NHS
Nottingham and Nottinghamshire

Integrated Care Board Meeting Agenda (Open Session)

Thursday 09 January 2025 09:00-12:15

Rushcliffe Arena, Rugby Road, West Bridgford, NG2 7YG

"Every person enjoying their best possible health and wellbeing"

Our aims: to **improve outcomes** in population health and healthcare; **tackle inequalities** in outcomes, experiences and access; enhance **productivity and value for money**; and support broader **social and economic development**.

Our guiding principles: **prevention** is better than cure; **equity** in everything; and **integration** by default.

Our core values:

- We will be open and honest with each other.
- We will be respectful in working together.
- We will be accountable, doing what we say we will do and following through on agreed actions.
- We will challenge each other if we fall short of upholding our aims and guiding principles.
- We will work with our population and put their needs at the heart of the ICS.

	Item	Presenter	Type *(For Assurance, Decision, Discussion or Information)*	Enc.	Time
	Introductory items				
1.	Welcome, introductions and apologies	Kathy McLean	-	-	09:00
2.	Confirmation of quoracy	Kathy McLean	-	-	-
3.	Declaration and management of interests	Kathy McLean	Information	✓	-
4.	Minutes from the meeting held on: 14 November 2024	Kathy McLean	Decision	✓	-
5.	Action log and matters arising from the meetings held on: 14 November 2024	Kathy McLean	Discussion	✓	-
	Leadership and operating context				
6.	Citizen Story: Targeted Lung Health Checks	Dave Briggs	Discussion	✓	09:05
7.	Chair's Report	Kathy McLean	Information	✓	09:15
8.	Chief Executive's Report	Amanda Sullivan	Information	✓	09:20
	Strategy and partnerships				
9.	Healthwatch Report: Understanding local people's experiences of health and social care in Nottingham and Nottinghamshire	Sarah Collis / Sabrina Taylor	Discussion	✓	09:35
10.	Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: March 2025 Review and Refresh	Victoria McGregor Riley	Discussion	✓	09:55

	Item	Presenter	Type *(For Assurance, Decision, Discussion or Information)*	Enc.	Time
	Delivery and system oversight				
11.	ICS Green Plan: Progress Report	Marcus Pratt / Lindsey Sutherland	Assurance	✓	10:15
12.	Emergency Preparedness, Resilience and Response Annual Report	Gemma Whysall	Assurance	✓	10:35
13.	Quality Report	Rosa Waddingham	Assurance	✓	10:50
14.	Service Delivery Report	Sarah Bray	Assurance	✓	11:05
15.	Finance Report	Marcus Pratt	Assurance	✓	11:20
	Governance				
16.	Freedom to Speak Up Report	Rosa Waddingham	Assurance	✓	11:40
17.	Committee Highlight Reports: • Strategic Planning and Integration Committee • Quality and People Committee • Finance and Performance Committee • Audit and Risk Committee	Committee Chairs	Assurance	✓	11:55
	Information items *The following items are for information and will not be individually presented. Questions will be taken by exception.*				
18.	ICB Standing Financial Instructions	-	Information	✓	-
19.	2024/25 Board Work Programme	-	Information	✓	-
	Closing items				
20.	Risks identified during the course of the meeting	Kathy McLean	Discussion	-	12:10
21.	Questions from the public relating to items on the agenda	Kathy McLean	-	-	-
22.	Any other business	Kathy McLean	-	-	-
	Meeting close	-	-	-	12:15

Confidential Motion:

The Board will resolve that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1[2] Public Bodies [Admission to Meetings] Act 1960)

2024/25 Schedule of Board Meetings:

Date and time	Venue
13 March 2025, 09:00-12:30	Rushcliffe Arena, Rugby Road, West Bridgford, NG2 7YG

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/01/2025
Paper Title:	**Declaration and management of interests**
Paper Reference:	ICB 24 083
Report Author:	Jo Simmonds, Head of Corporate Governance
Report Sponsor:	Lucy Branson, Director of Corporate Affairs
Presenter:	Kathy McLean, Chair

Paper Type:							
For Assurance:		For Decision:		For Discussion:		For Information:	✓

Summary:

As custodians of tax-payers money, Integrated Care Boards (ICBs) are required to implement and demonstrate robust arrangements for the identification and management of conflicts of interest. These arrangements should support good judgement about how any interests should be approached and managed; safeguarding the organisation from any perception of inappropriateness in its decision-making and assuring the public that money is being spent free from undue influence. The ICB's arrangements for the management of conflicts of interests are set out in the organisation's Standards of Business Conduct Policy.

Details of the declared interests for members of the Board are attached at **Appendix A**. An assessment of these interests has been performed against the meeting agenda and the outcome is recorded in the section below on conflicts of interest management.

Members are also reminded of their individual responsibility to highlight any interests not already declared should a conflict (or potential conflict) become apparent in discussions during the meeting. Should any interests arise during the meeting, the ICB's agreed arrangements for managing these are provided for reference at **Appendix B**.

Recommendation(s):

The Board is asked to **note** this item for information.

How does this paper support	the ICB's core aims to:
Improve outcomes in population health and healthcare	It is essential that the ICB establishes effective arrangements for managing conflicts and potential conflicts of interest to ensure that they do not, and do not appear to, affect the integrity of the ICB's decision-making processes towards the achievement of the four core aims.
Tackle inequalities in outcomes, experience and access	As above.
Enhance productivity and value for money	As above.
Help the NHS support broader social and economic development	As above.

Appendices:
Appendix A: Extract from the ICB's Register of Declared Interests for members of the Board. Appendix B: Managing Conflicts of Interests at Meetings.

Board Assurance Framework:
Not applicable to this report.

Report Previously Received By:
Not applicable to this report.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Register of Declared Interests

• As required by section 14Z30 of the NHS Act 2006 (as amended), the ICB has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interests.

• This document is extracted from the ICB's full Register of Declared Interests for the purposes of this meeting.

• The register is reviewed in advance of the meeting to ensure the consideration of any known interests in relation to the meeting agenda. Where necessary (for example, where there is a direct financial interest), members may be fully excluded from participating in an item and this will include them not receiving the paper(s) in advance of the meeting.

