NHS England Midlands

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Sent via email

Ian Green OBE
Chair of Shropshire,
Telford and Wrekin
Integrated Care Board

14 August 2026

Dear Ian,

Annual assessment of Shropshire, Telford and Wrekin (STW) Integrated Care Board's performance in 2025/26

I am writing under section 14Z59 of the NHS Act 2006, as amended by the Health and Care Act 2022, which requires NHS England to conduct an annual performance assessment of each Integrated Care Board (ICB).

This has been a particularly challenging year for ICBs, marked by significant system-wide pressures and continued organisational change. In parallel, ICBs have been required to adapt to an evolving operating model, while maintaining a clear focus on statutory duties, system leadership and delivery for local populations.

Against this backdrop, we recognise the complexity of the task facing your organisation and the sustained effort required to balance immediate operational pressures with longer-term strategic priorities. We also acknowledge the additional burden created by structural changes, and the need to maintain stability and continuity across systems during a period of transition.

In reaching this assessment, we have considered evidence from the ICB's annual report and accounts, available performance and assurance data, feedback from partners and stakeholders, and the discussions we have held with ICB colleagues over the course of the year.

While this annual assessment is a statutory requirement, we have sought to ensure that it is balanced and proportionate, recognising both the need to assess performance against statutory responsibilities and the realities of the organisational change that has taken place during the year.

We remain committed to working constructively with you, building on learning from the year, and supporting ICBs as roles, responsibilities and arrangements continue to evolve.

We would like to thank you, your Board and your wider team for your leadership and continued commitment during a demanding period of change. We look forward to continuing to work with you in the year ahead.

Yours sincerely

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Cc. Dale Bywater, Regional Director Midlands, NHS England
Simon Whitehouse, ICB Chief Executive, STW ICB
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Section 1: ICB performance assessment

The ICB and partners delivered many 2025/26 Operational Plan commitments, with notable strengths in elective recovery, diagnostics, cancer faster diagnosis, financial grip and system governance. Progress was also made in primary care access, community alternatives to hospital care, neighbourhood working and targeted population health priorities.

The 2025/26 NHS National Oversight Framework (NOF) metrics show a mixed but improving picture. In Q4 (Quarter 4), the ICB was in the highest-performing quartile for Finance and Workforce, with above-average performance for Experience, Safety and Population Health. Cancer 62-day standard delivery remained more challenged, although elective performance improved strongly: 18-week RTT (Referral to Treatment) achieved 69.5%, up from 50.7%, above the national target, with the overall waiting list and long waits reduced. Diagnostic performance also improved, supported by increased community diagnostic capacity.

Urgent and emergency care (UEC) remained the most significant concern. A&E four-hour performance was 61.5%, this was below the national target and there was continued pressure in emergency departments, ambulance handover delays and 12-hour waits. The ICB maintained system-wide oversight through improvement work on out-of-hospital pathways, virtual wards, urgent community response, discharge and additional bed capacity, however these actions have not yet delivered the sustained improvement required.

Cancer performance improved. The ICB achieved the Faster Diagnosis Standard at 85.8% and delivered 62-day performance of 76.2%, which remained below the 85% ambition but reflected recovery work across pathways. Risks remain in some tumour sites, workforce, diagnostic capacity and pathway complexity, requiring continued focus in 2026/27.

Primary, community and diagnostic services progressed through Pharmacy First, urgent dental provision, improved digital access to general practice, integrated neighbourhood approaches and community-based alternatives to hospital care. The Telford Community Diagnostic Centre also provided substantial additional diagnostic capacity.

Mental health and neurodevelopmental services also improved, including increased investment, expanded Mental Health Support Teams, an all-age 24/7 Crisis Text Service, inpatient quality transformation and further development of dementia, learning disability and autism pathways. However, demand and capacity pressures remained material, particularly in children and young people's mental health, neurodiversity assessment and NHS Talking Therapies access.

Performance for people with a learning disability and autistic people improved in some areas. Annual health checks for people on GP learning disability registers rose from 12.07% in Q1 to 80.63% in Q4, and governance was strengthened to inform autism and ADHD (attention deficit hyperactivity disorder) pathway redesign from 2026/27. However, autistic and learning disability inpatient numbers increased, and neurodiversity assessment demand continued to exceed capacity, requiring sustained focus on access, waits, discharge and admission avoidance.

