ensure consistency and efficiency specifically DNA SOP and IAOT guidance **- Complete**

d) Monitoring and Evaluation: Regular audits will be conducted to assess the adoption of new practices and report on activity and assurance metrics by 31st December. **- Complete**

e) Dedicated Working Groups: Cross-functional working groups, including IM&T representatives, were established to facilitate the implementation of these interim and short-term actions. **– Complete**

NSCHT

f) Undertook an initial skills gap/needs analysis for the IOT Team**– Complete**

g) Merged the Intensive Outreach Team (IOT) and Multiple Disadvantage Team to ensure a more joined up approach to those with co-occurring needs**– Complete**

h) Clinically Informed Action Plan with Task and Finish Groups. **– Complete**

i) Clinical pathways of all teams reviewed, and areas of overlap established. **– Complete**

j) Clinical agreement to align clinical pathways to create a continuum of care. **– Complete** across the organisation for those service users within scope. **– Complete**

k) Task and Finish Groups have dedicated operational and clinical leads, each with specific timeframes. **– Complete**

l) Extended the scope and membership of the steering group in response to the independent review findings. **– Complete**

5.2 Short Term Actions

a) (i) Identification of the Target Cohort (refined): Develop a comprehensive risk and complexity criteria aligned with new national guidance, ensuring responses to identified risks and complexities are tailored to the specific needs of individuals based on the Sheffield IAO. Update RiO to capture

essential information required for effective risk assessment, care planning, and outcome monitoring, as outlined in the national guidance. **– MPFT Complete**

(ii)Work is underway between Clinical Staff, Performance, Business Intelligence and Clinical Systems to create an algorithm to highlight the most clinically in need (out of the originally 893 previously forecast) of an intensive/assertive outreach approach and for them to be flagged on Lorenzo to ensure needs are met at the earliest possible time before any escalation to potential risk **– NSCHT In progress**

b) Caseload Management: Implement a robust caseload management solution that supports effective workload allocation, prioritisation of high-risk individuals, and timely interventions, in accordance with the guidance's principles of individualised care. **– In progress**
c) Multidisciplinary Team Approach: Establish clear guidelines for MDT collaboration **– In progress**
d) Ensuring that all relevant professionals are involved in decision-making and care RCPC planning, as recommended in the national guidance. **– Delayed – on going conversations with Staffordshire police in partnership with WMAS to enhance sharing of information***
e) System Leadership and Partnership: Foster strong system leadership to bring together key stakeholders, including RCRP representatives, to discuss implications of the new guidance and define the role of system partners in supporting intensive and assertive outreach coordinated approaches. **– In progress**
f) Staff Training: Provide comprehensive training to staff on the new national guidance, ensuring they have the knowledge and skills to implement evidence-based practices, manage risk effectively, and deliver high-quality care. **– In progress**
g) Reporting and Governance: Establish a robust reporting system to monitor progress, identify areas for improvement, and ensure compliance with the national guidance. Integrate reporting into Trust governance processes to ensure accountability and transparency. **- Complete**
h) Risk Management: Implement a comprehensive risk management framework to identify and mitigate risks associated with the I&AOT programme, aligning with the new guidance's published on the 4th of April 2025 emphasis on safety and quality. **– In progress**

5.3 Long Term Actions

The following actions require additional investment or funding to implement:

a) Assertive Outreach Teams: to conduct a thorough evaluation of the need for assertive outreach teams, considering resource implications and the specific needs of the population served. Align any decision regarding the establishment of a I&AO team in line with the recommendations in the national guidance. Refine the work undertaken for the resource template submission to meet population needs and prioritise against future funding identified. **– On Hold (The Requirements require additional investment; systems are requested to progress actions that do not require additional investment)***

b) Tracking of Non-Engaged Individuals: to conduct a thorough evaluation of the need for assertive outreach teams, considering resource implications and the specific needs of the population served. Align any decision regarding the establishment of a I&AO team in line with the recommendations in the national guidance. **– On Hold (The Requirements require additional investment; systems are requested to progress actions that do not require additional investment)***

* During the webinar on 3rd April 2025, systems were advised to prioritise actions that providers can implement without additional funding, while acknowledging that some actions will require investment, and that implementation will vary across providers and occur incrementally.

6. Next Steps

The next stage is to consolidate the gaps identified during the review of independent review in line with the national guidance document and requirements set out the Staying safe from suicides guidance, the guidelines in the webinar and the new personalised care framework and consolidate into a single action plan which incorporates the national guidance for risk assessments. The development of a new integrated action plan considering guidance will require judgment on local prioritisation and risks, and the role and responsibilities of Trusts versus ICBs in respect to this given the financial restrictions in ICBs. This extended timeline provides opportunity for wider engagement with local communities, service users and individuals with lived experience.

7. Recommendations

The Board is requested to:

a) To note the assurance provided from the updates to the October 2024 action plan and the review undertaken against the Independent Report on VC's care and update against the actions.
b) To note the requirement to correlate a range of recent and emerging guidance in relation to the patient cohort that require an intensive and assertive approach.
c) To note 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.

Appendix A Review from the Independent investigation into the care and treatment provided to VC

Area for Improvement	Recommendation	Review	Gap Y/N
Area for improvement 3 – Recommendation implementation We are aware that there have been a number of reviews into Trust services, particularly over the last twelve months and there is considerable pressure on the Trust to improve services whilst delivering care for their population. We have not sought to duplicate recommendations but want to emphasise the importance of the Trust ensuring that implementing recommendations results in positive change to quality and safety.	The Trust should ensure that they have implemented the recommendations made by other reviews to date, including from the Serious Incident report and the Care Quality Commission. After a period of no longer than nine months from implementation, the Trust should seek to understand whether the changes made have had a positive impact on the quality and safety of care delivery. Views of those with lived experience must be integral to assure the robustness of the Trust's internal assurance process.	Action plan in place, bi-monthly meetings began in March 2025. Regular review with ICB colleagues as part of this with reporting and additional monitoring to Q&SC.	Y - Will need to incorporate views of those with lived experience as part of this process.
Area for improvement 4 – Serious incident policy We found that the Trust's serious incident policy is not currently in line with the Patient Safety Incident Response Framework (PSIRF). Additionally, there is opportunity for the Trust to better use the outcomes of investigations to identify trends and implement changes to improve patient care and safety.	The Trust needs to ensure that its Patient Safety Incident Response is in line with NHS England's new patient safety framework (PSIRF). Processes should be developed to ensure that subsequent lessons have been embedded in clinical practice and corroborated and supported by people who use the services, their families, carers or support network.	PSIRF has been fully implemented within SSOT	N
Area for improvement 5 – Family engagement We found that whilst there were attempts to actively engage VC's family in aspects of his	The Trust should define what positive family engagement looks like. The offer should be developed with people with lived experience – including people	Links to Actions SOPs, Staff Training, Risk Management, Limits of confidentiality	Doesn't specifically set out the need for a

care, there were important milestones when decisions were not discussed with them. We also found that there were opportunities to co-produce aspects of care planning with VC and his family, particularly around safety and scenario planning.	who use services, their families, carers or support network, and be informed by all available information. The Trust should then develop processes, in line with national guidance (i.e. the Triangle of Care https://carers.org/triangle-of-care/the-triangle-of-care and the Patient and carer race equality framework) https://www.england.nhs.uk/mental-health/advancing-mental-health-equalities/pcref/ , to support effective family engagement. The new processes should inform decisions on care, treatment and the management of both safety and risks.		written process into family engagement but we could add this in.
Area for improvement 6 – Clinical information sharing We found that there were limitations in the sharing of clinical information across settings which impacted on the ability of those who were caring for VC to fully understand his needs. The current system capability does not allow for the timely sharing of important clinical information between the Trust and independent providers who are placing the Trust's patients in their services. Additionally, the sharing of information with Primary Care to inform important conversation, for example in relation to potential patient discharges, needs to be improved.	The Trust should develop interoperable systems and processes to enable sharing of necessary clinical and risk-related patient data across clinical care settings. This should include sharing and increasing the visibility of information across primary and secondary care (NHS & independent providers). The purpose of this is to enable shared decision making and risk management with up-to-date information whilst remaining mindful of a person's privacy when identifying necessary information to share.	DPIAs in place with current partners.	Y

Area for improvement 7 – Across organisational working We found that, at times in VC's care and treatment, healthcare professionals were making decisions without a full understanding of information held by all organisations involved with VC. There is the opportunity for system partners to come together to review the arrangements in place for proactively sharing information in a timely manner.	The Trust, the Integrated Care Board and system partners (for example the Police) should review and evidence the effectiveness and reliability of communication processes across all system partners relevant to mental health care, treatment and risk management.	Maturity Matrix has been a system review	N
Area for improvement 8 – Governance arrangements In this case, we identified that structures and processes of the governance framework at all levels of the local healthcare system, were not set up for identification and communication of potential and existing issues which combined to increase risks to users of the Trust's services and others. We found evidence of siloed governance arrangements and little evidence of triangulation of information to enable system wide learning. We found this to be the case from the Integrated Care Board through to Trust processes.	The Trust and the Integrated Care Board should seek support from existing expertise in the area of risk and governance within their organisations. This should be used to develop structures, processes and procedures that demonstrate the capability to identify and communicate potential and existing issues and risks. This will require the system to develop the ability to triangulate safety critical information to inform existing and emerging issues. This should be a data driven process drawing from both clinical and operational sources.	Governance Systems now in place.	N
Area for improvement 9 – Policy development and review We found that some Trust policies were out of date and had not been reviewed in a timely way. We also found that there was an acceptance of a drift from policies in day-to-day practice. In a number of instances, there	The Trust should ensure that all Trust policies are current, updated and written in a manner that enables staff to practice in line with the policy. Where appropriate, policies should be coproduced with people with relevant lived experience. Policies should	Matrix identified policy review	N

was not the resource to deliver care in line with the way in which it was prescribed in the policy. There did not appear to be mechanisms to flag the drift from practice and instigate a review of the policy or understand the variation.	include clear guidance for escalation when key deliverables within the policy are not able to be achieved. The Trust should have processes in place to trigger requirements for renewal or review.		
Area for improvement 10 – Peer support In VC's case we found that he may have benefited from being offered peer support within the Early Intervention in Psychosis (EIP) service. We did not find evidence that he was given the opportunity to meet with people who had a shared experience of diagnosis, care or cultural background. We consider there were limited opportunities to try to engage VC in being curious about his diagnosis and how to keep him well.	As part of the implementation of the community mental health framework, the Trust should ensure that there is a robust peer support offer for those under community mental health services with access to culturally appropriate groups with lived experience. To facilitate a meaningful effective peer support offer, the Trust must consider and have robust mechanisms for recruitment, training, support and supervision and role structure including peer leadership.	There is a good peer support and lived experience team. Looking at how we can further strengthen this with actions	Y
Area for improvement 11 – Care planning We found limited evidence that care planning arrangements were co-produced with VC and his family. Building on area for improvement 5, once the Trust has developed its family engagement offer, arrangements need to be put in place to ensure co-production of care documentation. In VC's case, there was a sense that a shared understanding between clinicians and VC about his diagnosis and factors to keep him well was never fully reached. We did not find evidence that safety	The Trust must have processes in place to assure themselves that people who use mental health services, their families, carers and/or support network co-produce care plans. Individuals who use services should be involved in their own personal safety planning arrangements including scenario planning.	care planning audit	Y

planning or scenario planning took place to help support VC and his family.			
Area for improvement 12 – Joint clinical decision making We observed that inpatient services did not appear to always pay sufficient regard to some potentially important clinical insights and longer-term views provided by the EIP team. The EIP team had longitudinal insights into VC's symptoms and their impact upon his behaviour and his ability to engage with a therapeutic regime. This was most notable regarding the EIP's request for the use of depot medication which was considered and dismissed by the inpatient team. Neither was the use of a Community Treatment Order (CTO) under the mental health legislation considered necessary by the inpatient team. In the right circumstances, a CTO can provide an opportunity for an individual to receive a longer period of inpatient care to enable an enhanced understanding for the individual and the clinical team.	The Trust needs to ensure that the voice of all of those involved in the care and treatment of an individual is heard and considered within the context of the long-term planning for an individual's care and treatment. Where consensus is not reached about the best plan of action, there needs to be a clear process to escalate views for further consideration. All professionals need to feel empowered to challenge decisions and have the appropriate mechanisms to do so.		N

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 10

Report to:	**Integrated Care Board**						
Date:	**15 May 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)**	☐	**Discussion (D)**	☐	**Assurance (S)**	☒	
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*		
Is the decision within SOFD powers & limits	**Yes / No**	YES					
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 ICS?	**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					
Appendices:	Appendix A: Quality and Safety Report – Detail May 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.

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**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	Click or tap here to enter text.

(5) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	☐	**BAF5**	High Quality, Safe Outcomes	☒
BAF2	Responsive Patient Care - UEC	☐	**BAF6**	Sustainable Finances	☐
BAF3	Proactive Community Services	☐	**BAF7**	Improving Productivity	☐
BAF4	Reducing Health Inequalities	☒	**BAF8**	Sustainable Workforce	☐

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

The paper summarises key areas discussed by the Quality and Safety Committee (QSC) and the System Quality Group (SQG) at the meetings held in April and May 2025.

Several key programmes of work were discussed, and the paper is intended to provide assurance to the Integrated Care Board in relation to:

- Care Quality Commission
- Host and Home Commissioner
- Wheelchair Services
- Paediatric Hearing Improvement Programme
- Quality Impact Assessments

(7) Recommendations to Board / Committee:

Members of the Integrated Care Board are asked to:

- 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 May 2025

1.0 Care Quality Commission (CQC)

1.1 The Royal Wolverhampton NHS Trust's maternity services at New Cross Hospital have been rated 'Good' (overall and in the safe, effective and well-led domains) by the CQC. The services were inspected in October 2024 as part of the CQC's continual checks on the safety and quality of healthcare services. In the inspection report, available here, the CQC reported that they 'found a well-led service where mothers and babies received good care and had positive feedback to give on their birth experiences'. However, the CQC found 2 breaches of regulation and have told the Trust they need to improve their staffing levels. The Trust is considering a business case due to the new Birthrate Plus recommendations.

1.2 University Hospital of North Midlands NHS Trust (UHNM) maternity services at Royal Stoke University Hospital have been rated 'Good' (overall and across all 5 domains) by the CQC. The services were inspected in November 2024 as a focused follow up inspection after receiving a section 29a Warning Notice in 2023. In the inspection report, available here, the CQC reported that they 'found significant improvements during this inspection and the trust have met their Section 29a Warning Notice requirements'. Further, 'Women and people using these services now had a much safer and improved experience of their care and treatment.' System partners continue to work collaboratively at the Local Maternity and Neonatal Board to improve safety and delivering the key actions of the of the Three-year delivery plan'.

1.3 The CQC completed an unannounced inspection of University Hospital of Derby and Burton NHS Foundation Trust's (UHDB) maternity services at both Royal Derby Hospital and Queens Hospital Burton (QHB) in December 2024. The CQC shared some immediate feedback following the inspection which the Trust have responded to and await the full report. The section 29a Warning Notice and section 31 Notice of Decision from 2023 remain in place. The Maternity Safety Support Programme remains in place and support is provided by NHS England's maternity improvement advisors and quality improvement.

1.4 Midlands Partnership University NHS Foundation Trust's (MPFT) acute wards for working age adults and psychiatric intensive care unit have been rated 'Good' (overall and across all 5 domains) by the CQC. The services were reinspected in January 2025, having previously been rated as 'Inadequate' following an unannounced inspection in 2022. In the inspection report, available here, the CQC state that 'patients felt safe, listened to and staff were responsive to their needs'.

2.0 Home and Host Commissioner

2.1 QSC were provided with a comprehensive report in April 2025 providing assurance on the Home and Host Commissioner functions and an update on progress with implementing the NHS England Midlands Mental Health – Host and Home Integrated Care Board Guidance pilot programme. Further, committee members received two patient stories from individuals supported by the mental health complex care team to be discharged from hospital into the community.

2.2 Monthly engagement meetings take place with the three Independent Mental Health Hospitals in SSOT; invitations have been extended to all Home/Placing Commissioners. Further, a system intelligence sharing meeting takes also place monthly. This includes intelligence, trends and themes reported by and not limited to Home/Placing Commissioners, CQC, Transforming Care Programme, complex care mental health team, Police, Advocacy, Local Authorities and Safeguarding representatives. We have a system partnership approach and are working together to have robust and effective systems in place to identify and address concerns relating to quality of care and safety at the earliest opportunity.

2.3 The ICB are aware of plans to open additional hospitals within the SSOT geographical area. This includes a new thirty-one bedded mental health hospital for women in May 2025. The ICB are collaborating with system stakeholders to proactively ensure that our quality governance arrangements are in place to oversee and monitor the quality of care.

2.4 The mental health complex care team aim to place patients as close to home as possible, the ICB currently stipulate in line with best practice that we do not place patients in hospitals that are rated 'Inadequate' and aim to place 80% of patients within 50 miles of their home area; current compliance is 83%. As of the end of February 2025, there were thirty-five complex care patients with twenty-nine patients

placed out of area. 100% of patient have had a face-to-face visit within 6 months. It has been agreed with the mental health complex care team, as a stretch ambition, that all patients will have a face-to-face review within a 60-day period.

2.5 The ICB, supported by system NHS mental health trust partners, participated in the NHS England Midlands Mental Health – Host and Home ICB guidance pilot programme. The pilot, which defined the role and responsibilities of Host and Home Commissioner for quality oversight of mental health inpatient provision, concluded in March 2025. A Baseline Assessment Tool was completed and demonstrates that the ICB has established processes in place for quality oversight of specialist mental health inpatient units within the SSOT geographical area (Host Commissioner). The Home Commissioner responsibilities are new within the pilot guidance, replicating the Host Commissioner guidance for out of area placements and aligning with the quality oversight and assurance role of provider collaboratives. Improvement actions have been identified, and many completed within the pilot period to formalise and strengthen governance and escalation processes. Feedback on the pilot and use of the Baseline Assessment Tool was submitted by the ICB to the Programme Consultant working on behalf of NHS England Midlands. As a result of the pilot, SSOT are being contacted by other systems for information and to share our practice.

3.0 Wheelchair Services

3.1 Throughout 2023/24 a growing number of service users waited over 18 weeks to have their wheelchair supplied. Consequently, there has been a corresponding increase in service user feedback; themes include delays in equipment provision and communication. The highest reported areas of harm whilst waiting are pain management and pressure area care.

3.2 Contractual plans are in place to recover wheelchair assessment and delivery performance to 92% within 18 weeks by July 2025. Monthly meetings are in place to maintain oversight and partnership working. 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. Referrer MDTs have been put in place to strengthen communication and sharing of information to inform (re)prioritisation and harm reviews; the ICB has received positive feedback from referrers of the effectiveness of these meetings and improved communication.

3.3 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. Routine quality visits have been undertaken by the ICB in December 2023, May 2024 and February 2025. The most recent visit focused on (i) AJM's approach to managing (and reducing) long waits and whether there is more that can be done, and (ii) how AJM ensures that service users are 'waiting well'. Recommendations have been made to strengthen the management and oversight of long waits. A follow up meeting took place in April 2025, with the provider's Clinical Director and regional management team, to discuss barriers and risks for delivery of equipment and improved communication plans with patients at all stages of the pathway to ensure patients are routinely informed, waiting well and the information supports clinical prioritisation/harm reviews.

4.0 Paediatric Hearing Improvement Programme (PHIP)

4.1 NHS England's Newborn Hearing Screening Programme commenced in 2023 with the ask that all local areas stand up a strategic 'Bronze' Cell to lead the required improvements across local paediatric hearing services. The ICB and partners responded to this and have, since October 2023, been responsible for the development and delivery of an agreed action plan.

4.2 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 QHB are responding to the recommendations.

5. Quality Impact Assessments (QIA)

5.1 The ICB's QIA Policy (March 2024) outlines how the ICB will have regard for all likely effects of decision-making in relation to the quality of service. QIA outcomes and adherence are reported to the QSC tri-annually; next report due June 2025. Further, to support QSC members to understand the impact and risks identified through the QIA process a heat map, grouped by Portfolio, has been produced and is published on the ICB's intranet site.