• Members and attendees are reminded that they can raise an interest at the beginning of, or during discussion of, an item if they realise that they do have a (potential) interest that hasn't already been declared.

Name	Current position(s) held in the ICB	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date the interest became relevant to the ICB	Date To	Action taken to mitigate risk
ADAMOU, Marios	Non-Executive Director	South West Yorkshire Partnership NHS Foundation Trust	Employed as a Consultant Psychiatrist	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
ADAMOU, Marios	Non-Executive Director	Marios Adamou LTD - providing educational and advisory services	Director	✓				01/07/2022	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Marios Adamou Ltd.
ADAMOU, Marios	Non-Executive Director	University of Huddersfield	Visiting Professor			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
ADAMOU, Marios	Non-Executive Director	Advance Occupational Healthcare Ltd.	Director	✓				01/07/2022	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Advance Occupational Health Ltd.
BRIGGS, David	Medical Director	British Medical Association	Member		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.

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JACKSON, Stephen	Non-Executive Director	Nottingham Business Improvement District (BID) - a business-led,not for profit organisation helping to champion Nottingham.	Non-Executive Chair		✓			01/07/2022	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by BID.
JACKSON, Stephen	Non-Executive Director	Nottingham High School	Governor		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
JACKSON, Stephen	Non-Executive Director	Portland College	Governor		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
JACKSON, Stephen	Non-Executive Director	Marketing Nottingham - A not for profit business and the official place marketing organisation for Nottingham City.	Non-Executive Director		✓			01/07/2022	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Marketing Nottingham.
JACKSON, Stephen	Non-Executive Director	Derbyshire Health United CIC - A not for profit community interest company providing a range of health service provisions.	Non-Executive Director	✓				01/07/2022	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to services that are currently, or could be, provided by DHU CIC).
JACKSON, Stephen	Non-Executive Director	Imperial Business Consulting Ltd - a management consultancy business, based in Leicestershire.	Joint Owner and Chief Executive Officer	✓				01/07/2022	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Imperial Business Consulting Ltd

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JACKSON, Stephen	Non-Executive Director	Ravenshead Surgery (Abbey Medical Group)	Registered patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
JACKSON, Stephen	Non-Executive Director	Nottingham City Transport	Spouse is a Non Executive Director				✓	01/11/2023	Present	This interest will be kept under review and specific actions determined as required.
JACKSON, Stephen	Non-Executive Director	Nottingham Ice Centre	Spouse is a Non Executive Director				✓	01/11/2023	Present	This interest will be kept under review and specific actions determined as required.
JACKSON, Stephen	Non-Executive Director	Birmingham Women's and Children NHS Foundation Trust	Non-Executive Director	✓				01/10/2024	Present	This interest will be kept under review and specific actions determined as required.
LIM, Dr Kelvin	Primary Care Partner Member	NEMS Healthcare Ltd	Shareholder	✓				01/07/2022	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangement) relating to services that are currently, or could be, provided by NEMS CBS.
LIM, Dr Kelvin	Primary Care Partner Member	Church Walk Medical Services	Shareholder	✓				01/07/2022	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to primary medical services
LIM, Dr Kelvin	Primary Care Partner Member	Eastwood Primary Care Centre	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from

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MAJID, Ifti	Mental Health Partner Member	Nottinghamshire Healthcare NHS Foundation Trust	Chief Executive	✓				07/12/2022	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to services that are currently, or could be, provided by Nottinghamshire Healthcare NHS Trust
MAJID, Ifti	Mental Health Partner Member	NHS Confederation: BME Leaders Network	Chair		✓			07/12/2022	Present	This interest will be kept under review and specific actions determined as required.
MAJID, Ifti	Mental Health Partner Member	NHS Confederation: Mental Health Network	Board Member and Trustee		✓			07/12/2022	Present	This interest will be kept under review and specific actions determined as required.
MAJID, Ifti	Mental Health Partner Member	Ellern Mede - provider of high intensity children and young people's eating disorder services	Spouse is Managing Director				✓	07/12/2022	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Ellern Mede.
MAJID, Ifti	Mental Health Partner Member	Knowledge Exchange Group – provider of public sector conferencing	Member of the organisations Advisory Board				✓	01/12/2023	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by the Knowledge Exchange Group Ltd.
MCGREGOR-RILEY, Dr Victoria	Acting Director of Strategy and System Development	Sheffield Teaching Hospitals NHS Foundation Trust	Spouse employed as a consultant surgeon				✓	01/07/2022	Present	This interest will be kept under review and specific actions determined as required.

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MCGREGOR-RILEY, Dr Victoria	Acting Director of Strategy and System Development	GP Practice in Bassetlaw	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
MCGREGOR-RILEY, Dr Victoria	Acting Director of Strategy and System Development	Managers in Partnership	Trade Union Representative (voluntary)			✓		01/09/2022	Present	This interest will be kept under review and specific actions determined as required.
MCGREGOR-RILEY, Dr Victoria	Acting Director of Strategy and System Development	Nottingham University NHS Trust (NUH)	Son employed as a Project Coordinator				✓	04/05/2023	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	Kathy McLean Limited- Private limited company offering health related advice	Director	✓				01/07/2022	Present	There is no contract in place with this organisation. To be excluded from all commissioning
MCLEAN, Kathy	ICB Chair	NHS Employers	Member of the Workforce Policy Board		✓			TBC	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	NHS Employers	Chair of the national negotiation committee for Staff and Associate Specialists on behalf of NHS Employers		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	Care Quality Commission (CQC)	Occasional Advisor	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.