The ICB demonstrated strong financial management, delivering a £2.1 million favourable outturn against a planned £2.0 million deficit and £41.4 million of efficiencies, most of which were recurrent, supported by £90 million in deficit support funding. The ICB remained close to plan, with a year end variance of 0.13% and implied productivity growth of 5.6%. This reflects stronger grip and control, although the system remained dependent on deficit support and continued to face cost pressures in elective care, continuing healthcare and mental health services.

The ICB progressed wider statutory duties on population health, inequalities and sustainability. NOF metrics show improved bowel and breast screening coverage, strong Q4 delivery of learning disability annual health checks and good performance against the Greener NHS programme judgement. However, SMI (serious mental illness) physical health checks remained below target at 58% and deteriorated from 2024/25, while some inequalities metrics remained variable, requiring clearer evidence of impact for disadvantaged communities.

The evidence shows reasonable engagement with statutory SEND (special educational needs and disabilities) responsibilities, including collaboration with local authorities, education partners, voluntary and community organisations and providers, and upstream interventions such as vaccination campaigns and Asthma Friendly Schools. In 2026/27, SEND priorities, delivery risks and evidence of impact should be more consistently visible through Board and committee assurance.

Safeguarding arrangements were maintained through established partnership and governance routes, with risks and quality issues escalated through wider quality arrangements. NHS England is satisfied that the duty was discharged in 2025/26, but safeguarding themes, risks and learning should remain clearly reflected in Board-level assurance.

Complaints oversight was considered through broader quality governance, drawing on complaints, patient experience, provider intelligence and safety data, alongside resident experience items, public questions and committee reporting. However, the evidence base remains largely narrative, and in 2026/27 the ICB should strengthen reporting on complaints themes, learning, actions and impact.

Section 2: ICB capability assessment

The ICB entered formal joint leadership arrangements with Staffordshire and Stoke on Trent ICB, which allowed executives to pool resources, standardise risk management and make faster executive decisions regarding provider performance, such as holding joint interventions over West Midlands Ambulance Service delays, while successfully reducing corporate overheads in line with national administrative efficiency mandates. The ICB Board and Executive Team ensured that additional measures were put in place to support staff through the organisational change process in 2025/26, including the provision of a counselling service, increased access to professional coaching and the formation of staff and leadership networks.

The ICB further strengthened its maturity as a strategic commissioner during 2025/26, delivering tangible improvements in financial recovery, elective and diagnostic performance, cancer pathways, and the development of integrated neighbourhood and community-based models of care. Throughout the year, the Board maintained

strong oversight of key system priorities, including winter resilience, UEC improvement, quality, finance, risk, transformation, and the evolving system accountability and performance framework.

The ICB successfully recommissioned the GP Out of Hours service through a rigorous, transparent and well-governed procurement process. An independent panel review provided full assurance and a comprehensive endorsement of the commissioning approach, confirming that it was fair, robust and fully compliant with statutory and NHS requirements. The review highlighted strong governance, effective stakeholder engagement and clear decision-making, identifying no material concerns. It concluded that the awarded contract appropriately balanced quality, safety, patient experience and value for money, providing assurance and confidence in both the integrity of the process and the resulting service model.

Governance, risk management and internal control arrangements were generally robust, with Board and committee reporting covering performance, finance, quality and transformation. The ICB also strengthened system leadership through joint working with Staffordshire and Stoke-on-Trent ICB as part of wider clustering arrangements, while managing significant organisational change.

The ICB discharged its duties to have due regard to the wider effects of decisions, including the Triple Aim, and to obtain appropriate advice. Board consideration of the Neighbourhood Approach, Healthy Ageing Strategy, Neighbourhood Implementation Programme, System Winter Plan, Infrastructure Strategy, System Green Plan, Integrated Performance Report and Recovery Support Programme transition showed that decisions considered population health, inequalities, care quality, operational resilience, financial sustainability and environmental impact.