5.2 To support the ICS's 2025/26 priorities and operational planning guidance submission, the ICB's Associate Director of Quality Assurance and Improvement is a member of the fortnightly Efficiency Oversight Meeting to support early alignment of business decisions with the QIA governance process and promote the importance of the QIA governance process to support the ICB to meeting its statutory duty (triple aim). Further, representatives from the Nursing and Therapies Directorate are members of Portfolio Multi-Disciplinary Team meetings to support and guide Portfolio discussions at an early stage prior to Portfolio Boards. Work is ongoing to support the timely completion of QIAs aligned with the ICB's efficiency programme. The timely completion of QIAs form part of the financial governance (project initiation documentation) and are reported to both Finance and Performance Committee and QSC. Maintaining our collective focus on the overall quality and safety of our services, remains our overarching priority.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure 11

AAA Escalation & Assurance Report from Board Assurance Committee

Report To:	**ICB Board**
Date:	**May 2025**
Reporting Committee:	**Quality and Safety Committee (QSC)**
Date of Meeting:	**April 2025**
Meeting Quorate Y/N?	**Yes**
Presenter:	**Josie Spencer, Non-Executive Director & Committee Chair**
Author:	

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

None discussed

ADVISE

Staffordshire & Stoke-on-Trent Alcohol Strategy 2025-2030
The strategy provides a shared vision, principles and objectives which will be delivered through a partnership delivery plan for alcohol following approval at the Drug & Alcohol Partnership (DAP) Board.

The committee **endorsed** the Staffordshire & Stoke-on-Trent Alcohol Strategy.

The strategy was approved at the Drug & Alcohol Partnership (DAP) Board on the 28th of April 2025

Infectious Disease Response Commissioning Guidance for ICBs
The committee received a presentation that gave the current context of communicable disease, public health risks associated with communicable disease on national and local risk registers and the new NHS guidance for ICBs on commissioning of clinical response to local incidents and outbreaks of infectious disease.

New guidance on the remit of ICBs as a category one responder under the Civil Contingencies Act 2004 has been published. A gap analysis has been conducted, and assurance was provided the Staffordshire and Stoke-on-Trent system is well placed to ensure pathways and protocols are in place, however there are still some risks that need to be managed.

The committee noted the excellent work taking place across the system. In view of the risks that remain to be managed, an update to the committee in six months' time was requested to provide further assurance.

Infection, Prevention & Control
The committee received an update on infection, prevention and control activities across the system.

There has been a year-on-year increase in infections which is also being seen regionally and nationally. This has been picked up by the office of the Chief Nursing Officer for England and areas where improvements can be made are being identified.

Discussion took place on the recommendations from the national action plan for antimicrobial resistance (AMR), which are not being met, however assurance was provided actions are being taken both locally and nationally.

A cluster of invasive group A streptococcal infection (iGAS) cases have been reported with three potential areas of transmission identified, work is on-going around this, and the committee will be updated as necessary.

ASSURE

Host & Home Commissioner
The committee received an update and were assured on work taking place relating to independent hospitals where the ICB is the host commissioner, and the implementation of the NHS England Midlands Mental Health Host and Home ICB Guidance pilot programme.

Two patient stories were shared where support had been provided by the mental health complex care team to enable discharge from hospital to the community.

The Staffordshire and Stoke-on-Trent ICB has been recognised for making a significant contribution to the host and home commissioner pilot programme.

Mental Health, Learning Disability & Autism Host/Home Commissioner Standard Operating Procedure (SOP)
The SOP clarifies roles and responsibilities in relation to host commissioning guidance and oversight of the care and quality of secure mental health inpatient care commissioned for adults with a learning disability and autistic adults, and adult mental health inpatients.

The committee **approved** the Mental Health, Learning Disability & Autism Host/Home Commissioner Standard Operating Procedure. The ICB Board will need to ratify this decision.

All Age Continuing Care
The committee received an update and were assured on the progress that is being made in relation to All Age Continuing Care.

The successful transition of 109 staff from Midlands and Lancashire CSU into the ICB took place on the 1st of April 2025.

Improvements continue to be made with CHC eligibility remaining below the national average. The average monthly expenditure has reduced significantly and is expected to reduce further.

The committee felt it would be useful for patient stories be shared with the ICB Board to showcase the improvements that have been made for patients.

Perinatal Quality Surveillance
The committee received and were assured on activities in relation to maternity and neonatal services across the Staffordshire and Stoke-on-Trent system.

The committee was pleased to receive the news the maternity unit at UHNM has now been rated as good by CQC, from a previous rating of requires improvement. The hard work carried out by staff to make and sustain improvements was acknowledged.

System Quality Group
The committee received an overview of the System Quality Group (SQG) meetings that took place on the 7th of March and 4th April 2025, with partners from across health, social care, and the wider ICS in attendance.

No new risks have been identified, and assurance was provided the previously identified risks around digital and paediatric dietetics are being monitored.

Quality Strategy Delivery Plan
The committee received an update and were assured on progress against actions in the quality strategy delivery plan. A presentation is planned for the committee deep dive session in July.

Paediatric Hearing Services Improvement Programme
The committee received an update and were assured on the progress of the programme.

A look back exercise has now commenced at UHNM with a target date for completion of quarter 1. There is potential that harm will be identified as a result, and a number of children may be recalled for re-testing.

The backlog within community hearing services has now been reduced and the service is now compliant with national targets for testing.

The committee were satisfied that future monitoring of the programme could be carried out by the Children and Young People Board.

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

Q4 2024-25 SBAF Report
A full Q4 analysis was received for discussion and assurance. The Quality & Safety Committee has lead oversight of SBAF 3, 4 and 5, however were informed that oversight of SBAF 3 and 4 will transfer to the Strategic Commissioning & Transformation Committee. It was noted the next iteration of the SBAF is planned for Q1 2025/26.

The committee confirmed the Q4 risk scores, and assurance assessments, were an accurate reflection of the position and the adequacy of controls with particular focus on SBAF 3, 4 and 5.

System Risk Register
The committee received and noted the System Risk Register. An in-depth review of the risk register has been conducted by the governance team and the number of risks on the register have either been closed or moved to the directorate issues log.

The committee:

- Discussed Risk 1241 Patient Safety Incident Response Framework (PSIRF), with further actions to be agreed outside of the meeting.
- Were informed ownership of Risk 1430 Inadequate provision of epilepsy nurse specialists, has transferred to the Chief Transformation Officer.
- Agreed Risk 1399 Some GPs are no longer prescribing medications in pregnancy, be moved to the issues log and monitored as business as usual.

Policies Approved:

None discussed.

Decisions to be Escalated to ICB Board or other Committees:

- ☑ The Quality & Safety Committee **approved** the Mental Health, Learning Disability & Autism Host/Home Commissioner Standard Operating Procedure.
- ☑ The Quality & Safety Committee **endorsed** the Staffordshire & Stoke-on-Trent Alcohol Strategy

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure 12a

AAA Escalation & Assurance Report from Board Assurance Committee

Report To:	**ICB Board**
Date:	**May 2025**
Reporting Committee:	**Staffordshire and Stoke-on Trent Health and Care Senate (Senate)**
Date of Meeting:	**13th March 2025**
Meeting Quorate Y/N?	**Yes**
Presenter:	**Paul Edmondson-Jones, Chief Medical Officer**
Author:	**Rachel Gallyot, Deputy Chief Medical Officer**

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

None discussed.

ADVISE

1) Integrated Medicines Optimisation Group (IMOG), September 2024

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 4th December 2024.

- There were a number of NICE TAs for NHSE commissioned drugs, all of which were highly specialised and classified as RED for secondary care use only.
- There were 2 NICE TAs for ICB commissioned drugs namely, Latanoprost–netarsudil for previously treated primary open-angle glaucoma, which IMOG rated AMBER-R, for initiation in secondary care. The second was Bevacizumab gamma, for treating wet age-related macular degeneration (AMD), which IMOG rated RED for secondary care use only, due to the way it is administered and monitored.
- A safety alert was received from MHRA in respect of Topiramate, which has been associated with causing harm to unborn foetuses and, when born there is an increased risk of autism, ADHD and learning disabilities. IMOG have rated Topiramate as GREY for treatment of migraine, which means that it should not be used, as there are safer alternatives available. The migraine pathway will be reviewed and updated to demonstrate the products available for the treatment of migraine. Topiramate for epilepsy has been rated as AMBER-R, which means it should only be commenced by a specialist after they have undertaken a risk/benefit analysis of using it in women of childbearing potential.
- Daridorexant was previously rated as BLUE because it was awaiting further guidance on how the planned Cognitive Behavioural Therapy (CBT) service should be commissioned. This CBT service has not been implemented and IMOG have now decided to make Daridorexant available for prescribing in general practice, or by any clinician, as it is not a complex drug and there is no special monitoring requirement. A factsheet has been produced, to support the prescribing clinician, and the approval is for the rating and the factsheet.
- The Medicines Optimisation Team, in collaboration with rheumatologists, have produced a pathway describing when different anabolic agents would be utilised, in treatment of severe osteoporosis, in post-menopausal women.

The Senate **approved** IMOG decisions (a) to (g) as summarised in the report from the meeting held on 4th December 2024.

- The Integrated Pharmacy and Medicines Optimisation (IPMO) Strategy and Pharmacy Workforce Strategy were discussed. These have been produced as a result of guidance released in 2018, which recommended collaboration and joint working between the major pharmacy workforce sectors.
- The Senate confirmed that the did not have delegation to approve workforce strategies.
- Concerns were raised regarding issues with retention of community pharmacists and also the lack of funding and capacity, in general practice, to enable Independent Prescribing training placements.
- The Senate did not approve the IPMO Strategy and Pharmacy Workforce Strategy, as it was not in their remit, but they did support the direction of travel of pharmacy colleagues working together.

2) Development of Diagnostic Pathways – Gynaecology

The paper was taken as read. VW highlighted that the pathways have been through the same process as the previous pathways presented to the Senate and have received a good level of engagement via the GP Engagement forums (twice) and confirm and challenge processes with University Hospitals of North Midlands (UHNM), University Hospitals of Derby and Burton (UHDB) and Royal Wolverhampton Trust (RWT), who are all supportive of the pathways being presented.

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

- The implementation of the clinical pathways will be Trust specific, but Advice and Guidance does need to form part of that. NHSE are developing templates for all specialities which will be available nationally.
- To assist with compliance ICE will guide people to the correct diagnostics and tests, at the right time, and implementation on both ICE and iReferral will support monitoring, and review, across the pathway. The team is looking to implement a public and clinical facing webpage, which will contain the pathways and provide all the best practice information, which will also help with education and training.

The Senate **approved** the gynaecological pathway for implementation across the system and noted that, where there are slight variations with existing UHDB and RWT diagnostic pathways, these shall be reviewed with the acute providers during the implementation phases, and this will not result in any changes to the clinical pathway approved today.

3) All Age Palliative and End of Life Strategy 2025-2028

HM 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 Senate liked the fact that the strategy was evidence based, with meaningful engagement undertaken with a wide range of stakeholders, including the public.
- Whilst more detail would have been welcomed on the delivery of objectives within the Strategy, the Senate appreciated that a delivery plan, and outcomes framework, will be produced, as part of the planned next steps.
- A Task and Finish Group is working to review authorisation charts and resolve any issues with out-of-date versions, by housing the most up to date version on the planned website, with links to the formulary to encourage safe prescribing.
- The Senate agreed that palliative care starts before a patient is actively dying and highlighted the issues of ensuring that conversations are undertaken at the right time, for individual patients and diagnosis groups. In providing the patient with the right information, at the right time, training is important but also signposting the patient, so they know where to obtain the information at the right time. Feedback from the engagement events demonstrated that patients want the information at a time that suited them, therefore, information sheets outlining disease progression, will be made available on the website.
- Discussions were held regarding difficulties of community services holding discussions about palliative care, when treatment has been implemented elsewhere, and how this could potentially lead to complaints. As part of the literature review it was found that people feared having discussions about palliative care and it is important to empower, both clinicians and the public, to initiate those conversations. The Senate agreed that all clinicians should be able to hold conversations about palliative care, and patient choice, and often patients do want to talk and be empowered.
- The importance of individual care plans was discussed in respect of appropriate prescribing of medication.
- A final delivery plan will be produced and presented at a future Senate meeting.
- The amount of work and engagement that has gone into developing the strategy was noted.

The Health and Care Senate **approved** the Staffordshire and Stoke-on-Trent All Age Palliative and End of Life Strategy and the additional ask around system partners committing to working together to achieve the objectives set out in the document.

ASSURE

None discussed.

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

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

Policies Approved:

None discussed.

Decisions to be Escalated to ICB Board or other Committees:

- ☑ The Senate **approved** IMOG decisions (a) to (g) as summarised in the report from the meeting held on 4th December 2024.
- ☑ The Senate **approved** the gynaecological pathway for implementation across the system, noting that slight variations in provide diagnostic pathways during implementation phase will not result in any changes to the clinical pathway approved.
- ☑ The Senate **approved** the Staffordshire and Stoke-on-Trent All Age Palliative and End of Life Strategy and agreed to committing to system partners working together to achieve the objectives set out in the Strategy.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure 12b

AAA Escalation & Assurance Report from Board Assurance Committee

Report To:	**ICB Board**
Date:	**May 2025**
Reporting Committee:	**Staffordshire and Stoke-on Trent Health and Care Senate (Senate)**
Date of Meeting:	**10th April 2025**
Meeting Quorate Y/N?	**Yes**
Presenter:	**Paul Edmondson-Jones, Chief Medical Officer**
Author:	**Rachel Gallyot, Deputy Chief Medical Officer**

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

None discussed.

ADVISE

1) Integrated Medicines Optimisation Group (IMOG), February 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 5th February 2025.

a) There was one NICE TA for NHSE commissioning, Elranatamab for treating relapsed and refractory multiple myeloma after 3 or more treatments. This is a highly specialised drug and is rated RED on the formulary.

b) Dienogest for the management of endometriosis was locally evaluated, by the Medicines Value Group, and scored above commissioning thresholds. It will be used as a second line treatment option and alternative to gonadotrophin releasing hormone agonists (GnRH-a). No increased cost pressure is expected as GnRH-a is more expensive.

c) Paravit MOD is a multivitamin for cystic fibrosis, which contains lower levels of vitamins A and E than the existing preparation Paravit CF. Due to the improvements in treatments for CF, patients do not require the same levels of vitamins A and E, which can be toxic. Paravit MOD is an alternative to Paravit CF and is equally priced. IMOG have rated Paravit MOD as AMBER R on the formulary.

d) Eylea 8mg for wet age-related macular degeneration (Wet AMD) will not be assessed by NICE because there is an existing 2mg formulation of aflibercept, for Wet AMD, on the formulary and any changes to formulation are for a local decision. An agreement has not been reached with the ophthalmologists, regarding the Wet AMD pathway, and IMOG is rating Eylea HD as BLUE on the formulary, awaiting clarification on the treatment pathway.

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

- Despite it being the more expensive option, rather than just not deciding not to use Eylea HD in the future, it would need to go through an assessment process to consider the evidence, advantages and disadvantages of Eylea HD and of the existing 2mg formulation of aflibercept.

The Senate **clinically approved** IMOG decisions (a) to (d) as summarised in the report from the meeting held on 5th February 2025. Clarification was provided that any financial implications lies outside the Senate's remit and would need to be presented to F&PC.

- Local pain guidelines have been produced and IMOG have approved the pharmacological treatment aspects of those guidelines. It was agreed that once further engagement, and scrutiny, has been undertaken, regarding the assessment and non-pharmacological aspects of the guidelines, then the final version can be presented to the Senate for approval.

2) Ear Wax Removal Policy 2025

The paper was taken as read. MM provided the background from the report and confirmed that this is a proposal to decommission simple ear wax removal, where there is no clinical benefit or need, in order to remove an old legacy commissioning agreement in primary care. Work has been undertaken with audiology specialists and benchmarking undertaken against other ICBs to reach a proposal. A QIA and EIA have been completed and found that there may be potential for older people to be disproportionately impacted by the decision, due to the percentage of the population in the 55-89 age group. A comment was also raised around learning disabilities and dementia, which is included in the policy. The policy will be included in the Excluded and Restricted Procedures (ERP) policy for simple ear wax removal, to be clear on what criteria will be funded.

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

- Application of the policy statement will result in circa. £0.5m savings.
- The Senate were supportive of the work noting the amount of work that had gone into the policy statement and that the work had been undertaken thoroughly and fairly.

The Senate **clinically approved** the new commissioning statement for "removal of wax from external auditory canal" as presented in the paper and clarified that if there were any financial implications the paper would need to be presented to F&PC for approval. The Senate noted that there will be some delay in implication due to the existing contracts in place.

3) Individual Funding Request (IFR) Policy V.3.0

JN delivered a presentation to the Senate. The Senate were asked to approve the 9 significant changes to the policy: -

1. Clarity on who can submit an IFR application form. The update gives transparency who is best placed to submit an IFR application form.
2. Removal that patients can submit IFR applications
3. All IFR applications are to be type written and must not solely refer to clinic letters
4. Deletion that patients can submit supporting statements. Having supporting statements does not give parity and can have a negative impact on certain patient groups
5. Addition that clinical photographs can be submitted to support the IFR application however these must be taken by a trained medical photographer
6. The addition that psychological factors are not considered in relation to cosmetic procedures. These are very individualistic and subjective.
7. Addition of the definition of incidence and prevalence. When arriving at the decision of whether the IFR request is clinically exceptional our Public Health Specialist(s) will review the incidence and prevalence.
8. Amending the IFR application form to include the 9 protected characteristics. The ICB has a legal responsibility to proactively reduce health inequalities
9. Strengthened governance processes. Clearer and updated reporting mechanisms which ensures effective monitoring, reporting and learning outcomes.

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

- Psychological factors are individual and subjective, and all patient's individual circumstances are unique, therefore it is unlikely that the same and comparable arguments can be made for each individual patient. A patient is not an exception, just because of mental health grounds and there are other services to support those patients. This is the right approach, and the exceptionality of those patients would not be coming from psychological experience.
- The IFR process can be utilised to identify services gaps, when several similar IFRs are received. These IFRs would be reviewed and the relevant portfolio contacted, then CPAG would be asked to review the evidence and score it. Thematic IFRs are also captured in the Annual Report.

The Senate **noted** the work has been undertaken in relation to review of the IFR Policy, with particular focus on the 9 significant amendments to the IFR Policy and **approved** the review and the amendments to the IFR Policy.

ASSURE

None discussed.

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 or other Committees:

- ☑ The Senate **approved** IMOG decisions (a) to (d) as summarised in the report from the meeting held on 5th February 2025.
- ☑ The Senate clinically **approved** the new commissioning statement for "removal of wax from external auditory canal" as presented in the paper and clarified that if there were any financial implications the paper would need to be presented to F&PC for approval.
- ☑ The Senate **approved** the review and the amendments to the IFR Policy.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 13

Report to:	**Integrated Care Board**						
Date:	**15 May 2025**						
Title:	**Report to the ICB Board on Performance and Finance**						
Presenting Officer:	Paul Brown – Chief Finance Officer						
Author(s):	Colin Fynn - Head of Intelligence and Analytics, Lauren Leadbetter - Head of System Finance, Alex Robinson - Head of Transformation Delivery Unit (TDU						
Document Type:	Report		If Other: Click or tap here to enter text.				
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☒	
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*		
Is the decision within SOFD powers & limits	**Yes / No**	YES					
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 ICS?	**Yes / No**	YES *If Y, are those signed off by and date:* The financial impacts are as outlined in the body of the report.					
Any impacts on ICB Undertakings?	**Yes / No**	YES *If Y, are those signed off by and date:* The impacts on undertakings are as outlined in the body of the report					
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, programme delivery 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 12 finance position.

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
System Performance Group (I)	30/04/2025
System Finance and Performance Committee (S,D)	06/05/2025

(3) Implications:

Legal / Regulatory	Monitoring performance is a statutory duty of the ICB.
CQC / 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 / 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**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	Click or tap here to enter text.