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MCLEAN, Kathy	ICB Chair	The Public Service Consultants Ltd (Public Sector Consultancy)	Interim Chair	✓				01/07/2022	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by The Public Service Consultants Ltd.
MCLEAN, Kathy	ICB Chair	Oxehealth Ltd (vision-based patient monitoring and management)	Member of the advisory board	✓				01/07/2022	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities) relating to services that could be provided by Oxehealth Ltd.
MCLEAN, Kathy	ICB Chair	NHS Derby and Derbyshire Integrated Care Board	Chair	✓				01/05/2024	Present	This interest will be kept under review and specific actions determined as required.
PRATT, Marcus	Acting Executive Director of Finance	British Telecom	Shareholder	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
PRINCIPE, Maria	Acting Director of Delivery and Operations	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
ROBINSON, Paul	NHS Trust and NHS Foundation Trust Partner Member	Sherwood Forest Hospitals NHS Foundation Trust	Chief Executive	✓				01/07/2022	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangement) relating to services that are currently, or could be, provided by Sherwood Forest Hospitals NHS Foundation Trust.

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SULLIVAN, Amanda	Chief Executive	Hillview Surgery	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
TOWLER, Jon	Non-Executive Director	Sherwood Medical Practice	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
TOWLER, Jon	Non-Executive Director	Major Oak Medical Practice, Edwinstowe	Family members are registered patients				✓	01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
TOWLER, Jon	Non-Executive Director	The Conservation Volunteers: a national charity bringing together people to create, improve and care for green spaces.	Chair (Trustee and Director)	✓				01/12/2022	Present	This interest will be kept under review and specific actions determined as required.
TOWLER, Jon	Non-Executive Director	The Conservation Volunteers: a national charity bringing together people to create, improve and care for green spaces.	Fellow director is a senior manager at Everyturn Mental Health				✓	01/12/2022	Present	This interest will be kept under review and specific actions determined as required.
WADDINGHAM, Rosa	Director of Nursing	NHS Professionals (An NHS staff bank, owned by the Department of Health and Social Care)	Member of the Advisory Board		✓			01/09/2023	Present	This interest will be kept under review and specific actions determined as required.

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WADDINGHAM, Rosa	Director of Nursing	Florence Nightingale Foundation (FNF) (A charity supporting Nurses and Medwives to improve patient care)	Chair of the FNF Members' Advisory Group		✓			01/09/2023	Present	This interest will be kept under review and specific actions determined as required.
WADDINGHAM, Rosa	Director of Nursing	Specsavers	Son is Dispensing Manager at Specsavers, Bingham				✓	01/02/2024	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to services that are currently, or could be provided by Specsavers
WADDINGHAM, Rosa	Director of Nursing	Nottingham Trent University	Honorary Professor		✓			11/11/2024	11/11/2027	This interest will be kept under review and specific actions determined as required.
WILLIAMS, Melanie	Local Authority Partner Member	Nottinghamshire County Council	Corporate Director for Adult Social Care and Health	✓				01/07/2022	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to services that are currently, or could be, provided by Nottinghamshire County Council
WILLIAMS, Melanie	Local Authority Partner Member	Orchard Surgery	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.

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The following individuals will be in attendance at the meeting but are not part of the Board's membership:										
BRANSON, Lucy	Director of Corporate Affairs	St George's Medical Practice	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
HUBBER, Lucy	Director of Public Health, Nottingham City Council	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
KING, Daniel	VCSE Alliance Chair	Nottingham Trent University	Employee	✓				06/09/2023	Present	This interest will be kept under review and specific actions determined as required.
LALANI, Mehrunnisa	Non-Executive Director	University Hospitals of Birmingham	Non-Executive Director	✓				01/01/2025	01/04/2025	This interest will be kept under review and specific actions determined as required.
LALANI, Mehrunnisa	Non-Executive Director	British association for counselling and psychotherapy	Fitness to Practice Panel Member	✓				01/01/2025	Present	This interest will be kept under review and specific actions determined as required.
LALANI, Mehrunnisa	Non-Executive Director	Coventry University Group	EDI Strategic Lead	✓				01/01/2025	Present	This interest will be kept under review and specific actions determined as required.
LALANI, Mehrunnisa	Non-Executive Director	Post Office Scandal Research Advisory Group	Member			✓		01/01/2025	Present	This interest will be kept under review and specific actions determined as required.
LALANI, Mehrunnisa	Non-Executive Director	Sara (Leicester) LTD	Consultant	✓				01/01/2025	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions

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MURPHY, Vicky	Local Authority Partner Member	Nottingham City Council	Corporate Director of Adults Social care, Commissioning and Health	✓				01/11/2024	Present	To be excluded from all commissioning decisions (including procurement activities and contract management
NAGRA, Mandy	Interim System Delivery Director	Nottinghamshire Healthcare NHS Foundation Trust	Engaged as Interim Director (from 01.10.24, three days per week focussed on Trust performance and financial improvement)	✓				01/10/2024	Present	To be excluded from all commissioning activities and decision making relating to services that are currently, or could be, provided by Nottinghamshire Healthcare NHS Foundation Trust (NHT) (this includes exclusion from ICB-led service review, procurement, and contracting activities. Involvement in other ICB-led business activities that relate to services provided by NHT, which could lead to a pereception of pre-decision making influence, will need to be carefully considered. While exclusion may not always be necessary, it will be important from a transparency perspective to be clear about any involvement and to which role it relates. To also be excluded from ICB-led provider oversight and assurance arrangements relating to NHT.
VAN DICHELE, Guy	Local Authority Partner Member - Deputy	United Response National Charity for People with Learning Disabilities	Trustee	✓				15/04/2024	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to services that are currently, or could be provided by United Response National Charity

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VAN DICHELE, Guy	Local Authority Partner Member - Deputy	Nottinghamshire County Council	Director	✓				15/04/2024	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) relating to services that are currently, or could be, provided by Nottinghamshire County Council

Appendix B

NHS
Nottingham and Nottinghamshire

Managing Conflicts of Interest at Meetings

1. A conflict of interest is defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.
2. An individual does not need to exploit their position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur. In fact, a perception of wrongdoing, impaired judgement, or undue influence can be as detrimental as any of them actually occurring. It is important to manage these perceived conflicts in order to maintain public trust.
3. Conflicts of interest include:
    - Financial interests: where an individual may get direct financial benefits from the consequences of a commissioning decision.
    - Non-financial professional interests: where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their reputation or status or promoting their professional career.
    - Non-financial personal interests: where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
    - Indirect interests: where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision.
    - Loyalty interests: where decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationship they have, rather than through an objective process.