Feedback from local Health and Wellbeing Board (HWBB) partners reported that ICB engagement was very good. The ICB continues to strengthen system collaboration and Place-based governance by aligning the HWBB strategy with wider system priorities, supported by joint development sessions. The HWBB recognised a range of examples where more systematic joint work is delivering improved outcomes including developing and delivering a neighbourhood approach, developing a STW prevention framework and addressing inequalities, including Core20PLUS5.

The ICB demonstrated a strong commitment to the health and work agenda, using its role as an anchor institution to support local employment, skills development and inclusion. Initiatives during 2025/26 included work experience and employment opportunities for disadvantaged groups, alongside programmes designed to improve both economic participation and long-term health outcomes.

Overall, the ICB showed strengths in partnership working, system governance, finance and targeted improvement programmes. The ICB also demonstrated strengths in coordinating system partners through a challenging winter period. Further work is required to ensure there are consistent and sustainable system responses to persistent operational pressures, particularly UEC, ambulance handovers and some mental health access standards, there was also variation in engagement and delivery at place level.

In summary, the ICB has become more effective as a strategic commissioner, with stronger governance, improved financial control and clearer system coordination. Further development is required to translate strategic intent into consistent delivery across all places and services, and to ensure that scrutiny, local government and community partners are engaged earlier and more transparently in significant decisions.

Section 3: Support and intervention

The ICB commenced 2025/26 in the NHS England Recovery Support Programme, reflecting the level of national oversight required at the start of the year in relation to finance, governance and performance. The ICB also remained subject to undertakings and associated improvement requirements.

During the year, the ICB demonstrated sufficient improvement to exit the Recovery Support Programme in September 2025. This followed demonstrable progress in governance, financial management and operational performance, including elective and cancer recovery and some improvements in UEC metrics. Undertakings were also lifted, and the ICB has since operated with increased autonomy.

The ICB responded to these interventions through a structured improvement approach, working closely with NHS England and system partners to address the agreed requirements. This included strengthening governance arrangements, delivering financial recovery plans, improving operational performance and enhancing system leadership capability.

The system continued to receive targeted oversight and support in areas where delivery risks remained material. SaTH (Shrewsbury and Telford Hospital NHS Trust) was subject to tiered oversight for UEC, elective and cancer performance, and RJAH (Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust) was subject to tiered oversight for elective and cancer performance, with the ICB participating in the relevant meetings and improvement arrangements.

Overall, the support and intervention provided to the ICB contributed to a marked improvement in organisational maturity, strengthened governance arrangements, and a more sustainable financial position. This progress is evidenced by the successful delivery of key improvement programmes, the strengthening of assurance and oversight processes, and the organisation's exit from the Recovery Support Programme with the associated removal of NHS England undertakings.

Through sustained leadership, effective governance, strategic direction and partnership working, the ICB played a key role in driving the improvements required, embedding a culture of accountability and delivering the conditions necessary to secure exit from the Recovery Support Programme and the removal of undertakings. The collective leadership supported the organisation's recovery trajectory, providing a stronger platform for future improvement and strategic commissioning. Continued focus will be required in 2026/27 to embed these improvements and address the remaining challenges in UEC, ambulance handovers, mental health access, neurodiversity pathways, learning disability and autism inpatient reduction, and local authority scrutiny engagement.

Conclusion

In forming this assessment, we have sought to take a balanced and proportionate view of your performance, recognising both what has been delivered and the complexity of the operating environment in which ICBs continue to function. We are encouraged by progress towards a more mature system of integrated care, with decision-making increasingly informed by, and responsive to, the needs of local people and communities.

We recognise that, for some systems, this assessment relates to an ICB that has since merged or transitioned into a new organisational form. This letter therefore reflects performance for the statutory body in place during the period assessed. NHS England acknowledges the pace of change across systems and is committed to working with you in your current configuration, supporting continuity, learning from predecessor organisations, and continued improvement as the new ICB develops and embeds its responsibilities.

I ask that you share this assessment with your board and senior leadership team and consider publishing it alongside your annual report at a public meeting. In line with our statutory responsibilities, NHS England will also publish a summary of the outcomes of all ICB annual performance assessments.