(5) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	☒	**BAF5**	High Quality, Safe Outcomes	☒
BAF2	Responsive Patient Care - UEC	☒	**BAF6**	Sustainable Finances	☒
BAF3	Proactive Community Services	☒	**BAF7**	Improving Productivity	☒
BAF4	Reducing Health Inequalities	☒	**BAF8**	Sustainable Workforce	☒

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

The report was discussed at the System Finance and Performance Committee (SFPC) on the 6th May 2025.

Performance

- Despite the operational pressures in Urgent Care, the de-escalation of surge capacity is being achieved in line with financial and operational plans. Details of progress in developing Community Transformation plans, in support of improved access, waiting times and care models, to be brought to System Performance Group (SPG) in May 2025.
- Delivery of diagnostic Non-Obstetric Ultrasound, at University Hospital of North Midlands (UHNM) represents a key challenge to the system. A revised compliant 2025/26 planning trajectory includes additional activity not accounted for in the UHNM financial plan and requires further investment to secure the necessary capacity in a financially sustainable manner.
- A specific escalation for waits for autism services was raised and is unlikely to improve without additional capacity. A paper will be presented at SPG in May, detailing the demand and needs for further investment to support the management of waiting times for autism services.

Finance

- Following the receipt of funding to cover the planned deficit which was £90m at the start of the year, a year end control total deficit of £17.9m had been agreed at month 11 and as a system we have delivered our agreed forecast outturn (FOT).

- The month 12 position has improved in comparison to previous reports. At a system level we are reporting a year end deficit position of £17.8m variance to plan. The year-end deficit variance to plan sits within the ICB (£14.9m) and University Hospitals North Midlands (UHNM) (£18.1m), which are partly offset by surplus positions at Midlands Partnership University NHS Foundation Trust (MPFT) (£11.6m) and NSCHT (£3.5m).
- Our capital reporting ended the financial year in line with the forecast for operational capital and international financial reporting standard (IFRS) 16 is compliant against the allocations. Capital plans have been submitted for 25/26.
- The reported system efficiency ended the financial year at £172.8m delivery, which equates to 85% delivery against the annual efficiency plan of £203.2m. We continue to work to identify any additional opportunities and delivery plans for those are being worked up and implemented, many of which support delivery of opportunities set out in the Medium-Term Model.
- The system workforce numbers (substantive + bank + agency) were 24,741 in March 2024. Although these numbers dropped at the start of this financial year, they are now above the March 2024 numbers and are currently (end of March 2025) 25,428, which is an increase of 687. Within that we have achieved a reduction in agency equivalent to 208 whole time equivalents (WTEs). Despite the pay controls of organisations having been reviewed both as a system and by the I & I team, there is a concern that since May the overall workforce numbers have risen each month.
- 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 £97.3m of unmitigated risk in the position and an efficiency plan of £306.3m.

(7) Recommendations to Board / Committee:

The Integrated Care Board is asked to:

1. Acknowledge the high-level performance against the five priorities.
2. Acknowledge the high-level key programme deliverables update.
3. Acknowledge the financial position.

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Performance and Finance Report

15th May 2025

Prepared for the Integrated Care Board (ICB) Board by the ICB Intelligence Team & Finance Team and the System Transformation & Delivery Unit (TDU)

Overview

This report contains for discussion:

1. An overview of key performance in February against each of the 5 priorities.
2. An overview of key points against each of the 5 priorities where performance is red.
3. A placemat that demonstrates at a high-level key programme deliverables within the 2024/25 operating plan.
4. A finance summary for the month 12 position.

Discussion from System Finance and Performance Committee (SFPC) on the 6th May to note:

Performance

- Despite the operational pressures in Urgent Care, the de-escalation of surge capacity is being achieved in line with financial and operational plans. Details of progress in developing Community Transformation plans, in support of improved access, waiting times and care models, to be brought to System Performance Group (SPG) in May 2025.
- Delivery of diagnostic Non-Obstetric Ultrasound, at University Hospital of North Midlands (UHNM) represents a key challenge to the system. A revised compliant 2025/26 planning trajectory includes additional activity not accounted for in the UHNM financial plan and requires further investment to secure the necessary capacity in a financially sustainable manner.
- A specific escalation for waits for autism services was raised and is unlikely to improve without additional capacity. A paper will be presented at SPG in May detailing the demand and needs for further investment to support the management of waiting times in autism services.

Finance

- Following the receipt of funding to cover the planned deficit which was £90m at the start of the year, a year end control total deficit of £17.9m had been agreed at month 11 and as a system we have delivered our agreed forecast outturn (FOT).
- The month 12 position has improved in comparison to previous reports . At a system level we are reporting a year end deficit position of £17.8m variance to plan. The year-end deficit variance to plan sits within the ICB (£14.9m) and University Hospitals North Midlands (UHNM) (£18.1m), which are partly offset by surplus positions at Midlands Partnership University NHS Foundation Trust (MPFT) (£11.6m) and NSCHT (£3.5m).
- Our capital reporting ended the financial year in line with the forecast for operational capital and international financial reporting standard (IFRS) 16 is compliant against the allocations. Capital plans have been submitted for 25/26.
- The reported system efficiency ended the financial year at £172.8m delivery, which equates to 85% delivery against the annual efficiency plan of £203.2m. We continue to work to identify any additional opportunities and delivery plans for those are being worked up and implemented, many of which support delivery of opportunities set out in the Medium-Term Model.
- The system workforce numbers (substantive + bank + agency) were 24,741 in March 2024. Although these numbers dropped at the start of this financial year, they are now above the March 2024 numbers and are currently (end of March) 25,428, which is an increase of 687 . Within that we have achieved a reduction in agency equivalent to 208 whole time equivalents (WTEs). Despite the pay controls of organisations having been reviewed both as a system and by the I & I team, there is a concern that since May the overall workforce numbers have risen each month.
- 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 £97.3m of unmitigated risk in the position and an efficiency plan of £306.3m.

Ctrl and click on any underlined text for further detail

Overview of Key ICB Performance February 2025 - Priorities 1 and 2

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

Urgent and Emergency Care

Category 2 Response target < 30m (March)	- 2min 2secs	▼
Accident & Emergency 4-hour wait (78% target by March 25) (UHNM) (March)	-12.8%	▲
Adult General & Acute (G&A) bed occupancy ≤92% (UHNM) (March)	+1.5%	▼
Utilisation of Virtual Wards (target 80%) (ICB) (March)	-16.7%	▼
Ambulance Hours lost due to Handover delays > 15m (UHNM) (March)	+2601	▼
12 hour in Emergency Department Performance (UHNM) (March)	8.9%	▼

Mental Health, Learning Disabilities & Autism

Learning disability registers and annual health check (March)	5.6%	▲
Improve access to perinatal mental health services	-6.0%	▲
Improve access to Children and Young People Mental Health services	-9.7%	▲
Improve access to Transformed Adult Mental Health services (January)	-7.9%	▲
Access to a course of Talking Therapy (March)	1.0%	▲
Mean week wait to start autism assessment (North: CYP)	64	▼
Mean week wait to start autism assessment (South: CYP)	64	▲
Mean week wait to complete autism assessment (North: CYP)	68	▼
Mean week wait to complete autism assessment (South: CYP)	53	▼

Children & Young People (CYP)

Reduce CYP in residential care outside Staffordshire (February)	-15.2%	▲
Reduce CYP in residential care outside Stoke-on-Trent (March)	-0.3%	▲

Planned Care

Cost Weighted Activity. National published data. Position to December 2024	12.6%	▼
Elective Activity - Daycases (February)	4.4%	▲
Elective Activity - Ordinary Elective (February)	0.2%	▲
Elective Activity - Outpatient Procedures (February)	26.1%	▼
Elective Activity- Outpatient First Appointment (February)	10.9%	▼
% Outpatient attends for first appointments or follow-up appointments with a procedure	3.3%	▲
Reduction in Outpatient Follow-up against 2019/20 baseline (February)	31.9%	▼
Eliminate 65 week waits by September 2024 (February)	259	▲
Increase theatre utilisation (85% UHNM) (February)	-9.9%	▲
Cancer 28-day Faster Diagnosis (77% target by March 2025) (February)	0.9%	▲
Cancer 62-day pathways % seen within 62 days (target 70% by March 2025) (February)	-4.6%	▼
Cancer non-specific pathway (February)	-27.1%	▼
Community Bed occupancy rate (March)	1.7%	▼

Primary Care

Dental Activity delivered (Q3)	0.3%	▲

Medicines Optimisation

Pharmacy First Provision – number of interventions (December)	4,066	▲

2 Improving access to high quality, sustainable primary care

Primary Care

General Practice Appointments	2.7%	▼
General Practice Appointments in <2 weeks (85% target)	6.2%	▼
Additional Role Reimbursement Scheme Full Time Equivalent (Q3)	12.0%	▼
Workforce: GP Full Time Equivalent (Q3)	4.7%	▲

Planned Care

Deliver increased diagnostic activity levels (February)	1.0%	▼
Patients that receive a diagnostic test within 6 weeks (target) (February)	-14.7%	▲

Mental Health, Learning Disabilities & Autism

Recover the dementia diagnosis rate to 66.7% target	0.7%	▲

TRAFFIC LIGHT KEY

Variances are against the plan as priority, against the target if no plan is available

Var	Red - under performing against plan or target, with variance to plan or target
Var	Green - performing against plan or target, with variance to plan or target
Q	No data available as the indicator is reported Quarterly

Arrow colour reflects performance, direction to show change from the previous period	
▼	Improvement in performance against previous period - drop in value
▲	Improvement in performance on the previous Period - increase in value
▼	Decline in performance against previous period - drop in value
▲	Decline in performance against previous period - increase in value
-	No change in performance on the previous month

Overview of Key ICB Performance February 2025 - Priorities 3, 4 and 5

3 Delivering joined up proactive & preventative support & care

Mental Health & Learning Disabilities & Autism

Eliminating Out of Area Placements (March)	17	▲
Talking Therapy Reliable Improvement (March) (67% target)	5.9%	▲
Talking Therapy Reliable Recovery (Mar) (48% target)	4.0%	▲
Severe Mental Illness health checks (Q3)	2.3%	▲
Learning disability & Autism reliance on inpatient care (Adult) (March)	-3	▬
Learning disability & Autism reliance on inpatient care (CYP) (March)	0	▼
Learning Disability and/or Autism Mortality Reviews (100% target) (March)	0.0%	▬

End of Life, Long-term Conditions and Frailty

Prevalence rate of Palliative care registers (March)	-0.1%	▲
Patients receiving all 8 care processes for Diabetes -Type 1 (cumulative to March)	3.9%	▲
Patients receiving all 8 care processes for Diabetes -Type 2 (cumulative to March)	3.9%	▲
National Diabetic Prevention Programme - referrals (February)	3.8%	▲
National Diabetic Prevention Programme - commence (February)	50.0%	▲

Children & Young People

Reduce emergency admissions for epilepsy (flat activity)	-54%	▼
Reduce emergency admissions for asthma (flat activity)	-71%	▼

Maternity and Neonates

Stillbirth rate (UHNM only) (March 2025)	2.0	▼
Neonate Mortality rate per 1000 (UHNM only) (March 2025)	3.9	▼
Brain injury rate per 1000 (UHNM only) (March 2025)	2.0	▼
The % of full - term babies admitted to a neonatal unit (UHNM only) (March 2025)	3.5%	▲

Improving Population Health

Children and Young People vaccination uptake - MMR2 (Q3)	-0.1%	▲
Children and Young People vaccination uptake - Pertussis maternal vaccination (Q3)	7.3%	▲
Hypertension: Percentage of patients treatment to recommended age specific thresholds (Q2)	66.8%	▼
Cholesterol: Percentage of patients with QRISK 20% or more treated with lipid lowering therapy (Q2)	2.8%	▲

4 Delivering compassionate care of the frail and elderly

Urgent and Emergency Care

80% discharges on Pathway 0 (March)	-4.0%	▲
Discharges on Pathway 1 (March)	3.6%	▼
Discharges on Pathway 2 (March)	0.3%	▼
Reduce number of discharges on Pathway 3 to below 1% (March)	0.2%	▼

Improving Population Health

Increase uptake of Flu vaccination (January)	2.2%	▲

Integration

Prevent emergency admission Ambulatory care (Stoke-on-Trent) (Q2)	-26.3	▼
Prevent emergency admission Ambulatory care (Staffordshire) (Q2)	+1.1	▼
Improve access to fall service from A&E (Stoke-on-Trent) (Q2)	-36.7	▼
Improve access to fall service from A&E (Staffordshire) (Q2)	+80.9	▲
Discharge to usual place of residence (Stoke-on-Trent) (Q2)	+2.40%	▲
Discharge to usual place of residence (Staffordshire) (Q2)	-0.2%	▲

5 Supporting Care Home Residents

Urgent and Emergency Care

Achieve the 70% two-hour urgent community response standard (January)	+10.0%	

Medicines Optimisation

Structured Medication Reviews in last 12 months (Q3)	4.0%	▲

Integration

Admission to care homes	Annual	

Primary Care

% of Care Home Patients with ReSPECT Documentation	-10.2%	▼
% of Care Home Patients with a Personalised Care & Support Plan	62.6%	
Mean number of Multidisciplinary Team meetings per care home resident aged >18	-18.3%	▲

TRAFFIC LIGHT KEY

Variances are against the plan as priority, against the target if no plan is available

Var	Red - under performing against plan or target, with variance to plan or target
Var	Green - performing against plan or target, with variance to plan or target
Q	No data available as the indicator is reported Quarterly

Arrow colour reflects performance, direction to show change from the previous period

▼	Improvement in performance against previous period - drop in value
▲	Improvement in performance on the previous Period - increase in value
▼	Decline in performance against previous period - drop in value
▲	Decline in performance against previous period - increase in value
▬	No change in performance on the previous month

Please note

- Priority 3 Hypertension – shown performance in %. Due to a change in the methodology for this indicator, it is no longer directly comparable to previous figures.
- Priority 5 Care Home Admissions – an annual metric: Q2 National Better Care Fund Reporting Template for Local Authorities has not included a figure for this metric in the latest publication and has defined the quarterly breakdown as "not applicable", with an annual target position.
- Priority 5 Percentage of Care Home Patients with a Personalised Care and Support Plan, shown performance in %. Change in methodology means the new metric is not comparable to plan or previous figures.

Local Priority

Eliminate delays in access to treatment and long waits for care

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Urgent and Emergency Care (UEC)	Accident & Emergency 4-hour Wait University Hospitals North Midlands (UHNM) - Latest unvalidated performance (March 2025) was 65.2%, up from 64.8% the previous month, but 4.9% below the same period last year. 12.8% below both plan and target.	1. Increase in the number of patients attending Type 1 services particularly Royal Stoke University Hospital (RSUH) hitting the highest volume since pre-pandemic levels. 2. Infection prevention and control (IPC) constraints within emergency department (ED) and the bed base continuing to restrict flow and onward movement to a ward. 3. Increased number of breaches seen within Type 3 units caused a reduction in compliance from circa 97% down to 92.4%.	1. Delivery of the UHNM UEC Improvement Plan initial actions focus on front door processes, and pathway enhancement delivery. 2. Deep dive into performance at Haywood undertaken by Midlands Partnership University NHS Foundation Trust (MPFT). 3. Integrated Care Coordination Centre (ICC) service continues to support redirection of activity away from ambulance service and acute portals. 4. Missed Opportunities Audit undertaken and ICC strategy workshop scheduled for May.
	Adult General and Acute (G&A) Bed Occupancy (UHNM) - Latest validated performance (March 2025) was 92.6%, 1.5% above plan.	1. Infection Prevention and Control (IPC) restrictions within acute bed base has resulted in a reduction in the flow of patients through into the bed base. 2. Increase in the number of patients attending Type 1 services particularly RSUH hitting the highest volume since pre-pandemic levels.	1. System High Intensity Team (HIT) continues – Themes have now begun to form specific actions within the discharge workstream (above) for both simple and complex pathways. 2. Consistent application and accountability monitoring of 5 key organisational policies (Rapid Handover, Internal Professional Standards (IPS), Ward Standard Work, Your Next Patient, Home Care is Best Care).
	Virtual Wards (VW) - Latest performance on 27th March 2025 was 69.2%, below plan for both occupancy and capacity. North – 75.1% South-East – 85.7% South-West – 27.5%	1. The removal of remote monitoring beds within South of the County this has resulted in a significant reduction in capacity and occupancy. This was outside of plan. 2. High acuity and IPC restrictions within acute bed base has resulted in a reduction in the flow of step-down patients into virtual ward bed base.	1. Continuation of virtual ward practitioner across acute sites as part of the Surge Planning into 2025/26. 2. Reviewing demand and capacity requirements in line with virtual ward guidance to support operational planning.

Local Priority

Eliminate delays in access to treatment and long waits for care

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Urgent and Emergency Care (UEC)	Ambulance Hours lost due to Handover delays >15 mins (UHNM) – March 2025 was 5,277 hours, down 1,250 hours on February 2025, the equivalent of 63 hours less per day. This placed it 2,600 hours above plan.	1. Increase in the number of patients attending Type 1 services particularly RSUH hitting the highest volume since pre-pandemic levels. 2. Persistent high level of complex needs of patients arriving by ambulance 3. High acuity and IPC restrictions within acute bed base has resulted in a reduction in the flow of patients through into the bed base.	1. Overnight ICC commenced access to CAD portal further enhancing opportunities for redirection of activity away from ambulance service and acute portals. 2. Continued oversight and command and control arrangements within UHNM supported by the System Co-ordination Centre (SCC) to manage escalations and flow on a daily basis. 3. Delivery of the UHNM UEC Improvement Plan initial actions focus on front door processes, and pathway enhancement delivery.
	Proportion of patients spending more than 12 hours in Emergency Department at UHNM - Latest unvalidated performance; 8.9% for March 2025, improved from 11.1% in February 2025. In comparison the Midlands average, for March 2025 was 9.8%. Due to timescales all data is unvalidated at this time and uses the latest position available.	Drivers identified in **M10** remain in place: 1. IPC constraints within the bed base restrict patient flow out of ED impacting ability to offload patients at times of high pressure. IPC numbers significantly above expected volumes. 2. Persistent high level of complex patient needs arriving by ambulance and through ED front door mandating prioritisation of these patients over lower acuity attendances.	Actions planned in **M10** with updates continue to drive improvement: 1. Delivery of the UHNM UEC Improvement Plan initial actions focus on front door processes, and pathway enhancement delivery. 2. System High Intensity Team (HIT) continues – Themes have now begun to form specific actions within the discharge workstream (above) for both simple and complex pathways. 3. Consistent application and accountability monitoring of 5 key organisational policies (Rapid Handover, Internal Professional Standards (IPS), Ward Standard Work, Your Next Patient, Home Care is Best Care).

Local Priority

Eliminate delays in access to treatment and long waits for care

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Mental Health (MH) and Learning disability and Autism (LDA)	Improving Access to Perinatal MH Services – 1,120 women had at least one contact with the service in the rolling 12 months to February 2025. This is 72 (6.0%) under the monthly trajectory (1,192) but has generally increased month on month, increasing by 70 since last month. The system is one of 18 ICBs in England that did not achieve the month 10 trajectory and is benchmarking at position 36 amongst 42 ICBs.	1. Midlands Partnership University NHS Foundation Trust (MPFT) identified two technical issues causing their Mental Health Service Dataset (MHSDS) submissions to be lower than their locally reported activity. Published data is currently around 55 fewer women with at least one contact, compared with local data for the sub ICBs that MPFT serve. 2. Published sub ICB level data is also lower than local data for North Staffordshire Combined Healthcare NHS Trust (NSCHT) by around 80 patients. The trust identified an issue with gender coding, which led to no data being submitted in December and January. This has been corrected going forward. Data for the whole year will be resubmitted in April which will correct the two affected months.	1. MPFT corrected the technical issues and resubmitted previous months for the current financial year. This will impact on performance until 2023/24 is no longer included in the rolling 12 month calculation. 2. NSCHT plan to use the multi-submission window in April, which will align the local and national figures. 3. Additional Mental Health Investment Standard (MHIS) investment has been released to increase access but also to strengthen the current offer to meet Perinatal Quality standards and provide a reduction in time waiting for treatment; increased ability to provide care with infants up to 24 months of age; reduction in admissions to inpatient units; increase in the treatment interventions available. As this is based on recruitment to workforce the benefits may not be realised until later in the financial year. 4. Evaluation to take place with regards to the additional investment over the past 2 years and fully funding the Long Term Plan (LTP) ambitions such as assessments of partners and 2 years post-natal. There will be a deep dive into perinatal at the next Mental Health Community, UEC and Crisis Transformation Board in June this year.