    The above categories are not exhaustive, and each situation must be considered on a case-by-case basis.
4. In advance of any formal meeting, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This may include steps to be taken prior to the meeting, such as ensuring that supporting papers for a particular agenda item are not sent to conflicted individuals.
5. At the beginning of each formal meeting, members and others attending the meeting will be required to declare any interests that relate specifically to a

particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

6. The Chair of the meeting (or person presiding over the meeting) will determine how declared interests should be managed, which is likely to involve one the following actions:

    - Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to decision-making arrangements.
    - Allowing the individual to participate in the discussion, but not the decision-making process.
    - Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to decision-making arrangements.
    - Excluding the conflicted individual and securing technical or local expertise from an alternative, unconflicted source.

Integrated Care Board (Open Session)
Unratified minutes of the meeting held on
14/11/2024 09:00-12:00
Chappell Room, Civic Centre, Arnot Hill Park

Members present:	
Dr Kathy McLean	Chair
Dr Dave Briggs	Medical Director
Stephen Jackson	Non-Executive Director
Dr Kelvin Lim	Primary Care Partner Member
Victoria McGregor Riley	Acting Director of Strategy and System Development
Marcus Pratt	Acting Director of Finance
Maria Principe	Acting Director of Delivery and Operations
Amanda Sullivan	Chief Executive
Jon Towler	Non-Executive Director
Rosa Waddingham	Director of Nursing
In attendance:	
Alex Ball	Director of Communication and Engagement
Lucy Branson	Director of Corporate Affairs
Claire Culverhouse	Managing Director – Provider Collaborative (for item ICB 24 067)
Philippa Hunt	Chief People Officer
Daniel King	Chair, Voluntary and Community Sector Alliance
Vicky Murphy	Corporate Director of Adults and Public Health, Nottingham City Council (from item ICB 24 064)
Viv Robbins	Interim Director of Public Health, Nottinghamshire County Council (from item ICB 24 064)
Guy Van Dichele	Interim Director of Adult Services, Nottinghamshire County Council (deputising for Melanie Williams)
Sue Wass	Corporate Governance Officer (minutes)
Apologies:	
Professor Marios Adamou	Non-Executive Director
Ifti Majid	NHS Trust/Foundation Trust Partner Member
Paul Robinson	NHS Trust/Foundation Trust Partner Member
Melanie Williams	Local Authority Partner Member

Cumulative Record of Members' Attendance (2024/25)

Name	Possible	Actual	Name	Possible	Actual
Kathy McLean	4	4	Stuart Poynor[1]	1	1

Name	Possible	Actual	Name	Possible	Actual
Marios Adamou	4	3	Marcus Pratt[2]	3	3
Dave Briggs	4	4	Maria Principe[4]	1	1
Lucy Dadge[3]	3	1	Paul Robinson	4	1
Stephen Jackson	4	4	Amanda Sullivan	4	4
Kelvin Lim	4	4	Jon Towler	4	4
Ifti Majid	4	2	Catherine Underwood[1]	1	1
Caroline Maley[3]	3	2	Rosa Waddingham	4	4
Victoria McGregor Riley[4]	1	1	Melanie Williams	4	1

1 – Board membership ceased June 2024
2 – Board membership commenced July 2024
3 – Board membership ceased September 2024
4 – Board membership commenced October 2024

Introductory items

ICB 24 059 Welcome, introductions and apologies

The Chair welcomed members to the meeting of the Board. A round of introductions was undertaken and apologies noted as above.

ICB 24 060 Confirmation of quoracy

The meeting was confirmed as quorate.

ICB 24 061 Declaration and management of interests

No interests were declared in relation to any item on the agenda.

The Chair reminded members of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting.

ICB 24 062 Minutes from the meeting held on: 12 September 2024

The minutes were agreed as an accurate record of the discussions.

ICB 24 063 Action log and matters arising from the meeting held on: 12 September 2024

Two actions were noted as open and on track for completion and all remaining actions were confirmed as completed.

Leadership and operating context

ICB 24 064 Citizen Story: Experience of autistic people and citizens with a learning disability

Rosa Waddingham presented the item and highlighted the following points:

a) A core aim of the Integrated Care Strategy was to address inequalities, with the principle of equity in everything. The NHS Joint Forward Plan had identified the need to address the health and support needs of autistic people and people with learning disabilities and to ensure that there was adequate community provision to avoid inappropriate hospital admissions.

b) The report highlighted how autistic people and people with learning disabilities experienced significant health inequalities, linked to barriers in accessing appropriate service provision. However, reasonable adjustments and personalisation could shape how best to deliver the care that they need.

c) Following the unfortunate death of Oliver McGowan, whose family were not listened to, legislation had been introduced to require all health and care staff working in Care Quality Commission-registered organisations to undertake training on learning disability and autism. Nottingham and Nottinghamshire ICB had taken the decision to also include their staff in this essential training.

d) The three citizen stories in the report described the impact and harm inflicted when individual needs were not appropriately accounted for and demonstrated the positive outcome when reasonable adjustments were made.

At this point, Viv Robbins and Vicky Murphy joined the meeting.

The following points were made in discussion:

e) Noting the powerful citizen stories, members discussed how personalised interventions enabled the individuals in the case studies to live their lives as well as possible without having to access services.

f) Discussing the report from an ‘anchor institution perspective’, members noted the importance of how employment opportunities had led to increased aspirations and healthy lives.

g) Members queried how a change of culture was being promoted, embedded and monitored. It was noted that Nottingham and Nottinghamshire was fortunate to have strong representation from individuals with lived experience embedded in learning disability and autism oversight arrangements. Rolling out training to a wide cohort of staff would create a better understanding of the needs of individuals with learning disabilities and autism, which would in turn result in more equitable treatment.

h) Noting that it was important for Board members and all ICB staff to undertake the training, the Chair asked that a letter of thanks be sent to the three individuals who had taken the time to write their stories and asked that a progress update on the impact of the training be added to the Board's work programme.

The Board **noted** the citizen stories shared within the report.

Actions: Rosa Waddingham to:

- **Send letters of thanks to the individuals that had shared their stories with the Board.**
- **Provide the Board with an update on the impact of the Oliver McGowan training to the May 2025 meeting.**

ICB 24 065 Chair's Report

Kathy McLean highlighted the following points from her report:

a) Noting the beginning of the winter period, much work had taken place over the summer to ensure that the system was as well prepared as possible.

b) Work continued to develop plans for 2025/26, taking into account messages from the Government regarding the longer-term focus for the NHS following the publication of Lord Darzi's independent report into the NHS. The ICB and wider system partners would be involved in the engagement around the development of the ten-year plan.

c) Recent meetings with NHS foundation trust governors from across Nottingham and Nottinghamshire and the East Midlands Mayor had been a beneficial sounding board to discuss the three 'shifts' the Government expected to see: from hospital to community, from analogue to digital and from treatment to prevention.

d) The ICS Health and Care awards, held on 6 November 2024, had been an excellent opportunity to thank colleagues in the system for their hard work and to hear inspirational accounts from staff working on the front line.

e) Although current pressures remained intense, it was important to continue with the system's longer term aim to integrate services and deliver care closer to home. A recent visit to the Rosewood Primary Care Network had demonstrated the enthusiasm of staff to provide excellent care despite continuing challenges.

f) Appointments to new and recently vacated Board roles were in the process of being finalised and members were asked to note a change to the dates for Board meetings from April 2025.

The Board **noted** the Chair's report for information.

ICB 24 066 Chief Executive's Report

Amanda Sullivan highlighted the following points from her report:

a) Discussing the recent Government communications regarding proposed changes to the NHS landscape, it was noted that the review of the New Hospitals Programme was likely to prioritise those hospitals needing to address buildings with reinforced autoclaved aerated concrete; however, the formal outcome of the review was awaited.

b) The Winter Plan had been enacted and a recent visit by NHS England to review the system's preparations had commended all partners on their cohesive leadership approach.

c) Members welcomed the appointment of Tim Guyler as the new Executive Lead for the Nottingham City Place Based Partnership, and it was noted that a new Place Based Partnership and ICB Leads Group had been established to provide a positive environment for ongoing engagement between the ICB and Place Based Partnerships. This would hopefully further support the role of Place Based Partnerships to deliver system priorities whilst remaining sensitive to local population needs.

d) Attention was drawn to progress of the ICB's Staff Survey Action Plan and the current metrics for the ICB's workforce.

e) Rosa Waddingham, the ICB's Chief Nurse, was congratulated for the recent invitation to become an Honorary Professor at Nottingham Trent University, which had recognised her work with trainee nurses and allied health professionals.

f) Progress towards the delegation from NHS England of additional specialised acute, mental health, learning disability and autism services was highlighted and it was noted that a detailed report would be brought to the March 2025 Board meeting for consideration and approval.

g) The extension of Freedom to Speak Up arrangements to colleagues within primary care was noted as a positive step in support of patient safety.

The following points were made in discussion:

h) Members asked to be assured that learning from previous delegations of services from NHS England was being considered for the next tranche, whether there were any risks that needed to be taken into account, and whether additional investment was required for those 'fragile' specialised services that had been delegated in the previous tranche of delegations. Regarding the delegation of specialised services, it was noted that some activity would remain at a regional or sub-regional level and that risk share arrangements were in place that would be collectively managed. Regarding the fragile services, there had been a focus on collaborative arrangements with acute trusts. Budgetary pressures had not yet become a risk.

i) Members discussed the need to ensure that the delegated services enhanced patient experience. It was noted that the delegation of pharmacy, dental and optometry services had made a positive change in the way the ICB commissioned services, using local intelligence. The offer to further involve local authorities in future commissioning was welcomed.

The Board **noted** the Chief Executive's Report for information.

Strategy and partnerships

ICB 24 067 Development of the Provider Collaborative

The Chair welcomed Claire Culverhouse, who was in attendance to provide an update on the work of the Nottingham and Nottinghamshire Provider Collaborative at Scale.

Claire Culverhouse presented the item, and highlighted the following points:

a) The report provided an overview of the progress that the Provider Collaborative had made to date in the key programme areas of corporate services, people and culture, estates and planned care.

b) Over the past two years the Collaborative had built, maintained and increased the quality and strength of their relationship, sharing ideas, opportunities and information between provider organisations. The collaborative programmes were now taking shape and the Distributed Executive Group was operating more effectively as a shared team.

c) However, it was acknowledged that progress was slower than expected. Capacity and resource were noted as the key issues; the collaborative was not an entity in its own right and the work that

needed to be undertaken by individuals within the trusts was in addition to their core workloads.

d) A stocktake meeting of member organisations' Chairs and Chief Executives had recently taken place, which affirmed the appetite for collaboration within the previously identified programme areas, with an agreement to invest in some short-term work, in order to effectively assess the impact of varying options of collaboration in each area.

The following points were made in discussion:

e) In response to a query regarding the Provider Collaborative's mechanisms for engaging with primary care, it was noted that the approach would be different for each workstream. It was agreed that this this point would be further discussed outside of the meeting and arrangements would be made more explicit moving forward.

f) In discussion regarding the system's financial position and the need to protect health services, members stressed the importance of focussing on the benefits that could be realised through establishment of shared infrastructures and assets, taking into account the ambition of 'integration by default'.

g) The Provider Collaborative was acknowledged as a key mechanism to support management of the ICB's key strategic risks; however, there was agreement that the report did not demonstrate an urgency in driving forward the delivery of improvements within organisations, given the system's challenging financial position, and members queried what needed to change to allow organisations to move forward on the delivery of the identified workstreams. It was noted that the programme areas set out within the report would be explicit within the development of the 2025/26 system operational plan.

The Board **noted** the report.

ICB 24 068 Clinical and Care Professional Leadership Arrangements

The Chair introduced the item by noting its link to the ICB's strategic risks relating to strategy and transformation and partnership working, as detailed within the Board Assurance Framework.