Local Priority

Eliminate delays in access to treatment and long waits for care

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Mental Health (MH) and Learning disability and Autism (LDA)	Improving Access to Children and Young People (CYP) MH Services – 15,300 CYP had at least one contact with community mental health services in the rolling 12 months to February 2025. This is 1,651 (9.7%) under the monthly trajectory (16,951) but an increase of 115 CYP compared to last month, the 6th month where an increase has occurred and higher than the same period last year (14,545). The system is one of 20 ICBs in England that did not achieve the month 10 trajectory and is benchmarking at position 31 amongst 42 ICBs.	Drivers identified in **M10** remain: 1. North Staffordshire Combined Healthcare NHS Trust (NSCHT) reported a number of data capture issues, which have now been fixed locally (in the published dataset, their activity continues to increase month on month). 2. Midlands Partnership University NHS Foundation Trust (MPFT) report that they don't currently have sufficient eligible referrals to meet the plan. Arising from adoption of a Whole School Approach (WSA) by Mental Health Support Teams (MHSTs), and Attention Deficit Hyperactivity Disorder (ADHD) referrals being directed to the Community Paediatric Service, the latter are not reportable under the Mental Health Services Data Set (MHSDS). 3. MPFT also report a 16% vacancy rate (within CYP Mental Health Services), which has impacted on service capacity.	1. MPFT has appointed an ADHD nurse, starting in June 2025, who will submit their activity to the MHSDS. Additionally, MPFT is reviewing MHST activity to balance 1-to-1 and small group work with WSA activities. 2. Increased investment into Child and Adolescent Mental Health Services (CAMHS) as result of refresh of the CYP MH Local Transformation plan in October 2024, however the benefits will not be seen in published data for 2024/25 until May 2025. 3. Agreement between NSCHT and MPFT to align what constitutes a contact for CYP access so these are synchronised, and we are allowing as much contact data to be recorded as possible. Agreement due by June 25.
	Improving Access to Transformed Adult MH Services – 11,900 adults had at least two contacts with the service in the rolling 12 months to January 2025. This is 1,024 (7.9%) under the monthly trajectory (12,924). Lower than the same period last year (12,490), but up on last month (11,865). The system is one of 8 ICBs in England that did not achieve the month 10 trajectory and is benchmarking is benchmarking at position 38 amongst 42 ICBs.	1. North Staffordshire Combined Healthcare NHS Trust (NSCHT) and Midlands Partnership University NHS Foundation Trust (MPFT) are potentially under reporting, and/or underperforming. NSCHT reported an underperformance of 842 against their month 11 plan (761 in month 10). Local data is awaited from MPFT. 2. Changes Health and Wellbeing don't currently include adult activity in their MHSDS submissions.	Actions planned in **M10** continue: 1. NSCHT are looking into reporting improvements that will help support the service in understanding the underperformance. Further update awaited. 2. MPFT will be reporting on this metric as part of the contract reporting cycle. Commencement date awaited. 3. The 'Changes Health and Wellbeing plan' will begin submitting adult activity in the May 2025 submission (for activity taking place in April 2025).

Local Priority

Eliminate delays in access to treatment and long waits for care

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Mental Health (MH) and Learning disability and Autism (LDA)	Wait to commence Autism assessment, against quarter 4 target of 13 weeks (NB: national target = 13 weeks) • CYP North (NSCHT) - mean wait of 77 weeks (88 last month) • CYP South (MPFT) - mean wait of 77 weeks (70 last month) The wait at NSCHT reduced. Wait to complete Autism assessment, against quarter 4 target of 26 weeks (NB: national target = 26 weeks) • CYP North (NSCHT) - mean wait of 94 weeks (98 last month) • CYP South (MPFT) - mean wait of 79 weeks (81 last month) The waits at MPFT and NSCHT have been on a downward trend since October/ November.	1. Increasing demand remains as the main driver: since April 2024, the total number of children waiting for an autism assessment to commence increased by 35% at MPFT and by 40% at NSCHT. Caseloads (open referrals) also increased (by 4% at MPFT and by 16% at NSCHT).	Actions planned previously continue: 1. Interim improvement plan feedback collated in December 2024 and January 2025. Feedback to be used in workshop to review Learning Disability & Autism Programme (LDAP) workstreams. 2. New Senior Responsible Officer (SRO)/Deputy SRO and key operational leads from NSCHT and MPFT are receiving guidance from the system working group relating to autism pathway improvements. This is an ongoing process. There is recognition that a person centred approach is required.
Planned Care	Reduce Outpatient Follow ups v 2019/20 level In February 2025 there were 31.9% more attendances than the planned level (based on achieving a 25% reduction by March 2025).	1. Higher level of activity recorded in Independent Sector Providers (ISP) as more capacity available.	Actions planned in **M10** remain the same: 1. Work being undertaken to set a ratio of follow-ups within the Independent Sector contracts for 2025/26 2. ICB working with providers to encourage Patient Initiated Follow Ups (PIFU).

Local Priority

Eliminate delays in access to treatment and long waits for care

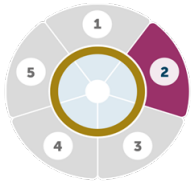
Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Planned Care	Eliminate 65 week waits by September 2024 At the end of February 2025 there were 259 ICB patients waiting over 65 weeks (at all providers), against a plan of 0. • Out of 259 patients, 196 are at UHNM, and 44 at University Hospitals of Derby & Burton (UHDB). • The latest forecast based on National Waiting Lists Data and provider returns, predicts that at the end of March 2025 there will be 228 breaches at UHNM (all commissioners) and 74 predicted at out of area providers (ICB patients). Further detail is available here.	1. Issues for particular specialities are a driver of the position. The specialties with highest numbers are Orthopaedics (104, with 71 at UHNM, and 25 at UHDB), Also at UHNM there was breaches in Ophthalmology (33), General Surgery (28), Ear Nose and Throat (24), and Gynaecology (21).	1. UHNM transferring some long wait Orthopedics patients to Independent Sector for treatment, to support recovery from Winter pressures. 2. Theatre productivity at UHNM being scrutinised through internal weekly Elective Oversight Group.
	Increase theatre utilisation at University Hospitals of North Midlands (UHNM) In February 2025 theatre utilisation was 75.1% at UHNM, against the target of 85%. UHNM are working towards 78% capped theatre utilisation target (which is a 4% increase on 2023/24). Progress has been made and at Quarter 2 2024/25 had reached 79%.	Driver identified in **M10** remains: 1. Performance has dipped due to Winter pressures and the critical incident in Quarter 3 2024/25.	Actions planned in **M10** remain the same: 1. Focus is on patient cancellations (did not attends or unfit for surgery), looking at perioperative pathway transformation opportunities. 2. UHNM continue to maintain internal disciplines around booking processes and have resolved discrepancies between UHNM and Model Health data, which is now aligned.

Other Key Points Aligned to this priority
Community Services Waiting List: – At the end of February 2025, there were 6 ICB patients waiting over 52 weeks for treatment in Community Services (reduction from 10 at the end of January). All these patients were in Children and Young People Services (CYP) for Dietetics. (lead Planned Care portfolio)

Local Priority

Eliminate delays in access to treatment and long waits for care

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Cancer	Two Month (62-day) Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment for Cancer - In February 2025, 65.35% of ICB patients (all providers) on the Cancer 62 day pathway started treatment within 62 days. Performance at UHNM was 68.1% in February 2025, up from 65.9% in January 2025.	1. Drivers include surgical capacity and, diagnostic capacity for lung cancer. 2. Although performance at UHNM has improved, ICB performance is affected by performance at University Hospitals Derby and Burton (63.3%), and University Hospitals Birmingham (53.4%)	1. Actions to improve 62-day combined performance at UHNM include: increased surgical capacity, including seeking additional access to Shrewsbury and Telford (SATH) robot. 2. Pathway reviews for highest volume cancer sites at UHNM. 3. Working with providers outside of the ICB footprint is on going to improve cancer performance
	Cancer non-specific pathway - The number of patients referred to UHNM onto a non-specific symptom's pathway was 35 in February 2025, against a target of 48.	1. This metric is based on small values, both actual and target, therefore individual months below plan will not be linked to specific factors. Cumulatively for the period April 2024 to February 2025 this metric has been above plan by 17%.	1. Continue to monitor monthly values.
Primary Care	Dental & Units of Dental Activity (UDAs) - The percentage of UDAs delivered against contracted has seen a decline for January and February 2025 in comparison to the positive Quarter 3 performance. Delivering 74.4% for January 2025 and 79.8% for February 2025. Year to Date (YTD) April 2024 to February 2025, delivery stands at 78.1% of contracted UDAs, with a risk of falling short of the 80% year-end target.	1. Significant impact of the Covid-19 pandemic on dental services. Recovery of NHS provision has been slow and while the situation has improved, many patients are still unable to access the dental treatment they need due to capacity and workforce pressures. 2. Recruitment and retention of NHS dentists. 3. Lack of incentives for dentists to retain NHS activity. 4. The same pattern is seen across other ICBs. Providers must carefully manage their annual UDA target over a 12-month period to avoid over-delivery, slowing down activity is approaching 100%. The New Patient Premium (NPP) has made it much harder for practices to plan this year as the NPP has roughly given most practices a 4 to 5% benefit in UDAs credited to them, resulting in the slowing down of delivery in the final months of the year, in some cases this has come earlier than usual.	1. Rollout the Dental Local Delivery Plan (LDP) to improve dental access. 2. Health equity audit for Staffordshire and Stoke-on-Trent, targeting health inequalities, areas of access issues and collective actions that will be feeding into the local delivery plan (including prevention/oral health improvements). 3. Communicate the plan with the public via a communication and engagement plan. 4. The Primary Care Team continue to work with the Primary Care Commissioning Team at the Office of West Midlands on redistribution of contract activity from hand backs, contract terminations and unilateral rebasing.



Local Priority

Improving access to high quality sustainable primary care

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Primary Care	Additional Roles Reimbursement Scheme (ARRS) - stands at 608.2 Full Time Equivalent (FTE) for December 2024, below the Quarter 3 Plan of 690.86 FTE. Recent data for February 2025 shows an increase to 626.4 FTE Plan and actual figures do not include additional GP's now included in the scheme.	1. Actual figures are based on National Workforce Reporting Service (NWRS) data and aligned to roles included in the 2024/25 plan, there are continued reporting discrepancies between these figures and ARRS claims. For February 2025 data, NWRS is showing 626.4 FTE and the ARRS claims portal is much higher at 688.5 FTE, so a difference of 62.1 FTE. A further breakdown for ARRS roles shows the under recording in NWRS is largely within the adult mental health practitioners staff group. Cumulative ARRS spend data (April to February 2025) shows budget utilisation at 98.6%. 2. Primary Care Networks (PCNs) have been struggling or reluctant to recruit additional roles due to challenges with lack of clarity around funding for the PCN Contract past March 2025.	1. Primary Care Workforce Local Delivery Plan and dashboard has been developed to aid monitoring via Workforce Improvement Group (WIG). 2. Some PCNs have been putting temporary fixed term contracts in place to maximise utilisation. 3. Validation work continues with individual PCNs where there is variation between claims and NWRS. Some improvements have been recorded. 4. As per changes to GP contract 2025/26 the ARRS will increase in flexibility to support PCNs to respond to their local workforce requirements. Funding will be combined to create a single pot for reimbursement of patient facing staff costs, with no restrictions on numbers or type of staff who are covered – including GPs and practice nurses.
Diagnostic waits and activity	The % of patients waiting within 6 weeks for a diagnostic test - at the end of February 2025 was 69.5%, against a plan of 84.2%. Performance against this metric in the NHS Oversight framework remains in the lowest quartile, ranking 38 out of the 42 ICBs (November 2024 refresh (latest available)).	1. At the end of February 2025, there were 11,342 patients waiting over 6 weeks, of which 9,443 were waiting for a Non-Obstetric Ultrasound. Of the 9,443 waiting for a Non-Obstetric Ultrasound over 6 weeks, 9,032 were at University Hospitals North Midlands (UHNM).	1. Royal Wolverhampton are now delivering Non-Obstetric Ultrasound capacity for UHNM. 2. New capacity delivered by the Midland Training Academy will commence in April 2025 which will further support work to improve the backlog position. Expected to deliver approximately 2,000 appointments per year. 3. A 5-year system diagnostics strategy is being developed to ensure that services can respond effectively to both current and future demand for diagnostics.

Local Priority

Delivering joined up proactive and preventative support and care across all pathways

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Mental Health (MH) and Learning disability (LD)	Eliminating Out of Area Placements (OAP) – there were 17 active inappropriate adult acute mental health OAPs at the end of March 2025 (14 over plan). 3 reported by Midlands Partnership University NHS Foundation Trust (MPFT) and 14 by North Staffordshire Combined Healthcare NHS Trust (NSCHT).	**Drivers identified remain in place:** 1. Unavailability of suitable beds at MPFT and NSCHT. 2. A directive from NHS England (NHSE) mandating that mental health patients who are medically fit from a physical health perspective should not remain in acute hospitals or Accident and Emergency departments but must be transferred to inpatient mental health beds immediately has led to placing people out of area to ensure they are assessed appropriately.	1. Individual cases are reviewed to determine if placing out of area was the only appropriate action and no other alternatives options available and repatriation back to resident units is expedited. 2. Robust oversight of these beds is clinically prioritised daily, but requirements for ICB reporting on this position will be required due to financial commitments.
End of Life (EOL), Long-term Conditions and Frailty (ELF)	Prevalence rate of patients on palliative care registers to 1% In March 2025 there were 10,324 patients on a palliative care register. This equates to 0.86% of the registered practice population against a target of 1.00%.	**Driver identified remains:** 1. Pressures facing Primary Care and seasonal impact during summer 2025 period of Annual Leave.	**Action planned continues to drive improvement in performance:** 1. Training on Identification at End of Life will continue to be offered through the Staffordshire Training Hub, sessions are planned from October 2024 until July 2025.

Local Priority

Delivering joined up proactive and preventative support and care across all pathways

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Maternity and Neonates (at University Hospitals North Midlands only (UHNM))	Neonate Mortality Rate – The monthly rate (in March 2025 – most recent data) is 3.9 per 1,000 births – above the benchmark rate in March 2024 (of 2.0).	1. The rate decreased from 4.5 in February 2024 and is derived from 2 neonatal deaths. 2. Small numbers are derived from crude data. The Quarter 4 2024/2025 rate per 1,000 births (9.8) is lower than the Quarter 4 2023/2024 rate of 10 (per 1,000 births).	1. Continue to support UHNM to implement Saving Babies Lives Care Bundle (SBLCB) v3 through LMNS quarterly implementation meetings. Improvements have been noted across the perinatal optimisation pathway. 2. Monitor Neonatal Deaths through Quality, Safety and Oversight Framework (QSOF) monthly which focuses on learning, themes identified and areas for improvement. 3. Monitor Neonatal Deaths against ethnicity and deprivation to support targeted work to reduce health inequalities. 4. Office for Health and Improvement and Disparities (OHID), Staffordshire and Stoke-on-Trent System leads and NHS England have drafted the System Infant Mortality action plan which incorporates Neonatal Mortality and will focus on data, preconception and inter pregnancy care and modifiable risk factors. This is due to be published in April.
	Brain Injury Rate – The monthly rate (in March 2025 – most recent data) is 2.0 per 1,000 births – above the benchmark rate in March 2024 (of 0.0).	1. The rate decreased to 2.0 per 1,000 in December 2024 with 1 reported Neonatal Brain Injury (Cooled) at UHNM; this rate is above the 2023/24 benchmark value of 0.0 in the same month. 2. Small numbers are derived from crude data. The Quarter 4 2024/2025 rate (of 5.9 per 1,000 births) is less than the Quarter 4 2023/2024 rate (of 8.0).	1. UHNM brain injury data is now verified and reported quarterly to improve data quality. 2. Monitor Brain Injury rate through QSOF which focuses on learning, themes identified and areas for improvement.

To Note
• Three of the key Maternity metrics (Neonate Mortality Rate, Brain injury rate and the proportion of full - term babies admitted to a neonatal unit) are reported quarterly but the data above focusses on March 2025 as monthly data was provided.

Local Priority

Delivering compassionate care of the frail and elderly

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Urgent and Emergency Care (UEC)	Discharges on Pathway 0 (ICB) - Performance in March 2025 improved to 75.45% from 74.79%, which was 4% below plan. 2024/25 FY position : 76.33%	**Drivers identified in M10 remain:** 1. Continue to see increased acuity of admitted patients resulting in escalated requirements on discharge. 2. Discharge Facilitation 7-day workforce model continues to be delayed.	1. Delivery of the UHNM UEC Improvement Plan initial actions focus on discharge processes and ward manager training underway. 2. High Risk of Delayed Discharge (HRD) team now meeting twice daily Mon-Fri to track patients who have known care packages and notification to Integrated Discharge Hub (IDH) staff to support discharge planning/admission avoidance. 3. Clinical audit of missed opportunities for IDH patients redirected from ED completed with WMAS. Reports to be published by WMAS for next month.
	Discharges on Pathway 1 (ICB) - Performance in March 2025 improved, falling from 20.41% to 20.32% which was 3.6% above plan. 2024/25 FY position : 19.50%	**Drivers identified in M10 remain:** 1. Discharge Facilitation 7-day workforce model delayed. 2. High acuity and Infection prevention and control (IPC) restrictions within acute bed base has resulted in patients requiring additional support upon discharge.	
	Discharges on Pathway 2 (ICB) - Performance in March 2025 improved marginally, falling from 4.03% to 3.8% which was 0.27% above plan. 2024/25 FY position : 3.62%.	**Driver identified in M10 remains:** 1. Risk aversion in support for patients with high-level residential requirements continues to be an issue.	
	Discharges on Pathway 3 (ICB) - Performance in March 2025 improved, falling from 0.77% to 0.43% which was 0.17% above plan. 2024/25 FY position : 0.55%.	1. Low number of patients caused variance to plan overall plan to date position within target.	

Local Priority

Delivering compassionate care of the frail and elderly

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Integration	Emergency Admissions for Cdonic Ambulatory Care Sensitive (ACS) Conditions (Staffordshire Local Authority) - Latest indirectly age standardised rate (quarter 2 2024/25) indicated 196.7 admissions per 100,000 population, 1 above plan, as reported in M9.	Driver for this quarterly measure is as reported in **M9:** 1. Shortfall equivalent to 1 admission per 100,000 population is not considered as significant underperformance.	Actions planned in **M9** remain the same for this quarterly measure: 1. Increasing staffing resilience including bank staff to support Virtual Wards service capacity. 2. Expanded scope of analysis through Joint Commissioning Board involvement in Stoke Health and Wellbeing Board to include Acute ACS conditions, and replicate analysis for Staffordshire to address increasing numbers and deteriorating status of patients.
	Emergency Hospital admissions due to Falls in People aged 65 and over (Staffordshire Local Authority) - Latest directly age standardised rate (quarter 2 2024/25) indicated 442.9 falls per 100,000 population versus the annual plan figure 1,448. This is 80.9 above the quarterly equivalent plan figure.	Drivers for this quarterly measure remain as reported in **M9:** 1. Segmentation of activity for over 75 and over 85 years old patients has identified increased rates within specific districts where population has greater average number of co-morbidities. 2. Fall incidents within Care Homes continue to increase and now represent over 1/5 of all calls to WMAS for fall related incidents during 2024.	Actions planned in **M9** remain the same for this quarterly measure**:** 1. The Overnight Integrated Care Coordination Centre (ICC) and Acute Care at Home services have expanded activity and resource availability to support both Urgent Community Response (UCR) and Call Before Convey through WMAS to provide alternative Pathways and urgent emergency clinical attendance and treatment where appropriate. 2. Specific focus on Care Homes, with review of Homes with the highest volumes of calls relating to Falls incidents made to the Ambulance service. 3. Additional "link-up" call service provided by Totally to bridge the gap beyond the end time of current clinical services.
	Discharge to Usual Place of Residence (Staffordshire Local Authority) - Latest Performance for quarter 2 2024/25 was 93.2%, 0.2% below plan.	Driver for this quarterly measure remains as reported in **M9:** 1. Achievement rate shortfall not considered as significant underperformance over quarter.	1. Full review of the Discharge To Assess (D2A) onboarding and off-boarding process continuing with the aim of facilitating the development of an escalation and de-escalation matrix that will support future planning. This will reflect changes to patient complexity and seasonal impact on discharge destinations. Completion delayed pending ask for D2A Demand and Capacity planning.