Dave Briggs went on to present the paper, highlighting the following points:

a) The report described how the ICB's Collaborative Clinical and Care Transformation Leadership Group (CCCTLG) had embedded the NHS England framework to 'Building strong integrated care systems

everywhere' and highlighted key achievements that had been made to date.

b) The composition and the role of the CCCTLG was described. Although it encompassed a wide range of clinical expertise, it was recognised that there was more work to be done to ensure the widest possible clinical representation.

c) In addition, the report detailed several of areas where expertise was utilised and discussed leadership development programmes to train future clinical leaders. Clinical and care profession leaders supported ICS planning, transformation, and delivery through allocated funding for task and finish pieces of work, enabling professional leadership resource to be utilised across the system for all priority areas of work through protected allocated time.

d) The key risk to continued progress was noted as the loss of posts and workforce development funding programmes, which posed a risk to maintaining some of the momentum within clinical and care professional leadership. There was also the issue of the capacity of this cohort of staff to undertake leadership roles in addition to their core duties.

e) Going forward, the key area of work would be a CCCTLG mapping exercise to ensure that professionals working in all sectors and areas of the ICS, and at all levels were represented.

The following points were made in discussion:

f) Members sought assurance that clinical representation was much wider than General Practitioners, and it was noted that although there were areas of good engagement from a wide cohort of professionals, the picture was variable. It was agreed that a variety of clinical and care professional voices were needed across all transformation programmes.

g) Discussing the potential risk that clinical leaders would not have the capacity to commit to clinical leadership roles, the need to ensure the resource was used in the most effective way was noted.

h) In summary members welcomed the report and considered this to be an essential element of system working towards delivery of service transformation.

The Board **noted** the report.

Delivery and system oversight

At this point, the Chair commented that the following items, which formed the delivery and system oversight section of the meeting's agenda, were critical assurances for the Board in relation to a number of the ICB's strategic risks, as set out in the Board Assurance Framework.

ICB 24 069 Assertive and Intensive Community Mental Health Care – Review and Action Plan

Maria Principe presented the item and highlighted the following points:

a) Following the killings of Ian Coates, Grace O'Malley-Kumar and Barnaby Webber in 2023, one of the actions mandated by NHS England was for all ICBs to review their community services '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'. The outcome of the review and any subsequent action plans were required to be presented to an ICB Board meeting in open session. This report responded to this request.

b) The findings of the review concluded that the ICB was not assured that the services provided by Nottinghamshire Healthcare NHS Foundation Trust were currently able to identify, maintain contact with or meet the needs of people who may require intensive and assertive community care. Although some assertive engagement was taking place, care practices were inconsistent, with no standardised pathways, training and communication.

c) The findings had been presented to the Trust in September 2024 and actions had already been undertaken to address the findings, as referenced in the report. A Task and Finish Group had been established to take forward the actions and monitor progress, which reported to the Rapid Improvement Board, which in turn reported into the Improvement Oversight and Assurance Group. The majority of actions were due for completion by the end of quarter three 2024/25.

The following points were made in discussion:

d) Given that all actions were due for completion in only a few weeks' time, members sought to understand the ICB's confidence that completed actions were embedded and sustainable and queried how the Trust's Board would be assured that the action plan had delivered positive change. It was noted that the Trust had a robust process to examine the evidence of achievement before assigning actions as

completed, and monitoring would continue. The ICB was also working closely with the Trust to improve data reporting.

e) A member raised a query regarding the Trust's response to findings that there was poor communication between organisations. It was noted that this action plan was just one element of a wider review within which communication issues were being examined by the Improvement Oversight and Assurance Group.

f) Community discharge resourcing and capacity constraints, potentially leading to costly placements, was noted.

The Board **noted** the report.

ICB 24 070 Primary Care Access Improvement Plan Update

Maria Principe presented the item and highlighted the following points:

a) The report provided an update on progress with the implementation of the primary care access improvement plan.

b) There were four key areas in the plan; empowering patients; implementation of modern general practice access; building capacity; and cutting bureaucracy. The report detailed progress against each area since the last report to the Board in May 2024 and noted that delivery was overseen by the Primary Care Strategy Delivery Group and the Strategic Planning and Integration Committee.

c) The report demonstrated that good progress had been made in all delivery areas, with the exception of one action relating to the support offer to practices preparing for implementation of modern general practice access models. Due to the financial challenges faced by the NHS system, the budget for the local offer had been withdrawn; however, there was good take-up of the national offer which was continuing.

d) Several areas of success and good practice were noted, notably the Nottingham City 'On Day' service.

e) Risks to progress were discussed and it was noted that supporting practice resilience remained an ongoing challenge. In addition, as the value of the GP contract was significantly below inflation, the financial viability for some practices and the potential for disengagement from Local Enhanced Services were noted as significant risks.

The following points were made in discussion:

f) While acknowledging the good progress that had been made despite the ongoing period of collective action, members challenged whether

the ICB could evidence that improvements had led to improved patient experience.

g) Similarly, a member queried whether the fall in GP numbers needed to be addressed, as this would be a concern to patients. It was noted that this was a national risk and there was continued national support to retain GPs nearing the end of their careers, as well as training for recently qualified GPs. There was also a need to diversify the GP workforce and provide improved communication to patients on the range of other staff that provided medical services.

h) It was agreed that several of the points raised should be discussed in greater detail at the Board's seminar on primary care in December. Notably the need to explore how to better understand and capture patient experience and to examine data in terms of equity, both geographical and for protected characteristics.

i) Noting that this report was a national requirement on several prescribed key areas with limited metrics, a more in-depth discussion in December was welcomed.

The Board **noted** the report.

At this point Victoria McGregor-Riley left the meeting.

ICB 24 071 Quality Report

Rosa Waddingham presented the item and highlighted the following points:

a) The report provided a summary of compliance against quality improvements required for 2024/25, and the actions and recovery timeframes for those targets currently off track.

b) A high level of oversight continued to be maintained as Nottinghamshire Healthcare NHS Foundation Trust continued to progress a comprehensive and complex programme of improvement work to address identified quality and safety improvements. The Quality and People Committee had undertaken a deep dive review at its last meeting and had applied a limited assurance rating, recognising that although improvements had been made, there was a way to go before services were robust.

c) Following discussion at the previous meeting, the quality visit to Sherwood Forest Hospitals NHS Foundation Trust during September 2024 had demonstrated considerable progress in delivering the Trust's Emergency Department Improvement Action Plan.

d) Although their contract performance notice had now been removed, there continued to be a focus on supporting Nottingham Citycare Partnership to progress their improvement plan and enhanced oversight would continue to ensure sustained improvements. An increased focus on all community care services had been put in place.

e) The Quality and People Committee had also reviewed the Winter Plan from a quality perspective and had noted that it addressed key quality and patient safety concerns.

The following points were made in discussion:

f) Discussing community services, members asked to be assured that Nottinghamshire Healthcare NHS Foundation Trust's focus on addressing the required improvements to their mental health services was not at the expense of their community services programmes. It was noted that the ICB and Nottinghamshire Healthcare NHS Foundation Trust were cognisant of this potential risk. Members welcomed a suggestion to provide a focused update on progress of the community transformation programme and the development of integrated neighbourhood teams at a Board seminar early in the next financial year.

g) As a member of the Quality and People Committee, Stephen Jackson asked the Board to note that, given the significant number of quality risks being overseen by the Committee, a detailed review was scheduled to be undertaken at the November meeting, the outcome of which would be reported to the Board in January 2025.

The Board **noted** the report.

Action: Lucy Branson to schedule a Board seminar early in 2025/26 focused on the community transformation programme and development of integrated neighbourhood teams.

ICB 24 072 Service Delivery Report and Winter Plan

Maria Principe presented the item and highlighted the following points:

a) The report provided a summary of compliance against targets required for 2024/25, and the actions and recovery timeframes for those targets currently off track.

b) As noted during item ICB 24 066, a comprehensive and robust Winter Plan had been developed to manage the expected increase in

demand. Although there was currently a projected 92 bed gap, it was hoped this would decrease further though continued proactive management of the Plan.

c) Following the recent visit to the Nottingham University Hospitals NHS Trust Emergency Department by NHS England to review winter plans, a letter had been sent confirming that NHS England had been assured by the approach taken.

d) The number of patients waiting over 78 weeks had reduced to zero by the end of September 2024. However, the target to have zero patients waiting 65 weeks or more by the end of September 2024 had been missed. The ambition was to achieve a maximum wait of 65 weeks in all specialties except Ear, Nose and Throat (ENT) by the end of November 2024, with the remaining ENT patients treated in December.

e) Key cancer treatment targets continued to be met.

f) Diagnostic waiting times continued to be below planned levels, but improvements had been seen in some areas.

The following points were made in discussion:

g) Board members tested the level of confidence that the Winter Plan would ensure that quality and safety of services would be maintained. It was noted that the plan was genuinely a more cohesive approach, based on capacity and demand models. This year there was a much better understanding of activity at every stage in pathways, a better understanding of flow through hospital, more consistent processes and improved clinical leadership. The system control centre had been reviewed to ensure that the right level of control and oversight was in place.

h) The role of the Voluntary, Community and Social Enterprise (VCSE) sector in helping to mitigate delayed discharges was discussed and members were advised of an associated local project funded by NAVCA (National Association for Voluntary and Community Action). This would be explored further outside of the meeting.

i) Members queried whether enough had been done to improve uptake of vaccinations in deprived communities. It was noted that work had been undertaken with the support of local authorities and opportunistic vaccination hubs continued to be used. Joint work with local authorities also continued to target the hardest to reach groups, which included social care staff and care home residents.

j) Noting that several performance metrics were off track ahead of the winter period, members queried confidence that they would not deteriorate further in the coming months. It was noted that new

capacity was scheduled to come online at Nottingham University Hospitals NHS Trust and weekly oversight would identify and escalate any significant deterioration in performance.

The Board **noted** the report.

ICB 24 073 Finance Report

Marcus Pratt presented the item and highlighted the following points:

a) Since the last report the local NHS system had received a non-recurrent allocation of £100 million to off-set the 2024/25 deficit plan, and as such, the revised forecast was for a break-even position at year end.

b) At month six, the NHS system was £9.6 million adverse to plan. The primary reason was the impact of the phasing of the non-recurrent income and the impact of industrial action. Other drivers of the deficit were continuing healthcare and prescribing costs. The efficiency plan was £4.1 million ahead of plan and forecast to meet the target.

c) A considerable level of risk remained in the plan, particularly around the delivery of the required efficiency target, as efficiencies were profiled to deliver materially more in the later part of the financial year. Tighter grip and control measures and governance arrangements remained in place to support delivery. This included the ongoing work being undertaken by PA Consulting, as part of an NHS England programme to support mitigations to key risks within the financial plan.

At this point Victoria McGregor-Riley re-joined the meeting.

The following points were made in discussion:

d) Summarising discussions held at the Finance and Performance Committee over the past two months, Stephen Jackson, Chair of the Committee for the September 2024 meeting, asked the Board to note the satisfactory achievement to date. The Committee had taken some assurance that the target was achievable, albeit heading into winter there was considerable risk that focus could not be maintained.

e) The Committee had also taken assurance that slippage to the capital plan could be mitigated and that cash flow issues were being actively addressed. This last point was having a detrimental impact on timely payments to suppliers under the Better Payment Practice Code within some providers.

f) Chair of the October 2024 Finance and Performance Committee meeting, Jon Towler, asked the Board to note that the Committee had supported the ambition to have detailed efficiency plans in place for 2025/26 by January 2025 and to ensure the same robust system leadership and governance arrangements were taken into the new financial year. The Committee would continue to oversee progress.

g) Members noted the uncertainty that the Ten-Year Health Plan, the spending review and new planning guidance would bring. Although the NHS system was in a much better position than in previous years, the challenge of winter could not be underestimated. Members stressed that it was important to preserve partnership working during pressurised times in order to deliver both short term and long-term goals.

h) Noting that it would be unlikely that there would be any significant uplift in funding to accelerate transformational service change, members further discussed the need to continue to explore innovative opportunities, including closer working with the VCSE sector. This point would be considered as part of the refresh of the NHS Joint Forward Plan and it was agreed that an upcoming Board seminar would be used to further consider the system's ambition to work differently with VCSE partners through Place-Based Partnerships.