To Note
• Better Care Fund (BCF) reporting for Q3 has not yet taken place as the focus has been on planning for 2025/26. The latest reporting templates have not been published as of 14th April 2025 but the ICB will continue to review their availability.

Local Priority

Supporting Care Home Residents

Area	Under Plan or Target / Delivery Off track	Drivers of underperformance and programme delivery	Top 3 Planned actions provided by portfolio
Care Homes	Multidisciplinary Team Meetings (MDT) year to date to February 2025 are 18.3% below plan, delivering 7,978 meetings year to date, a shortfall of 1,777 MDT meetings.	**Drivers identified in M10 remain:** 1. Capacity of Community Teams and Primary Care is stretched to allow MDT meetings to take place across all locations. 2. Lack of clarity within practices around the appropriate coding of MDT meetings	1. Further refine the Enhancing Health in Care Homes Local Enhanced Service to compliment the Network Contract Direct Enhanced Service (DES) for the new year 2025/26 to support the demand management system work and Community Transformation programme. 2. Review of Primary Care Networks (PCN) models to understand differences, what works well and sharing best practice. 3. Primary Care is part of the Community Transformation programme which will focus on some key priority areas including care homes (ensuring Enhanced Health in Care Homes LES and improvements in Multi-disciplinary teams (MDTs).
	The percentage of Care Home Patients with Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) documentation remains below plan for February 2025, standing at 57.3% against the February plan of 67.5%, a shortfall of 806 patients with ReSPECT in place.	**Drivers identified in M10 remain:** 1. Challenges stemming from a shortage of MDTs taking place, limiting the ability to effectively conduct Advanced Care Planning discussions in a timely way. 2. Substantial variation identified between practices with ReSPECT plans in place.	1. Primary Care Team continue to contact those PCN's furthest away from target to review EHCH delivery and identify risks & issues and ensure plans developed by other providers are being coded onto the practice clinical system. 2. ReSPECT Programme will continue to be supported by the Quality Improvement Framework (QIF) for 2025/26 to increase uptake and reduce practice variation. Practices will also be required to have a ReSPECT Champion in place to support improvements in quality of ReSPECT documentation and increase use of ReSPECT. Data is shared with the End of Life (EoL) Team to highlight low performing practices for review. 3. Practices continue to be encouraged to engage with the Digital ReSPECT Programme to increase the number of digital plans. 4. The ICB continues to promote ReSPECT training available through the Staffordshire Training Hub for GP's and Advanced Clinical Practitioners.

To Note
• Due to data quality and completeness issues with February Community Services Data Set (CSDS) the systems position on 2-hour UCR response is not currently available.

Overview of Portfolio key deliverables 24/25 - Priorities 1 and 2

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

Planned Care			Urgent and Emergency Care		
Elective Care: detailed delivery plans in place for referral optimisation and pathway harmonisation		-	Access: High Intensity Users - expansion of service to cover Staffordshire and Stoke on Trent footprint		-
Cancer: deliver schemes to improve early-stage diagnosis		-	Access: Designation of Urgent Treatment Centres		-
Cancer - Improve referral quality		-	In Hospital: Non-Elective Improvement Plan - to achieve key acute trust metrics (4 hour, 12 hour and General & Acute Capacity)		-
Diagnostics - implement diagnostic pathways under development		-	Post Hospital: Expand Integrated Discharge Hub in reach into Emergency Portals		-
Diagnostics - complete demand management analysis and implement actions		▼	Post Hospital: Standardise Ward Processes to support flow and discharges from the acute trust		-
Mental Health, Learning Disabilities & Autism			Post Hospital: Standardise Ward Processes to support inreach into Frailty Services		-
Develop and implement improvement plan for autism diagnostics		-	Post Hospital: Review and Standardise End of Life Care Pathway response		-
Develop and implement system wide improvement plan for CYP access to Mental Health support		-	Post Hospital: Embed the Voluntary Sector in the Integrated Discharge HUB		-
Develop and implement improvement plan for ADHD		-	Post Hospital: Review and refresh Choice Policy to support timely discharges and flow		-
Roll out of initiatives into the crisis response system e.g. Mental Health Response Vehicles, NHS 111 #2 and 24/7 crisis text lines		-	Post Hospital - submission of timely and accurate Data (Discharge SitRep) in line with national specification		-
Delivery of the CYP Mental Health Local Transformation Plan		-	Surge - Mobilisation of Workforce Plan needed to support Surge		-
Children and Young People, Maternity & Neonates			Surge - Development and Delivery of Surge Plan to mitigate excess demand over winter		-
Implement delivery plan to improve survival of babies and young children to reduce Infant Mortality		-			

2 Improving access to high quality, sustainable primary care

Primary Care		
Improving health outcomes via collaborative working across primary care and system partners		-
Provision of safe and high quality services within all Primary Care Services		-
Improving access to primary care (including patient experience)		-
Ensure fit for purpose estate provision, maximising shared space and digital alternatives		-
Reduce variation and commissioning universal access to services		-
Mental Health, Learning Disabilities & Autism		
Implement improvement plan to increase number of people with LD on GP registers		-
Develop plan and activities to support preparation for dementia modifying treatment delivery		-

TRAFFIC LIGHT KEY

Against plan or target:

	On track
	Behind Schedule
	Mitigations Identified
	Complete
	Deliverable not yet commenced
	Cancelled / Superseded

Against previous period

▼ ▲	Improvement
▼ ▲	Deterioration
-	No change

Overview of Portfolio key deliverables 24/25 - Priorities 3, 4 and 5

3 — Delivering joined up proactive & preventative support & care across all pathways

End of Life, Long-term Conditions and Frailty

Scale up an enhanced Falls prevention program taking learning from test for change in one geographical area – May-Nov 24	
Delivery of the PEoLC strategy pan Staffordshire	
Development of overarching Long Term Conditions Strategy	
Evaluation and business case for 24/7 advice and guidance	
Evaluate the accelerated beds to support with surge and other challenging time periods and scale up.	

Children and Young People, Maternity & Neonates

Implementation of the national delivery plan for maternity and neonatal care	

Children & Young People

Design and implement Long Term Conditions Programme - ASTHMA	
Design and implement Long Term Conditions Programme - EPILEPSY	
Design and implement Long Term Conditions Programme - DIABETES	
Implement Children with Complex Needs project	

Mental Health & Learning Disabilities & Autism

System wide roll out of Oliver McGowan Training	
Expand the availability of Mental Health Support Teams in schools	
Co-create long term vision and service model to localise and realign MHLDA inpatient services (Inpatient Quality Transformation Programme)	

Improving Population Health

Health Inequalities: Published HI Strategy; HI Outcomes Framework agreed by all Partners, and; HI Finance Framework running in shadow form 2025/26	
Prevention Strategy published, and Reducing harm from Alcohol Strategy published	
Locality Development: Locality outcomes, incentives and governance in place	
PHM: Stage 1 Linked Data Set	
Core20PLUS5: Maternity, Cancer, Respiratory, Hypertension, SMI	
LTP Prevention: Obesity, Tobacco, Alcohol, HIV, CVD, TB, AMR, Diabetes, Cancer	
Implement local vaccination improvement plans to increase uptake in unvaccinated cohorts	
Establish collaborative working arrangements for vaccination commissioning in preparation for delegation of functions in April 2025 (actual delegation April 2026)	
Maximise uptake of childhood vaccinations and flu & pneumonia vaccinations in adults	

4 — Delivering compassionate care of the frail and elderly

End of Life, Long-term Conditions and Frailty

Enhanced care of severely frail patients in a community and domiciliary settings. Using the learning from the 2023/2024 pilot.	
Refresh of frailty strategy	

5 — Supporting Care Home Residents

Integration

Care Homes System Recovery Programme	

TRAFFIC LIGHT KEY

Against plan or target:

	On track
	Behind Schedule
	Mitigations Identified
	Complete
	Deliverable not yet commenced
	Cancelled / Superseded

Against previous period

▼ ▲	Improvement
▼ ▲	Deterioration
-	No change

Finance Summary – Month 12

The following slides the aggregate financial position as at month 12. Following the receipt of funding to cover the planned deficit which was £90m at the start of the year, a year end control total deficit of £17.9m had been agreed at month 11 with NHS England and shown within our formal reporting.

The month 12 position has again improved in comparison to previous months. At a system level we are reporting a year end deficit position of £17.8m variance to plan (Month 11 variance to plan £19.5m deficit). The year-end deficit variance to plan sits within ICB (£14.9m) and UHNM (£18.1m), which are partly offset by surplus positions at MPFT (£11.6m) and NSCHT (£3.5m).

As a system we have delivered our agreed FOT of £17.9m deficit after the receipt of £90m support.

The reported system efficiency ended the financial year at £172.8m delivery, which equates to 85% delivery against the annual efficiency plan of £203.2m. Further analysis is included on page 23. We continue to work to identify any additional opportunities and delivery plans for those are being worked up and implemented, many of which support delivery of opportunities set out in the Medium-Term Model. As a system we are now being asked to provide updates on our efficiency plans on a weekly basis to NHSE.

The system workforce numbers (substantive + bank + agency) were 24,741 in March 2024. Although these numbers dropped at the start of this financial year, they are now above the March 2024 numbers and are currently (end of March) 25,428, which is an increase of 687 . Within that we have achieved a reduction in agency equivalent to 208 WTEs. Despite the pay controls of organisations having been reviewed both as a system and by the I & I team, there is a concern that since May the overall workforce numbers have risen each month.

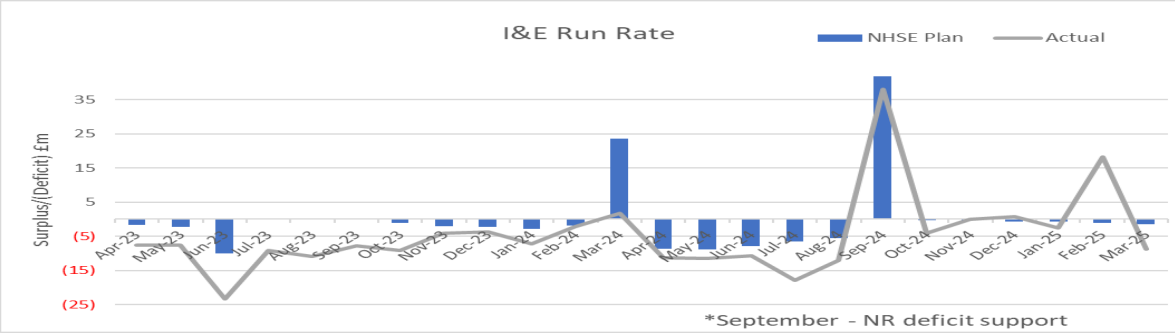
Our capital reporting ended the financial year in line with the forecast for operational capital and IFRS16 is compliant against the allocations.

Month 12 Position

The System is reporting a year end adverse position to plan of £17.8m against a breakeven plan. The main drivers for the aggregate YTD position are efficiency slippage (£30.3m) and binding conciliation (£17.3m) with adverse impacts in Continuing Healthcare (CHC) (£13.9m) and medical staffing (£6.2m). These are partially offset by other non-recurrent mitigations and allocations (including balance sheet flexibilities) (£36.5m), Elective Recovery Fund (ERF) delivery (£11.5m) and Dental underspend (£6.8m).

System	Month 12 £m Plan	Month 12 £m YTD	Month 12 £m Variance	Month 11 £m Plan	Month 11 £m YTD	Month 11 £m Variance
Income	5,264.8	5,382.8	118.0	4,748.8	4,807.4	58.6
Pay	(1,368.3)	(1,418.6)	(50.3)	(1,213.6)	(1,222.2)	(8.5)
Non Pay	(682.3)	(759.0)	(76.7)	(625.2)	(686.3)	(61.1)
Non Operating Items (exc gains on disposal)	(37.4)	(31.2)	6.1	(34.2)	(28.1)	6.1
ICB Expenditure	(3,177.0)	(3,191.9)	(14.9)	(2,874.3)	(2,888.8)	(14.5)
Total	(0.0)	(17.8)	(17.8)	1.5	(17.9)	(19.5)
			-0.3%			-0.4%

ICB	Month 12 £m Plan	Month 12 £m YTD	Month 12 £m Variance	Month 11 £m Plan	Month 11 £m YTD	Month 11 £m Variance
Allocation	3,177.0	3,177.0	0.0	2,874.3	2,874.3	0.0
Expenditure	(3,177.0)	(3,191.9)	(14.9)	(2,874.3)	(2,888.8)	(14.5)
TOTAL ICB Surplus/(Deficit)	(0.0)	(14.9)	(14.9)	0.0	(14.5)	(14.5)
			-0.5%			-0.5%



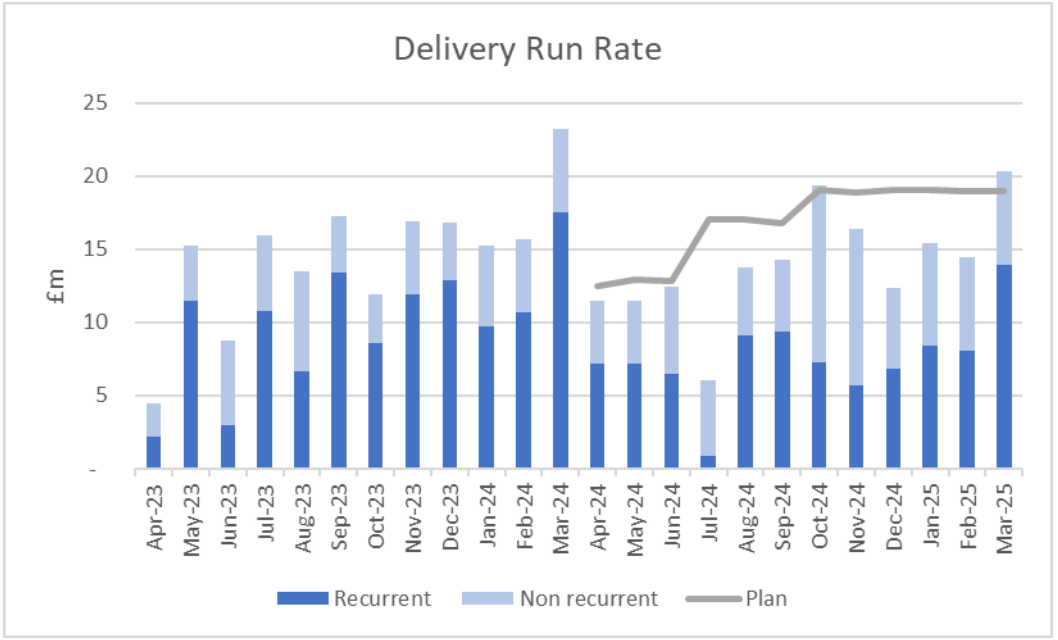
UHNM	Month 12 £m Plan	Month 12 £m YTD	Month 12 £m Variance	Month 11 £m Plan	Month 11 £m YTD	Month 11 £m Variance
Income	1,224.6	1,285.3	60.7	1,082.6	1,128.2	45.6
Pay	(769.4)	(787.3)	(17.9)	(664.9)	(677.8)	(12.9)
Non-Pay	(418.2)	(480.6)	(62.4)	(383.0)	(433.9)	(50.9)
Non Operating Items (exc gains on disposal)	(36.9)	(35.5)	1.5	(33.9)	(32.2)	1.7
TOTAL Provider Surplus/(Deficit)	(0.0)	(18.1)	(18.1)	0.9	(15.6)	(16.5)
			-1.4%			-1.5%

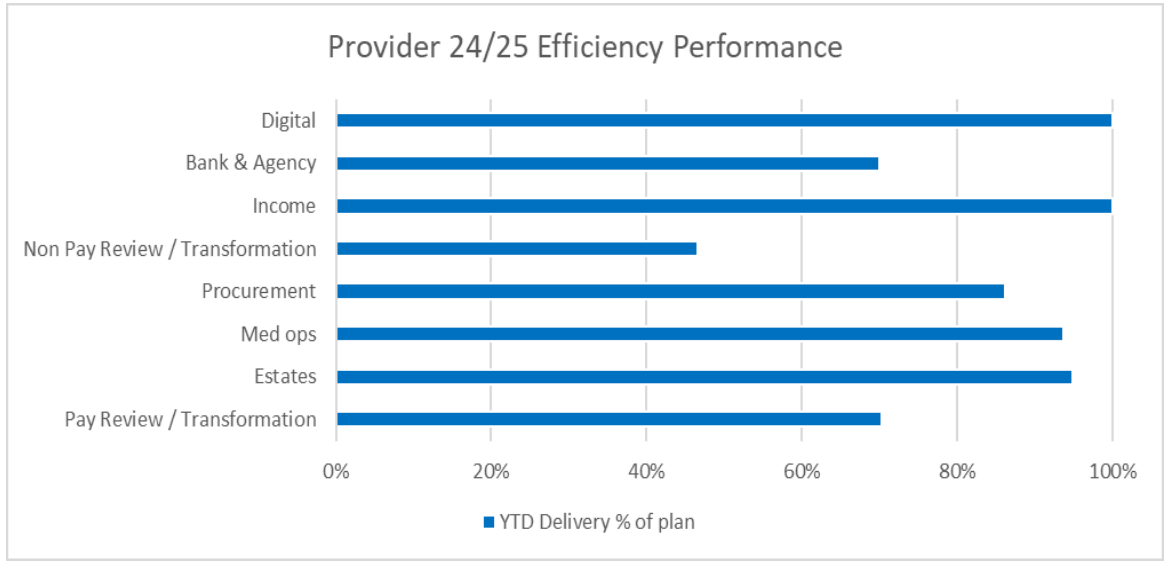
MPFT	Month 12 £m Plan	Month 12 £m YTD	Month 12 £m Variance	Month 11 £m Plan	Month 11 £m YTD	Month 11 £m Variance
Income	693.5	741.0	47.5	636.1	648.5	12.3
Pay	(495.7)	(525.0)	(29.2)	(454.2)	(452.8)	1.4
Non-Pay	(199.1)	(209.8)	(10.7)	(182.5)	(191.5)	(9.1)
Non Operating Items (exc gains on disposal)	1.3	5.3	4.0	1.3	5.1	3.7
TOTAL Provider Surplus/(Deficit)	0.0	11.6	11.6	0.8	9.2	8.4
			1.6%			1.3%

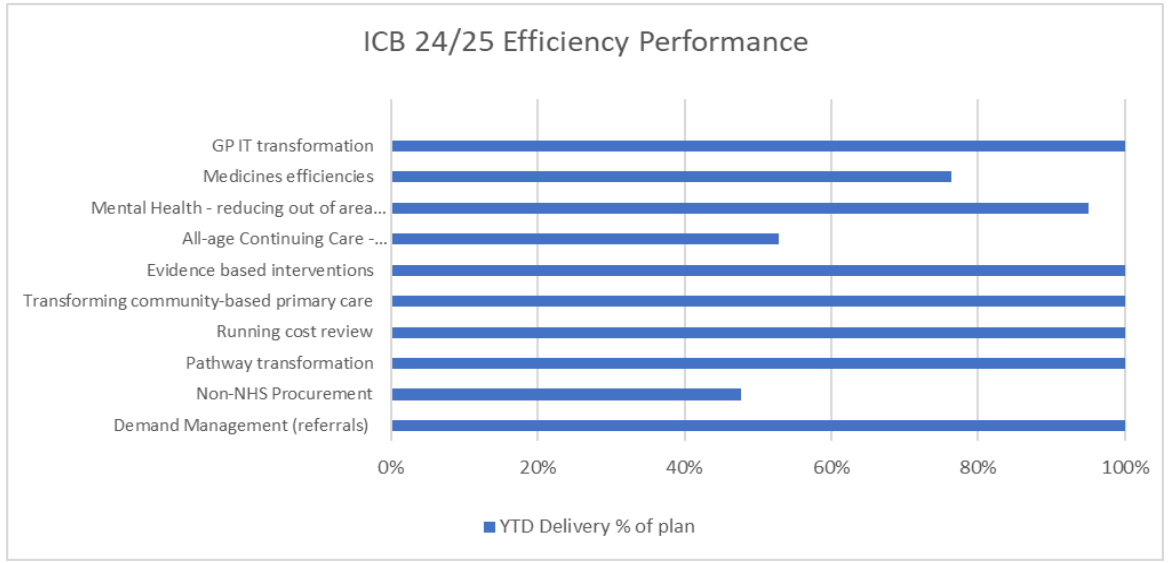
NSCHT	Month 12 £m Plan	Month 12 £m YTD	Month 12 £m Variance	Month 11 £m Plan	Month 11 £m YTD	Month 11 £m Variance
Income	169.8	179.5	9.8	155.7	156.4	0.7
Pay	(103.1)	(106.3)	(3.2)	(94.5)	(91.5)	3.0
Non-Pay	(64.9)	(68.6)	(3.7)	(59.7)	(60.9)	(1.2)
Non Operating Items (exc gains on disposal)	(1.7)	(1.1)	0.7	(1.6)	(1.0)	0.6
TOTAL Provider Surplus/(Deficit)	0.0	3.5	3.5	(0.1)	3.0	3.1
			-2.0%			-2.0%

Efficiency

- The system efficiency programme totalled £203.2m with a £30.3m year end shortfall. This is a slight improvement on the month 11 forecast of a £31.4m shortfall.
- 2024/25 delivery equates to 85% delivery against the annual efficiency plan of £203.2m.
- The adverse delivery compared to plan is at both UHNM (£13.3m) and the ICB (£17.8m).
- Recurrent schemes ended up being £52.9m away from plan at year end. Key challenges remain to deliver recurrent efficiency programmes in 2025/26 to ensure there is not a deterioration to the underlying position.







Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure 14

AAA Escalation & Assurance Report from Board Assurance Committee

Report To:	**ICB Board**
Date:	**15th May 2025**
Reporting Committee:	**Finance and Performance Committee Parts A and B**
Date of Meeting:	**1 April 2025**
Meeting Quorate Y/N?	**YES – both Parts**
Presenter:	**Josie Spencer, Non-Executive Member and Committee Chair**
Author:	**Debbie Everden, Business Manager**

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

PART A

System Performance and Programmes Report
The paper provided the Committee with an overview of performance and programme delivery at Month 10 against the ICS Operational Plan. Measures that are at variance to 2024/25 plan or target were outlined, including drivers of underperformance and programme delivery, key actions and escalations put forward by Portfolios, aligned into the 5 System Priorities. The report also contained key UEC metrics for out of area providers, metrics for care homes and the 104ww, 78ww and 65ww position for Staffordshire and Stoke-on-Trent. The Committee noted that at the end of January 2025 there were 220 ICB patients waiting over 65 weeks at all providers, against a plan of 0.

The Committee noted that the Category 2 response time had deteriorated but performance has been improving during March and is now back to a 30 minute response time. The 4-hour Accident and Emergency waiting time remains below plan, is down from last month and hasn't exceeded 70% since August 2024 (although it has improved slightly from this time last year).

The Committee was pleased to note that the metric 'Reduce Children and Young People in residential care outside Stoke-on-Trent' has turned to green for the first time this year.

Regarding the escalation on the Care Homes Programme, the Committee noted that the planned actions have been updated. The Programme is aligned to the Community Transformation work, some assumptions have been added into the planning round, but further work is required around the interdependencies with the Falls and Frailty Programme. Full scoping of current service provision will take place in Quarter 1 2025/26.

PART B

2025/26 Budget Setting Update
The ICB budget for 2025/26 was provisionally approved at the ICB Board meeting held on 25 March on the understanding that the Committee would undertake scrutiny of the budget and report back to the Board.

In response to NHSE guidance, the ICB is proposing a £37.2m surplus budget. Given that the majority of the Tough Choices have fallen on the ICB, there is a very high risk to the achievement of this surplus target. The budget recommended achieves key objectives set by NHSE:

- System breakeven

- Running cost allowances
- Service Investment Funding protected against protected categories i.e. Cancer Services

The budget contains an extremely challenging efficiency requirement of £169.9m/8%. All areas have schemes and Executive SROs to ensure sufficient pace and ownership is injected into all efficiency programmes due to the significance of the financial risk incorporated within this budget and the Committee acknowledged the level of inherent risk within the budget requiring Executive oversight and mitigating actions.

ADVISE

PART A

Month 11 System Finance Report

The Month 11 position has improved in comparison to previous months. At a System level we are reporting a year-to-date deficit position of £17.9m, which is a £19.5m adverse variance against the revised plan (Month 9 variance to plan £30.5m). The year-to-date variance to plan sits within the ICB (£14.5m) and UHNM (£16.5m) offset by surplus positions at MPFT (£8.4m) and NSCHT (£3.1m). Following receipt of additional resources, a year end control total deficit of £17.9m has been agreed with NHSE and as a System we are confident we will deliver this deficit forecast.

The System workforce numbers (substantive + bank + agency) were 24,741 in March. Despite the pay controls of organisations having been reviewed both as a System and by the I&I Team, there is a concern that since May the overall workforce numbers has risen each month.

Our capital reporting is on track with the forecast for operational capital and IFRS16 compliant against the allocations and providers are confident that capital resource limits will be met.

System Recovery Programme Update

The Committee received a final report on the four System Collaboratives and their position as at the end of March 2025. The Collaborative financial improvement forecast is £27.4m which is £26.9m adverse to plan for the year.

The Committee noted that each of the System Collaboratives were reviewed by the Provider Collaborative Board at the meeting on 24 March. This included reviewing whether their original objectives had been met, identifying any lessons learnt and sharing any emerging plans for 2025/26 and is summarised as follows:

Continuing Healthcare

- The Collaborative achieved £21m of in-year savings in 2023/24, with a full-year effect value of £40.5m
- In 2024/25, the Collaborative was set a stretch target of delivering a £33m efficiency target, with a forecast of £15m in-year and £27m full-year effect savings
- The System Collaborative will now formally close, and the delivery and monitoring of the work programme for 2025/26 will move out of the System Collaborative space and into the ICB's Efficiency Programme, supported by the in-housed CSU team.

Demand Management

- The delivery and monitoring of the work programme for 2025/26 will remain in the Provider Collaborative work programme and support the delivery of its number 1 priority which is focused on UEC/Community Transformation. Whilst the scope has yet to be formally agreed, it is likely to mirror models of care already implemented in Leicester (for Care Homes) and Birmingham (for Community Services).

Contracts

- The delivery and monitoring of the work programme for 2025/26 will now move out of the System Collaborative space and into the ICB's Efficiency Programme supported by the Planned Care Portfolio.

Clinical Value and Medicines

- The delivery and monitoring of the work programme for 2025/26 will now move out of the System Collaborative space and into the ICB's Efficiency Programme, led by the Chief Medical Officer Directorate and supported by the System Health and Care Senate.

The Committee thanked MPFT for the resource they have provided for the CHC System Collaborative and acknowledged the savings made for the System.

It was agreed that for the next meeting a "Plan on a Page" would be developed outlining where and how each of the elements of the 2025/26 plan would be delivered.

System Recovery Director Report

System CIP delivery is now forecast to be £144.4m which is £4.4m adverse to plan. £11.9m of the green actions from the Recovery Plan have now been included within this forecast (with a further £9.4m of green actions included within the Collaborative position aligned to CHC). Inclusion of all green Recovery Plan actions would see the forecast CIP delivery increase to £149.6m, £0.8m favourable to plan.

Following completion of the I&I work, a draft Close Out Report was presented by the team to the March Committee meeting and the final report was appended to this paper. The estimated benefits of the work into 2025/26 were included in the paper along with a mapping of where it is expected that the opportunities will be taken forward and delivery and financial benefits tracked.

2025/26 Planning: National Planning Submissions

The paper provided a summary of the planning submission discussed by the ICB Board on 25 March which was approved by a majority vote. The summary of the submission included updates on changes based on the Board feedback.

The planning period for this year has been significantly compressed, with allocations only released at the end of January, presenting substantial financial challenges. Despite these constraints, through a robust process of System-wide collaboration, we successfully submitted a plan that is materially compliant in all areas and achieves financial balance, albeit with notable risks.

The Committee noted the next steps as follows:

- Each organisation must take action to review and address any further work set out in their individual assurance statements
- From 1 April we need to ensure our high level and detailed delivery plans are finalised so that we quickly transition into delivery of our plans, to be able to effectively assess progress and impact.
- We anticipate feedback and further discussion with NHSE week commencing 7 April (regionally led interventions) and national escalation meetings where required week commencing 14 April. By exception and as part of the discussions with NHSE a final full plan submission will be required for escalated Systems. At this stage we do not know if we will be one of those
- The Committee will receive an update next month on the actions and implementation of the plan..

Report from Local Authorities

The paper provided updates from Staffordshire County Council and the City of Stoke-on-Trent on the financial position going into 2025/26, the regulatory framework from CQC and the proposals in the light of devolution.

Concerns were raised by the Local Authorities regarding the potential risk of a cost pressure due to the savings that need to be made within the NHS.

UEC Pressures/System Surge Plan Update

The paper provided an update on the management of ongoing System UEC pressures and an update to the System Surge Plan.

System-wide assessment of Surge plan capacity schemes was included in the report and highlighted that the majority of System capacity that was planned to be operational at this point is live and delivering against plan or subsequent agreed levels.

The report included an outline of the System surge de-escalation plan that has been produced in consultation with System partners and seeks to de-escalate capacity in line with the System bed plan whilst considering the ongoing operational pressures felt by the System.
The Committee noted that the finance position has deteriorated from the initial plan however it remains within forecasted allocations with improvements seen in the latest reporting cycle.

The Committee noted that provider winter debriefs have been scheduled to take place during April with the System winter de-brief taking place on 7 May. A summary of the learning and agreed next steps will be presented to the Committee at the June meeting.

PART B

Month 11 ICB Finance Report
The paper reported the current and projected financial position of the ICB for 2024/25. As previously reported, NHSE released funding equivalent to the £90m deficit plan agreed on 12 June 2024, enabling the ICB to set a breakeven plan for 2024/25.

Authorisation was gained from NHSE to formally report a £19.9m deficit position and following this agreement, the ICB has now received a further allocation from NHSE of £10m improving our allowable deficit position to £14.9m (£0.5m has been allocated to UHNM). The Month 11 forecast is reported in line with this expectation therefore, at Month 11 the ICB reported a YTD deficit position of £14.5m adverse variance against the revised breakeven plan. This represents a breakeven in-month position from Month 10 reporting at the control total level for the year ending March 2025.

The Committee noted that following clarity of the year end ERF income position and the CHC position remaining stable at the expected outturn, the ICB's risk position has now stabilised against the £14.9m deficit control total and we have confidence that this will be delivered.

2024/25 ICB Efficiency Programme
The paper provided an update on the progress to date against the ICB's £102.2m efficiency programme.

The current forecast of £84.6m of efficiency delivery for 2024/25, represents an adverse variance against the £102.2m efficiency target of £17.6m.

The level of in-year savings currently forecasted to be delivered significantly exceeds the £62.7m delivered during 2023/24. However, it is understood that the £17.6m projected under-delivery is unacceptable and presents a key financial risk to the ICB both in-year and for 2025/26.

The Committee noted that the ICB is confident on all aspects of this forecast as we head into a year-end position. The Committee acknowledged the £17.6m risk of efficiency under delivery to the ICB's financial position and the £34.5m risk to the ICB's underlying position as we exit 2024/25.

Notwithstanding the fact that we haven't achieved a break even financial position, the Committee acknowledged all the work that has taken place across the ICB regarding the efficiency delivery against a very challenging target.

Procurement Operational Group Report
The report updated the Committee on the current procurement programme and work in progress.

The Committee was assured that the contract modifications and awards detailed in the report have been reviewed in accordance with the Provider Selection Regime and supporting documentation is complete.

Patient Choice/Provider Accreditation Report
The paper provided an update on the progress and risks arising from implementing the action plan to address the national rules relating to patient's right to choose.

As of 21 March, the ICB has received 60 (an increase from 44 at end of February) initial enquiries, either relating to a specific specialty or for broad service areas, to become accredited providers. Due to the significant volume of enquiries, there are potential risks to the System including a potential pressure on Portfolios and enabling function resource (e.g. Quality, Contract Management, and Finance) should all interests convert into requests for contracts.

The ICB has implemented an accreditation process for suitably qualified and experienced providers wishing to provide services in line with the national rules and regulations including establishing a Provider Accreditation Panel which next meets on 18 April.

The Committee received an update on the only current contract issued by the ICB under the national accreditation processes which is due to expire on 24 April 2025. Due to the planning timetable and delays to the national standard contract, NHSE have advised that it may be necessary to extend some Independent Sector contracts beyond the current term. The ICB has extended the contract until 30 June 2025 so commissioners can undertake the Provider Accreditation process and support exit planning timescales of service from this current contract.

Medicines Optimisation Report
The paper reported on the Medicines Optimisation Cost Improvement Plan for 2024/25 and requested approval for the funding of new schemes for 2025/26.

The overall Cost Improvement Plan results for 2024/25 show a gross total cost saving of c£13m.

The Committee noted that the Medicines Optimisation CIP for 2025/26 stands at £12.2m net over a 2-year period, the cost saving benefit that will be realised remains to be ascertained.

The Committee approved an investment of £438k for the following Medicines Optimisation quality schemes, noting that this an invest-to-save project, and the net impact will be positive financially:

- Opioid deprescribing reviews
- Structured medication reviews for patients on drugs associated with increased risk of falls.

The Committee approved an investment of £0.9m for the 2025/26 schemes (this will be taken out of the Primary Care prescribing budget) and noted that savings of £5.2m are forecast.

Weight Loss Pharmacotherapy Roll-Out Project
Following the paper presented to the last Committee meeting providing an overview of a future potential cost pressure due to a new NICE TA1026 relating to Tirzepatide (an injectable therapy for weight loss), this paper provided an update on the eligibility criteria, patient management costing and NHSE funding allocations.

The Committee noted that the Case for Change paper will be presented to the May meeting.

ASSURE

PART A

ICB Undertakings
The Committee received the latest dashboard showing performance against the Undertakings for information. The approach to the Undertakings and the governance is being refreshed for 2025/26.

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

PART A

Q4 2024/25 System Board Assurance Framework (SBAF) Update
The report provided the refreshed SBAF for Q4 2024-25. The Committee noted that the SBAF is refreshed annually, with the next iteration planned for Q1 2025/26 to incorporate further amendments and enhancements.

The Committee confirmed that the Q4 risk scores and assurance assessments are an accurate reflection of the position and the adequacy of controls and assessments with particular focus on SBAF 1, 2, 6 and 7.

System Risk Report
The report set out the 7 high scoring (12 and above) risks currently on the System Risk Register.

The Committee noted that a review by the Governance Team with risk/action owners has taken place. During the review several risks were closed or moved to the Directorate Issues Logs for management as BAU. Of the risks closed, these included a number of financial risks which related to the 2024/25 financial year and the risk/action owners will be identifying the risks which will apply for the financial year 2025/26 and adding these to the Register when/if appropriate.

The Committee requested that the risk owners review the risks as appropriate.

PART B

ICB Risk Report
The Committee noted that following the review of the risks on the Register, several were closed or moved to the Directorate Issues Logs for management as BAU. Of the risks closed, these included a number of financial risks which related to the 2024/25 financial year and the risk/action owners will be identifying the risks which will apply for the financial year 2025/26 and adding these to the Register when/if appropriate. Therefore, there are currently no ICB risks for reporting to the Committee.

The Committee discussed key risks throughout the agenda and has good sight of the top risks for finance and performance.

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 or other Committees:

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

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure 15

AAA Escalation & Assurance Report from Board Assurance Committee

Report To:	**ICB Board**
Date:	**15th May 2025**
Reporting Committee:	**Finance and Performance Committee (ICB and System)**
Date of Meeting:	**6th May 2025**
Meeting Quorate Y/N?	**Yes (both meetings)**
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

ICB Finance and Performance Committee (formerly Part B)

ICB Finance Report (Month 12)
The Committee received the year-end financial position of the ICB for the financial year 2024/25.
At month 12 the ICB reported a deficit position of (£14.9m) adverse variance against the breakeven plan, subject to audit. This represents a breakeven in-month position from Month 11 reporting and achieves the control total agreed with NHSE. In addition to this, the ICB met several other key requirements such as the better payment practise code (BPPC), the cash limit and the Mental Health Investment Standard (MHIS) for 24/25 (subject to audit). The Mental Health Investment Standard (MHIS) at month 12 has reported a £0.2m overachievement for the 2024/25 financial year for the ICB, subject to audit.

2025/26 Efficiency Programme
The Committee were presented with a paper that updated on the progress against the organisation's £169.9m efficiency programme and the level of risk to deliver the £37.2m surplus plan.

The ICB budget of a £37.2m surplus had been approved at the April Committee, subject to the outcome of the University Hospitals of North Midlands (UHNM) contract dispute. As the outcome of the NHSE review of the contract dispute supported the stance taken by the ICB, the ICB can therefore confirm there is no change to the £37.2m surplus plan at this point.

To enable a system breakeven plan, organisations have had to take on a significant efficiency programme, of which the ICBs 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 has:

- 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
- Stepped up the Efficiency Oversight Group meetings to weekly, with Executive support and started directorate/portfolio deep dives to drive forward mobilisation of the efficiency programme.

The net risk reported within the 27th March plan submission indicated a (£57.1m) adverse variance to plan, with the current risk assessment improving marginally to (£54.9m), representing a challenging position for the ICB to develop mitigating actions.

System Finance and Performance Committee (formerly Part A)

Recovery Director Update
The Committee were updated on the final position against 2024/25 CIP and Collaborative improvement delivery, the ongoing work in support of the System under the Investigation & Intervention regime, and the progress against the development and delivery of the £306.3m 2025/56 CIP plan.

In relation to the Intervention & Investigation regime supported by Deloitte/Kingsgate, a Business Case to the value of £1.6m was submitted for further support in a number of areas. Approval was received on 10th April with areas of work now being put in place.

2024/25 System CIP (including Collaborative workstreams) delivered £172.8m of improvement which was £30.3m 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. At the time of submitting the plan, £135.2m of CIP was declared as being at high risk of delivery.

System Performance Group - Escalation Report
With effect from May 2025, the Committee now receives a summary paper on operational and financial performance, with scrutiny taking place at the System Performance Group (SPG).

The paper was supported by the detailed System Finance and System Performance Report for full transparency. Key escalations were:

- **Urgent Care** (A&E 4 hours, Ambulance handover lost, 12 hours staying in A&E) and aspects of persistent underperformance for these key metrics. High levels of volume, coupled with a high level of complex needs of patients and infection prevention and control restrictions affected patient flow. Work is ongoing to understand the drivers of the increased activity and demand. Despite the operational pressures, de-escalation of surge capacity was being achieved in line with the financial and operational plans. Positive progress is being made on the UHNM UEC improvement plan which is monitored through the UEC Board.

- **Mental Health** (Access to CYP MH service, Access to transformed adult MH, Wait to autism assessment). Areas of performance reporting is being affected by reporting / data capture issues. Steps are in place to resolve these issues. The key escalation related to the waits for autism assessments, and it was explained that this is unlikely to improve without additional capacity. A Business Case for additional investment into Autism Services is to be produced. A proposal is to be taken through SPG later in the month in relation to the escalation of the long waits, followed by a further detailed discussion to take place at Finance & Performance Committee.

- **Planned care** – (RTT 65 weeks, Cancer 62 days, Diagnostic 6 week WL). With regards to RTT 65-week waits, progress has plateaued since December/January, with the waiting list remaining around 259 at the end of February which presents a challenge for meeting the 52-week wait target in the upcoming year. With regards to the 62-day cancer pathway, after an initial strong performance, this has fallen below target over the last three months. In terms of Diagnostics, the waiting list has been negatively affected by non-obstetric ultrasound availability and has been identified as a key area requiring attention during the planning round. The key escalation related to ongoing delivery of Non-Obstetric Ultrasound (NOUS) and 18 week waits during 2025/26. The initial planning submission for both areas were non-compliant. A revised, compliant trajectory has since been submitted which carries several risks for UHNM, as achieving the targets may

necessitate insourcing additional activity not currently accounted for in the UHNM financial plan. UHNM will seek to agree an in-year system-wide approach.

Supporting children and young people in challenging situations – Business Case
The Committee were presented with a business case detailing a new pathway and Multidisciplinary Team (MDT) model designed to support Children and Young People (CYP) with behaviours of distress in Stoke-on-Trent and Staffordshire. It was confirmed that the Business Case had been taken through the Mental Health Programme Board and presents a low financial risk to the System and therefore had been recommended to the Committee for approval. The Committee were supportive of the business case.

2025/26 Planning: Planning Resubmission
The Committee were presented with an overview of the national planning resubmissions made on 29th and 30th April 2025. The details are covered in the Board paper seeking approval to the 2025/26 plan.

ASSURE

ICB Finance and Performance Committee (formerly Part B)

Procurement Operational Group Report
The Committee were updated on the current procurement programme and work in progress.

The Committee were assured that the contract modifications and awards detailed in the report have been reviewed in accordance with the Provider Selection Regime and supporting documentation is complete.

All Age Continuing Care (AACC) Service Transition Closure Brief
The Committee were provided with an assurance and closure brief on the transfer of the All Age Continuing Care (AACC) Service and accompanying staff from Midlands and Lancashire Commissioning Support Unit (ML) to the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) that took place on 1st April 2025. The overall delivery of the transition programme was achieved in line with key milestones as detailed in the transition plan, with minimal issues.

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

The System Risk Register is now a bi-monthly update to the Committee. The next update will be due at the June Committee.

The Board Assurance Framework is a Quarterly update to the Committee and therefore the next update to cover quarter one will be provided in July 2025.

Policies Approved:

ICB Finance and Performance Committee (formerly Part B)

S12 MHA Assessment Payment Policy
The committee were presented with an updated S12 MHA Assessment Payment Policy document which had been reviewed and updated in line with the acceptance of submission of manual claims and the new S12 solutions app which has replaced the previous ML find me a doctor app. The Committee were assured that the document has also been reviewed by all system partners and updated to reflect current practice. The Committee approved the reviewed and updated S12 MHA Assessment Payment Policy on the understanding that there will be a further review of the fee through a separate process.

Decisions to be Escalated to ICB Board or other Committees:

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

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure No: 16

Report to:	**Integrated Care Board**					
Date:	**15 May 2025**					
Title:	**People Culture and Inclusion Assurance Report**					
Presenting Officer:	Mish Irvine, Chief People Officer ICB					
Author(s):	Gemma Treanor, Head of ICS People Function Matthew Bewick, ICS Principal Workforce Information and Systems Manager					
Document Type:	Report		If Other: Click or tap here to enter text.			
Action Required (select):	**Information (I)**	☒	**Discussion (D)**	☐	**Assurance (S)**	☒
	Approval (A)	☐	**Ratification (R)**	☐	*(check as necessary)*	
Is the decision within SOFD powers & limits	**Yes / No**	NO				
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 ICS?	**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:	Click or tap here to enter text.					

(1) Purpose of the Paper:

The purpose of this paper is to provide a summary of workforce position, challenges, risks and mitigation via People Culture and Inclusion programme activities considered via the ICB People Culture and Inclusion Committee (PCI).

(2) History of the paper, incl. date & whether for A / D / S / I (as above):	Date
People, Culture and Inclusion Committee	06/01/2025

(3) Implications:

Legal / Regulatory	Delivery of Local People Plan, Joint Forward Plan and Long-Term Workforce Plan. NHSE workforce controls and reporting. ICB statutory duty for education and training
CQC / Patient Safety	NHSE reporting and assurance on workforce planning and metrics
Financial (CFO-assured)	External funding supports delivery of schemes including NHSE, ICB, being monitored and reported. Specific challenges in relation to agency, operating plan and workforce affordability in line with financial envelope.
Sustainability	Across all programmes. Specific activity linked to Green/Sustainability plans

Workforce / 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
Due Regard: wider effect	Population health and health inequalities links to all programme activities, strengthening our community engagement and offers

(4) Statutory Dependencies & Impact Assessments:

		Yes	No	N/A	Details
Completion of Impact Assessments:	**DPIA**	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, Reported to IG Group on Click or tap to enter a date.
	EIA	☐	☐	☒	Click or tap here to enter text.
	QIA	☐	☐	☒	*If N, why* Click or tap here to enter text. *If Y*, signed off by QIA on Click or tap to enter a date.
Has there been Public / Patient Involvement?		☐	☐	☒	Click or tap here to enter text.

(5) Integration with the BAF & Key Risks:

BAF1	Responsive Patient Care - Elective	☐	**BAF5**	High Quality, Safe Outcomes	☒
BAF2	Responsive Patient Care - UEC	☐	**BAF6**	Sustainable Finances	☒
BAF3	Proactive Community Services	☐	**BAF7**	Improving Productivity	☒
BAF4	Reducing Health Inequalities	☒	**BAF8**	Sustainable Workforce	☒

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

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 operating environment and financial position continues to be pressured, with continued scrutiny on workforce additionality following implementation of I&I and additional control measures. The PCI Committee acknowledge the efforts and challenges facing organisational partners in contributing to the System recovery. 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** –

- At Mar-25 total workforce levels were significantly above the planned Mar-25/End-of Year position by +1,271 wte.
- Collectively, the sickness rate for Mar-25 was 5.0%, for context this is the lowest sickness level since Jun 2023

(7) Recommendations to Board / Committee:

The Integrated Care Board is asked to: Note the workforce position, operating plan year end position

Staffordshire and Stoke-on-Trent Integrated Care System

ICS People Culture & Inclusion Performance and Assurance Report

SSOT ICB Board in Public

May 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

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 operating environment and financial position continues to be pressured, with continued scrutiny on workforce additionality following implementation of I&I and additional control measures. The PCI Committee acknowledge the efforts and challenges facing organisational partners in contributing to the System recovery. 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 with providers on a monthly basis through a regular assurance and oversight meeting. This approach provides a foundation in which workforce metrics can inform MDT oversight approach, i.e. triangulation with activity and finance. Work is underway to finalise the assurance and oversight model for the 2025/26 operating plan to understand and mitigate variance against plans.

  - At Mar-25 total workforce levels were significantly above the planned Mar-25/End-of Year position by +1,271 wte (+880 wte, Bank +432 wte, Agency -41 wte). This was predominantly driven by the UHNM position who were +966 wte above their own plan. A more granular understanding of the reasons for increases and above planned position has been undertaken in partnership with Trusts - slide 5 provides more detail. Our combined bank and agency workforce equates to 8.6% of our total workforce. This is the highest point in the last 12 months, an increase of +1.1% since Feb-25. The previous highest point was 9.5% in Mar-24.

  - Staff morale, health and wellbeing remain a high priority and current sickness absence levels are of concern, particularly during a period of significant operational pressure. Collectively, the sickness rate for Mar-25 was 5.0%, for context this is the lowest sickness level since Jun 2023 (Jul-23, Aug-24 and Sep-24 were also 5.0%), 0.3% below the average sickness in the last 24 months and 1.2% lower than the highest rate of 6.2% in Dec-24

- The ICS **People risks** have been reviewed and the register is being updated to reflect a change in the risks and the challenges the System faces in 2025/26.

- People, Culture and Inclusion **Programme delivery** is overall on track, with programmes and activity in place to address system challenges and risks.

Staffordshire and Stoke-on-Trent Integrated Care System

Workforce Assurance, Oversight, Metrics & Controls

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

Staffordshire and Stoke-on-Trent Integrated Care System

- **NHS provider Total Workforce levels are significantly above plan by +1,271 wte**, this is predominantly driven by the UHNM position who are +966 wte above their own plan. However, from a **FYTD pay spend perspective this reflects an above plan position of +£50m/ +3.8%** (inclusive of substantive, bank and agency)
- **Total workforce has increased since Feb-25 by +352 wte** (+43 wte Substantive, +177 wte Bank and +131 wte Agency)
- **Total workforce for Mar-25 is +1,271 wte above the planned Mar-25/End-of Year position** (+880 wte, Bank +432 wte, Agency -41 wte)
- Work is underway to continually improve the agency position in respect of utilisation and compliance of the NHSE policy rules, including price cap compliance.
- **In-Month sickness rate for Mar-25 is 5.0%,** for context this is **the lowest sickness level since Jun 2023 (Jul-23, Aug-24 and Sep-24 were also 5.0%), 0.3% below the average sickness in the last 24 months and 1.2% lower than the highest rate of 6.2% in Dec-24**
- **Our combined bank and agency workforce equates to 8.6% of our total workforce**. **This is the highest point in the last 12 months**, an increase of +1.1% since Feb-25. The previous highest point was 9.5% in Mar-24.
- **FYTD agency spend is -£10.2M/ -25.3% below plan** and, positively, across the year this position has generally improved month on month, despite operational pressures.
- **In-Month Agency spend is currently £2.5M which equates to 1.6% of total pay spend ; 1.6% below the reduced agency use measure of 3.2%** in FY24-25. At £2.5M, Mar-25 was in line with the average across the year and is, in fact, the median spend for 2024/25.
- **Turnover rate is currently 7.3% , the lowest of 2024/25 and a significant reduction from 8.0% in Apr-24**
- **AfC appraisal rates currently 86.5% - which is +7.4% above the lowest point** in the last 12 months (Apr-24).

SSOT Workforce Variance to Plan by Provider NHS Trust (M12)

Staffordshire and Stoke-on-Trent Integrated Care System

	UHNM	MPFT	NSCHT
Total Workforce (wte)	**+966** (+368 wte above establishment)	**+297**	**+8**
Substantive (wte)	**+511**	**+316**	**+53**
Bank (wte)	**+445**	**+32**	**- 45**
Agency (wte)	**+10**	**-52**	**+1**
Reasons for Variation	○ 308 WTE not included in WTE plan but accounted for in Finance Plan due to planned/funded growth following submission of the plan. • 158 WTE County Day Unit • 16 WTE ERF • 35 WTE CDC • 78 WTE Other • 21 WTE Resident Doctors ○ Bank and Agency WTE usage was +455 WTE higher than planned due to Winter Pressures, High Acuity, Maternity Leave, Sickness, high numbers of 1-2-1 requirements and increased pressure in Emergency Portals. ○ In addition to maternity leave cover, vacancies and skill mix changes, in M11, a number of Approved business cases led to additional Substantive staff in: • Anaesthetics • TAVI • Skin • Elective Surgical Hub • Interventional Radiology • Infectious Diseases • County Development • Blood Bourne Viruses ○ As at M12 UHNM were £17.9m / 2.5% **above** planned pay spend	❑ FYTD increased substantive staff due to recruitment to vacancies and new service acquisition since MAR-24:* ▪ Children & Families: +7 wte (2%) ▪ Shropshire: +82 wte (22%) ▪ Specialist: +223 wte (60%) ▪ SSoT: 12 wte (3%) ▪ Corporate Services: 48 wte (13%) ❑ *MPFT remains over plan, primarily, not because of increasing workforce but because the 2024/25 plan outlined reductions that are acknowledged to be unattainable. * ○ Temporary staffing use has decreased by 163 wte across the year ○ As at M12, MPUFT were £29.2m / 5.9% **above** planned pay spend.	❑ NSCHT original plan was based on a ‘1 in, 1 out’ approach to maintain a flatline workforce. However, unanticipated growth has occurred due to an improved turnover rate; from 12.1% to 9.5% across 2024/25.* ❑ Unplanned Substantive growth has occurred, steadily, across most staff groups throughout the year. Nursing, however, increased significantly between Sept and Oct when the majority of NQN offered their positions. * ❑ The majority of increases have been seen in Community Services (including additional funding for Parent ad Baby, only released in the second part of the financial year), Primary Care and some Acute Services in response to NHS111 Crisis Care. * ○ Temporary staffing use has decreased by 40 wte across the year ○ As at M12, NSCHT were £3.2m /3.1% **above** planned pay spend.

* Details based on M11 Position

SSoT NHS Provider actual to plan position: **Total +1,271 wte, Substantive +880 wte, Bank +432 wte, Agency -41 wte, Spend +£50.3m / +3.8% Above plan**

Staffordshire and Stoke-on-Trent Integrated Care System

People Metrics Appendices

- System Monthly Position
- System Trend
- Provider Summary

Staffordshire & Stoke-on-Trent NHS: March 2025

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Workforce

Total Workforce
25,088 WTE

Substantive
22,925 WTE

Bank
1,831 WTE

Agency
333 WTE

Temporary Workforce
8.6%

In Month Agency Spend
£2.5M (1.6%)

Vacancies
2,188 wte (8.7%)

Joiners
116 wte

Leavers
227 wte

12 Month Rolling KPI's (%)

7.3%	Turnover Rate
5.5%	Sickness Absence Rate
94.4%	Mandatory Training
86.5%	AFC Appraisal Rate
75.3%	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: March 2025

Staffordshire and Stoke-on-Trent Integrated Care System

Staff in Post (Total Workforce wte)

Feb 25: **25,088**

Position to Plan: **+1,271**

12M Change: **+710**

FYTD Change: **+710**

Staff in Post (Substantive wte)

Feb 25: **22,925**

Position to Plan: **+880**

12M Change: **+874**

FYTD Change: **+874**

Bank Workforce (Bank wte)

Feb 25: **1,831**

Position to Plan: **+432**

12M Change: **+45**

FYTD Change: **+45**

Agency Workforce (Agency wte)

Feb 25: **333**

Position to Plan: **-41**

12M Change: **-208**

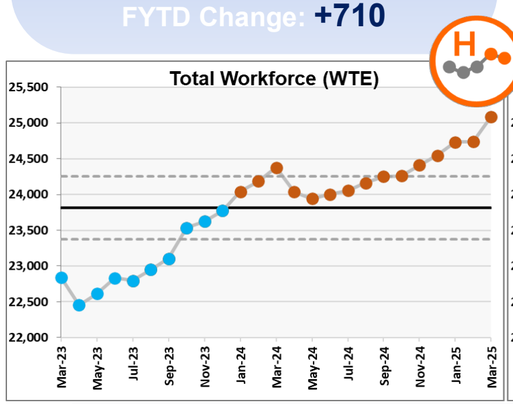
FYTD Change: **-208**

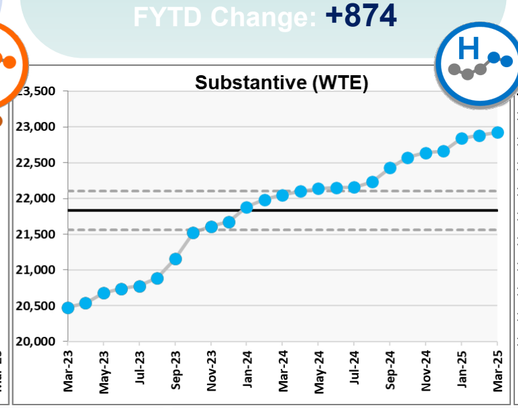
Vacancies (%)

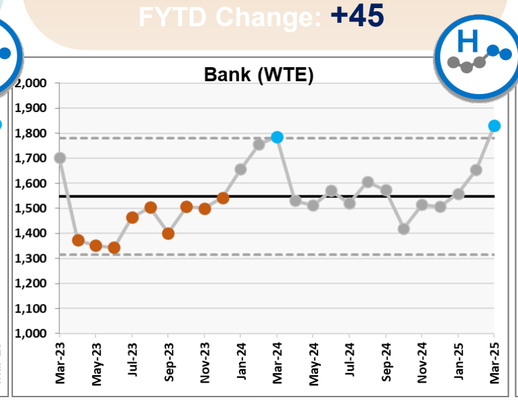
Feb 25: **8.7%**

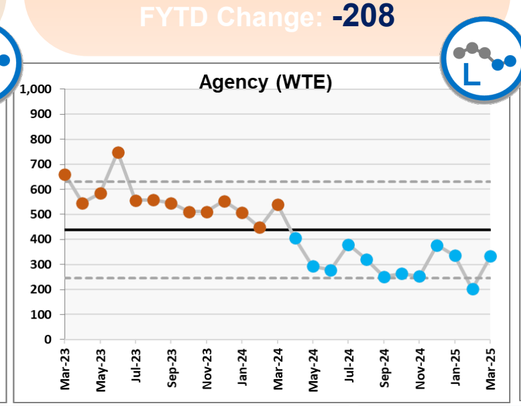
12M Change: **-0.7%**

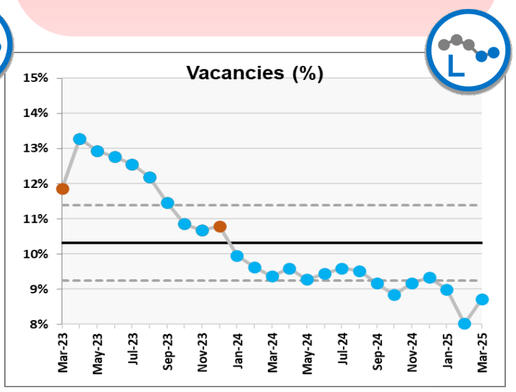
FYTD Change: **-0.7%**

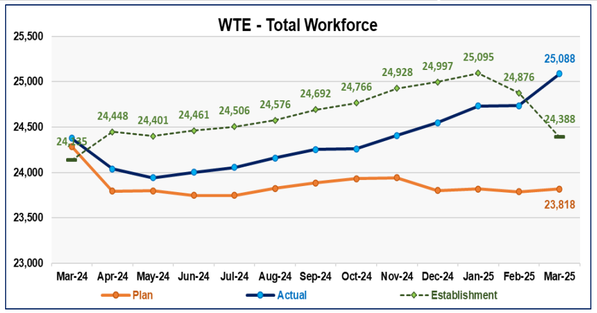


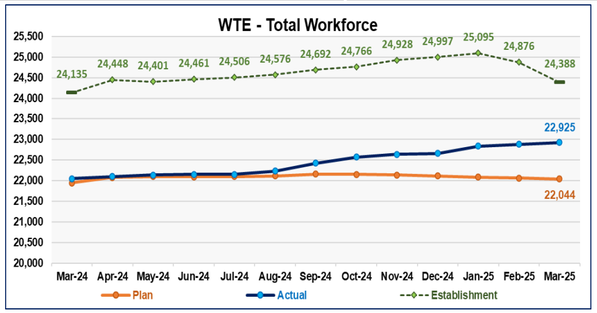


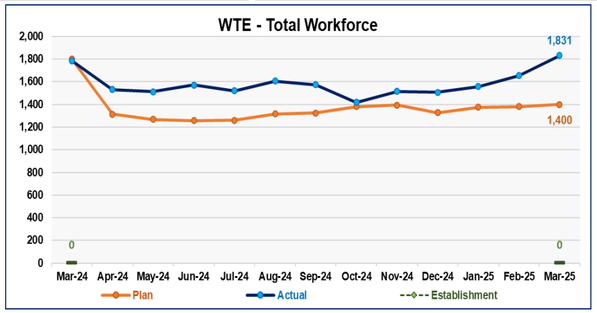


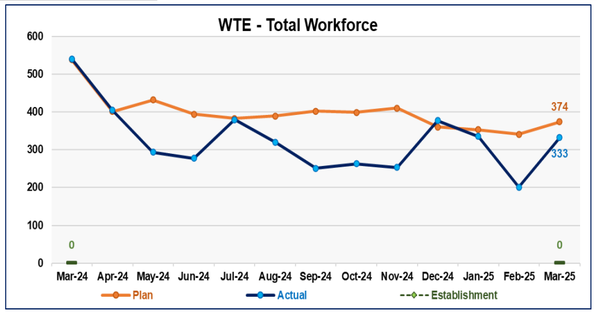












Total WF - Actual vs Plan

Overall: +1,271 wte above plan
Registered Nursing: +472 wte above
Registered S,T&T: +115 wte above
Support to Clinical: +227 wte above
NHS Infrastructure: +351 wte above
Medical and Dental: +143 wte above

Substantive - Actual vs Plan

Overall: +880 wte above plan
Registered Nursing: +334 wte above
Registered S,T&T: +101 wte above
Support to Clinical: +51 wte above
NHS Infrastructure: +305 wte above
Medical and Dental: +90 wte above

Bank - Actual vs Plan

Overall: +432 wte above plan
Registered Nursing: +131 wte above
Registered S,T&T: +19 wte above
Support to Clinical: +169 wte above
NHS Infrastructure: +59 wte above
Medical and Dental: +91 wte above

Agency - Actual vs Plan

Overall: -41 wte below plan
Registered Nursing: +7 wte above
Registered S,T&T: -5 wte below
Support to Clinical: +7 wte above
NHS Infrastructure: -13 wte below
Medical and Dental: -38 wte below

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure 17

AAA Escalation & Assurance Report from Board Assurance Committee

Report To:	**ICB Board**
Date:	**May 2025**
Reporting Committee:	**People, Culture, and Inclusion Committee (PCI) (Part1)**
Date of Meeting:	**7 April 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:

ALERT

(1) Performance, Planning and Finance:

Performance to 2024/25 Workforce Plan

Reporting the month 11 position, the papers outlined that SSOT are significantly above the planned workforce growth for 2024/25 - attributed to increases in substantive and temporary workforce, business cases requiring additional workforce, and challenges around CIP scheme delivery. The increase was acknowledged by members, specifically the challenge of heading into a new financial year in this negative position. There will be a requirement to monitor and understand any variance to plan more stringently in 2025/26 at Provider and ICB level. It was recognised that the work around agency usage has however delivered significant improvements and the work undertaken by Providers was commended.

The Committee noted the position, agreeing that there would need to be improved monitoring and challenge around variance to the 2025/26 plan.

ADVISE

(2) Strategic System updates:

NHS reform

The Committee discussed the recent announcements regarding NHS Reform and the Sir Jim Mackey letter. It was acknowledged that the PCI Committee and People leads will play a crucial role over the coming months as we receive further clarity on the target running cost and ICB function blueprints.

The requirement to reduce running costs by 50% was highlighted including the ICB and Provider infrastructure growth, recognising that we are awaiting clarity on the expectations for our ICB based on current running costs and population size. The Committee was reassured that the Midlands ICB CEOs are meeting regularly to develop a local approach and the influence the National blueprint for the future functions.

Similarly, CPOs are working Regionally and Nationally to collaborate on the people implications and frameworks. Mutually Agreed Redundancy Scheme (MARS) and Voluntary Redundancy (VR) were

raised, although acknowledged that we would need to wait for the national position and guidance. The wellbeing of our workforce and impact on individuals was highlighted, and the requirement to support them through what is an unsettling time was raised by several members. Additionally, members shared the view that clarity around messaging and language, how we behave and demonstrate the right values in line with the Leadership Compact were critical.

Following receipt of the running cost detail, there will be a period of planning and working collaboratively as a System and with Regional colleagues to prepare and transition as required. We will need to consider the delivery of BAU and the 25/26 Operational Plan, alongside the longer-term, strategic NHS Reform and transformation programmes inc Provider Collaboratives.

NHS Provider CPO updates

CPOs shared similar challenges regarding the impact the national announcements have had within Providers and the challenge to align operational plans with the reduction expectations. CPOs discussed approaches to this and aligning as a System to minimise the impact collectively, collaborating and considering what we can deliver at scale.

The work around the National People Services Target Operating Model was highlighted and we will have CPO representation from our System within that work.

(3) Performance, Planning and Finance:

The Committee was updated on the workforce position, performance to 2024/25 plan and 2025/26 operational plan which remains challenged as we head into the new financial year.

2025/26 Operational Plan

The Committee received an update on the 2025/26 operational planning submission including recognition for the significant work undertaken by NHS Providers and workforce colleagues in compiling the plan, the challenging financial position we are in and the tough decisions being considered.

The Workforce Plan outlines a reduction in workforce by Mar-26 which will prove challenging to achieve given the legacy position. The delivery of the plan will rely on delivery of CIP schemes, enabling functions programmes, expected reductions in ICB and Provider infrastructure.

The Committee acknowledged the challenges, and the critical role of People leads in the delivery of the plan. Further discussions will take place regarding the plan at the future meetings, focussing on the CIP schemes and monitoring delivery of the plan to provide assurance to the ICB Board.

Investigation & Intervention regime

The papers outlined the current position regarding recovery and the I&I regime. The Committee was updated on proposals for continuing Deloitte/Kingsgate support which are subject to approval via the System Performance Group.

ASSURE

(4) People Culture Inclusion Programme delivery

2024/25 PCI Annual Report

Members were provided a final draft of the 2024/25 Annual Report for review and comment. The Committee noted the contents of the report and the significant achievements of the People, Culture and Inclusion programmes across the System. The level of collaboration and partnership working was noted, particularly in being recognised nationally for the work of partners e.g. High Potential Scheme (HPS) and T-Levels. It was recognised that the report showcased and provided an evaluation of the work undertaken collaboratively to address our workforce challenges and risks, during a particularly difficult time.

The Annual Report was approved by the Committee, subject to minor amendments and comments made prior to sharing with ICB Board.

PCI Programme Highlight report

The Committee received the programme delivery highlight and assurance report and were assured that programmes were on track. The Committee was advised that the 2025/26 People Delivery plan and priorities were being refined currently, considering the NHS Reform announcements, and the plan would be brought back to the Committee for ratification.

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

(5) Risk Register

The Committee received the People Risk Register and considered feedback included in the forensic review. Recommendations to close risks deemed to be issues and historical risks were discussed and the Committee agreed the People risks have changed within this different landscape. The Committee noted the recommendations and agreed to review a new risk register, following development by leads, at the next Committee meeting

(6) SBAF 202/4/25

The Committee received the quarter 4 SBAF, discussed the year end position and approved the assessment. It was acknowledged that the 2025/26 SBAF and quarter 1 assessment would need to reflect the risks heading into 2025/26.

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 or other Committees:

Nothing for escalation to ICB Board or other Committees.

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure 18

AAA Chair's Escalation & Assurance Report from Board Assurance Committee

Report To:	**ICB Board**
Date:	**15th May 2025**
Reporting Committee:	**Strategic Commissioning & Transformation Committee: SCTC**
Date of Meeting:	**7th May 2025**
Meeting Quorate Y/N?	**YES**
Presenter:	**Julie Houlder**, Non-Executive Director & SCTC Vice-Chair
Author:	**Paul Winter**, Associate Director of Corporate Governance

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

NHS Reset (Transitional Reform) Update:

A verbal update was provided by the Chief Transformation Officer on just released NHSE guidance on a "Model ICB" (aka the Blueprint). This document marks the first step in a joint programme of work to reshape the focus, role and functions of ICBs, with a view to laying the foundations for delivery of the 10 Year Health Plan. Which will require a leaner and simpler way of working, where every part of the NHS is clear on its purpose, what it is accountable for, and to whom. In also clarifying that moving forwards, ICBs will continue to have a critical role to play as Strategic Commissioners, working to improve population health, reduce inequalities and improve access to more consistently high-quality care.

It includes a requirement to establish a (Board-accountable) 'Transition Committee', to work through the ask and help formulate the ICB's plan that must be shared with NHSE Region by the end of May. This must set out how we intend to achieve the confirmed operating cost envelope. It will then go through a national moderation process (involving confirm & challenge, to support regional consistency and sharing of opportunities). The Plan will be informed at a high level by the vision set out in the Blueprint.

The Committee welcomed the update, noting that the ask on ICBs is significant this year as it works to maintain effective oversight of the delivery of 25/26 plans, build foundations for Neighbourhood Health and manage the local changes involved with ICB redesign, including supporting staff.

ADVISE

Specialised Commissioning Update:

A short overview briefing was presented by the Chief Transformation Officer on the current position with NHSE delegated activities (commissioning, contracting, quality activities) that took place in April. With updates from the regional Specialised Mental Health, Learning Disability & Autism Commissioning, Specialised Commissioning Quality and Finance & Contracting Groups. The relevant ICB leads provided updates in the summary, with a small number of advisory and assurance elements for SCTC's oversight:-

- *Initial meetings of the West Midlands CAMHS Provider Collaborative and Specialised Mental Health, LD & Autism Commissioning Group; the latter part of the wider governance arrangements around delegated commissioning that reports directly into the West Midlands Joint Committee.*

- *Specialised Commissioning Quality Group reporting no specific SSOT escalations this month, although it was flagged that regionally there is persistent shortage of level 3 Psychiatric Intensive Care Unit Capacity. Head & Neck Cancer Service provision at Shrewsbury & Telford Hospital is challenged and they are being supported by UHNM.*

- *Finance & Contracting Group report that the process of completing / negotiating 25-26 contracts is being led by NHSE Contracting Teams. The ICB is planning to agree and sign Collaborative Commissioning Agreements, which include NHSE as 'Associate Commissioner'. Delegated finances have been agreed / April mandates paid in line with values provided by NHSE.*

The SCTC welcomed the update report and was assured that the process for monitoring Specialised Commissioning activities is taking place in the regional Working Groups, with any concerns flagged to the relevant Board Assurance Committee accordingly, with SCTC having full oversight in the round.

Draft Maternity Consultation Survey:

A paper and draft survey document were presented by the Senior Communications & Engagement Manager and Associate Director of Transformation; in seeking SCTC approval of the draft Public Consultation Survey in relation to the proposal to make permanent the temporary closure of birthing service at County Hospital, Stafford, and Samuel Johnson Community Hospital, Lichfield, as previously approved by the ICB / key stakeholders like Health Overview & Scrutiny Committees.

All parties recognise that the ongoing closure under the temporary service change arrangements could not continue. The SCTC was assured on the proposed next steps regarding Service Change proposals for future Maternity Services provision; and noted the work ongoing across the ICB in currently undertaking a service change programme in relation to the birthing services that are temporarily closed.

In March 2025, both the SCTC and Board approved the Pre-Consultation Business Case, the Public Consultation Plan and the Public Consultation Document. Both also supported the recommendation to begin a 12-week Public Consultation, commencing in May 2025. The SCTC remains assured that a robust process had been undertaken through the work programme.

An appended draft Public Consultation Survey has been developed to understand people's views about the process we have undertaken and the Technical Group's recommendation about the single viable proposal, which is to make permanent the temporary closure of two birthing services, as noted.

The survey has been developed by technical leads at NHS Midlands & Lancashire CSU, with a view to obtaining high-quality information to feed into a robust Report of Findings. Feedback and input on the survey has been sought from SSOT ICB clinical colleagues, NHSE (Midlands), and partners in the ICB's Maternity Steering Group, which comprises; NHS Derby & Derbyshire ICB, UHDB, UHNM and MPFT. The Survey has also been shared with partners in the Maternity & Neonatal Voices Partnership, local Councillors from Stafford / Lichfield, and the VCSE Sector, for their views.

The SCTC approved the Survey; and is advising the Board that it remains assured on the wider plan.

Provider Selection Regime (PSR) Decision-Making Record re. Pulmonary Rehab Services:

A short technical paper was presented by Senior Commissioning Leads in seeking SCTC assurances on a PSR-based Contract Modification Template relating to Spirit Healthcare Ltd service provision of Pulmonary Rehab in the (legacy CCG) footprints of East Staffordshire and S.E Staffordshire. The modification is to the existing contract with Spire Healthcare to amend the contract end date from 1/5/25 to 1/5/26. This will mean the contract is in essence extended for 12 months; to allow the ICB to review future Commissioning Intentions. *[Modification is deemed to be more appropriate than awarding a new contract.]* SCTC endorsed the proposal as made, prior to Board notification as the 'Contracting Authority'.

ASSURE

Staffordshire & Stoke on Trent ICB Local Dental Plan:

SCTC received an update presentation, prior to Board scrutiny in May, of this plan from the Director of Primary Care. The SCTC noted:-

- *A Dental Health Equity Audit has been completed across SSOT and forms part of the Plan, to identify areas with the lowest levels of oral health / access to Dental Services: the aim is to support with future commissioning intentions to ensure inequalities are fully considered.*

- *The significant impact of COVID on Dental Services, with recovery of NHS provision slow; and while the situation has improved, many patients are still unable to access the dental treatment they need.*

- *The Plan's areas of focus: the Dental Health Equity Audit, a Unit of Dental Activity (UDA) Dispersal Plan that is addressing local UDA rates, urgent Dental appointments, Dental recruitment & retention, Community Dental Services, Oral Health improvement / prevention, and the Dental Budget.*

The SCTC welcomed the presentation, noted the points about future Commissioning Intentions and gave its support to onward implementation, prior to Board ratification, in May.

ASSURE (continued)

(AJM) Wheelchair Commissioning Update:

A short verbal update was provided on the latest developments in this area by the Commissioning Lead. The SCTC noted that a full report will be provided to its June meeting; and that it was reassured in the intervening time, that all the necessary urgent and transparent communications had commenced with all affected patients, as the ICB works through the significant commissioning and patient experience challenges that this service and contract currently represents to all stakeholders.

Service Transformation & Service Change Update:

An overview, including the Maternity Services consultation paper notified above as an "ADVISE" matter, as well as an update on the latest position with Urgent & Emergency Care (Urgent Treatment Centres) plans, was provided to the Committee for information. Which was duly noted and Authors thanked for the consolidated overviews provided.

Primary Care Forum (PCF) AAA Report:

The AAA Report from the PCF's April meeting was provided by the Director of Primary Care, for information and assurance. There are no formal "ALERTS" to report, and SCTC was duly informed and the PCF thanked for its activities as an SCTC sub-committee.

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

Not applicable – no SBAF Report or System & ICB Risk Registers were received (all due in June / July)

Policies Approved:

Not applicable – no policies required for approval at this meeting.

Decisions to be Escalated to ICB Board:
☑ **To ADVISE the ICB Board** of the SCTC-endorsed PSR Contract Modification Template decision on Pulmonary Rehab; ☑ **To ADVISE the ICB Board** of the SCTC-endorsed assurances on the Maternity Services Public Consultation Survey document (and update at its May meeting); ☑ **To ASSURE the ICB Board** of the SCTC-endorsed Local Dental Plan update that it is to receive at its May meeting;

Staffordshire and Stoke-on-Trent Integrated Care System

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Enclosure 19

AAA Chair's Escalation & Assurance Report from Board Assurance Committee

Report To:	**ICB Board**
Date:	**15th May 2025**
Reporting Committee:	**Audit Committee**
Date of Meeting:	**24th April 2025**
Meeting Quorate Y/N?	**YES**
Presenter:	**Julie Houlder**, Non-Executive Director
Author:	**Paul Winter**, Associate Director of Corporate Governance

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

The April Audit Committee meeting was shorter than usual, held as an 'Extraordinary General Meeting', per its Terms of Reference, and being dedicated to approval of the first drafts of the ICB's Annual Reports & Accounts (ARA). Which were required for formal submission to NHS England (NHSE) the next day. As such, the ARA agenda item, plus two other inter-related agenda items, were together the single "Alert" issue arising from the Committee's discussions.

First Review of the Draft SSOT ICB Annual Report & Accounts 2024/25 – including:

- ***A report summarising the results of Grant Thornton LLP as ICB External Auditor's independent reporting assurance engagements on 2023/24 Mental Health Investment Standard (MHIS) Compliance Statement for the former Staffordshire & Stoke-on-Trent CCGs***

In performing this work, Grant Thornton followed the assurance engagement of the MHIS 2023/24 issued by NHSE. Their output being a conclusion that the ICB's 2023/24 MHIS Compliance Statement is properly prepared, in all material respects, in line with criteria set out in guidance. For information, in financial year 23/24, the target spend for MHIS was £224.007m and the ICB's actual expenditure on MHIS was £225.013m. Their "Reasonable Assurance" report is made in accordance with the terms of our External Auditor engagement letter (November 2024) for the purpose of reporting MHIS compliance to the Boards of Staffordshire & Stoke-on-Trent ICB and NHS England.

The Committee received and noted its assurance on the management of MHIS.

- ***A report highlighting the draft position on the 2024/25 ICB Annual Accounts***

As to be submitted to NHSE within the nationally set deadline of 25th April 2025. Members were requested to note the nationally prescribed deadline for the final submission of the audited set of Statutory Annual Accounts + Report as being 23rd June 2025; with a further Audit Committee EGM meeting scheduled on 19th June 2025 specifically to approve these. Subject to audit, the 2024/25 Draft Annual Accounts show that the ICB:-

- Failed its Statutory Duty of ensuring Net Expenditure did not exceed the level of resource specified in the ICB Allocations Directions in delivering a deficit of £14.9m
- Achieved its Statutory Duty of ensuring Expenditure on Administration costs did not exceed the level of resource specified in the ICB Allocations Directions in delivering a surplus of £0.58m
- Achieved its Statutory Duty of ensuring that cash balances held at close of business on 31st March 2025 were less than 1.25% of the total cash drawn down in March 2025

- Adhered to the Better Payment Practice Code whereby a minimum of 95% of invoices having been paid within 30 days of receipt based on both value and volume

ALERT (continued)

First Review of the Draft SSOT ICB Annual Report & Accounts 2024/25 (continued):

Although not explicit within the Statutory Accounts, the ICB, subject to audit, has also achieved the MHIS for the financial year 2024/25.

The Audit Committee received the 2024/25 Draft Annual Accounts, noting the formal submission date for the audited set of Annual Accounts as being 23rd June 2025. The Committee passed on its thanks to the Finance Team for preparing the draft accounts so well, in light of other challenges currently faced.

- ***The draft 2024/25 ICB Annual Report***

The Annual Report – as highlighted below – has been produced in full compliance with the NHSE "Chapter 14" guidance and mandatory ICB reporting template issued on the national Finance SharePoint system. These also reflecting the requirements of the 24/25 Dept of Health & Social Care Group Accounting Manual guidance, as issued to the NHS as a whole).

At the point of submission, the ICB will also submit annual checklist declarations for verifying the contents of the Annual Report to these guidance items – ref. the NAO Checklist and NHSE Regional Certification templates. These weren't provided as part of the documentation, as no formal sign-off of these is required. They instead help NHSE reviewers to see where specified / prescribed contents are present within the draft report.

The near-complete version of which was shared in draft with the Committee (having previously been issued internally to Non-Executive & Executive members by email for comment).

The Committee fed back a number of suggestions about considering certain minor amendments to how data is reported – e.g. whether benchmarking or outcomes data could be presented alongside that which is required under the NHSE guidance, to illustrate it in more public-facing ways; and including references t(in the Chair's + CEO's introductions) ref. NHS Transition / Reform matters that arose at the very end of the financial year, which will have risk impacts for the 2025/26 year.

These are currently being considered and undertaken where possible (with the data available to the ICB) ready for the final draft submission in June. Alongside a number of post-Committee NHSE positive and helpful feedback comments that had been received after the 25th April initial submission.

The Audit Committee was content with the draft and commended all ICB Teams and authors involved for having produced a very good first draft.

ADVISE

Not applicable

ASSURE

Not applicable

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

Not applicable – as no SBAF Report or System & ICB Risk Registers were received

Policies Approved:

Not applicable

Decisions to be Escalated to ICB Board:

☑ **To ASSURE the ICB Board** of the Audit Committee-approved Draft Annual Report + Accounts for 2024/25; and pending a few changes to be made

NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

Enclosure 20

AAA Escalation & Assurance Report from Committees[1]

Report To:	ICB Board
Date:	15th May 2025
Reporting Committee / Group:	Remuneration Committee
Date of Meeting:	17-04-2025
Meeting Quorate Y/N?	Yes
Presenter:	
Author:	N Walker, Project Lead (HR & Special Projects)

Key Escalation & Discussion Points from the Committee Meeting:

ALERT

None discussed.

ADVISE

None discussed.

ASSURE

Interim Chief Finance Officer: The Remuneration Committee received a paper on the recruitment process for an Interim Chief Finance Officer role.

The Remuneration Committee confirmed the appointment of Claire Finn as Interim Chief Finance Officer. The role was offered on a 12-month basis, on VSM Terms & Conditions of employment, with the notice period amended from the usual 6 months to 3 months to provide the ICB and the individual with flexibility yet some stability during the appointment.

ASSURE

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.