The Board **noted** the report.

Action: Lucy Branson to schedule a Board seminar early in 2025/26 focused on the system's ambition to work differently with VCSE partners through Place-Based Partnerships.

Governance

ICB 24 074 Board Assurance Framework – Biannual Update

The Chair introduced the report, noting the importance of ensuring that the Assurance Framework drove the Board's work programme.

Lucy Branson presented the item and highlighted the following points:

a) The Board Assurance Framework provided a mechanism to manage strategic risks in a structured way by identifying and mapping the main sources of assurance in support of the achievement of the ICB's core aims and objectives. The report presented the latest position of the ICB's Board Assurance Framework for scrutiny and comment.

b) The Board Assurance Framework related to the ICB. However, it also captured system focused strategic risks, in line with the ICB's system oversight and coordination role.

c) Attention was drawn to the 'heat map' of the Board Assurance Framework in the report, which demonstrated that all bar one risk were some way from their target scores.

d) The control framework had continued to be strengthened and a good level of control continued to be in place, which included locally developed strategies and plans, alongside ICB and system infrastructure to oversee delivery of these. However further work would be undertaken to strengthen the control framework following the introduction of new system forums, to ensure clarity of purpose and consistency of operations.

e) Although there was an overall high level of assurances being received, significant challenges remained in relation to quality, finance and workforce, reflecting the number of 'live' operational risks being managed in these areas.

f) Scheduled deep dive reviews of the strategic risks by the Audit and Risk Committee would commence in December 2024.

g) A workshop was scheduled with the Executive Management Team in February 2025 to review the ICB's strategic risks for 2025/26. These would then be agreed with wider Board members; followed by scheduled Assurance Framework biannual updates to the Board in May and November 2025.

The following points were made in discussion:

h) Welcoming the report, members agreed that the actions detailed within it were sensible and took assurance that the Executive Team was actively engaged in oversight of the strategic risks.

i) A suggestion was made to widen the scope of risk eight, relating to infrastructure, to incorporate the need to maximise the opportunities of system working and it was agreed this would be progressed.

j) Also relating to risk eight, it was highlighted that the Framework had identified no gaps in control or assurances in relation to the Green Plan, and it was noted that the Board would have the opportunity to test this when it was presented at the next meeting.

k) Discussing risk ten, relating to culture and leadership, members challenged the assessment that the controls and assurance were strong. It was acknowledged that although system governance mechanisms that had been put in place were felt to be robust, there

was still work to do on 'hearts and minds' and this was a dynamic process that was discussed by the Executive Management Team.

l) Members noted the need to reflect on the ICB's strategic risks once the Ten-Year Health Plan was published.

The Board **reviewed** the latest position of the Board Assurance Framework.

Action: Lucy Branson and Marcus Pratt to review the scope of strategic risk eight, relating to infrastructure, to incorporate the need to maximise the opportunities of system working.

ICB 24 075 Committee Highlight Reports

The report presented an overview of the work of the Board's committees since its last meeting in September 2024; it aimed to provide assurance that the committees were effectively discharging their delegated duties and included assessments of the levels of assurance the committees had gained from their work during the period. The report also provided a summary of the high-level operational risks being oversighted by the committees.

The Chair noted that updates from committee chairs had already been provided during related discussions under agenda items ICB 24 071, ICB 24 072 and ICB 24 073. Further updates from the committee chairs were invited by exception and no other points were highlighted.

The following points were made in discussion:

a) A query was raised regarding the Equality, Diversity and Inclusion Action Plan within the update from the Quality and People Committee, which had fallen from a rating of adequate to limited assurance and the actions was being taken. In response, it was highlighted that the ICB's original equality objectives had been too broad and difficult to measure; work was underway to rectify this, and the Committee would continue to oversee progress. It was noted that the Board was scheduled to receive an annual report in this area early in 2025/26 in line with the ICB's equality duties. In discussion it was agreed that this needed to also reflect on the actions that had been taken following the Board development session in April in relation to the ICB's adoption of the Race Health Inequalities Maturity Matrix.

The Board **noted** the reports.

Action: Rosa Waddingham to include the actions taken by the ICB following the adoption of the Race Health Inequalities Maturity Matrix within the Annual Equality Diversity and Inclusion Report for 2024/25.

Information items

ICB 24 076 2024/25 Board Work Programme

This item was received for information.

Closing items

ICB 24 077 Risks identified during the course of the meeting

No new risks were highlighted.

ICB 24 078 Questions from the public relating to items on the agenda

One question had been received, which related to agenda item ICB 24 064. Specifically, the question asked whether the ICB had considered the place of the organisation Creative Health in neurodiversity personalised care and the place of Creative Health in reducing the costs associated with core/major health priorities.

It was noted that the ICB did not work with Creative Health at the present time. Any future service reviews in this area would consider the organisation's offer in line with standard commissioning practice.

ICB 24 079 Any other business

There was no other business, and the meeting was closed.

Date and time of next Board meeting held in public: 09 January 2025 at 09:00 (Rushcliffe Arena)

NHS
Nottingham and Nottinghamshire

ACTION LOG from the Integrated Care Board meeting held on 14/11/2024

Status	Meeting Date	Agenda Item	Action	Lead	Date to be Completed	Comment
Open – On track	12.09.2024	ICB 24 048: Chief Executive's Report	To present an update on current arrangements for preventative care to the Strategic Planning and Integration Committee, alongside an options appraisal for scaling up arrangements. The output of this work to then be incorporated into the annual refresh of the Joint Forward Plan.	Dave Briggs	06.02.2025	Not yet due – the Strategic Planning and Integration Committee has agreed a revised implementation date for this action to enable consideration of the paper alongside Nottinghamshire County Council's draft adult social care prevention framework.
Open – On track	12.09.2024	ICB 24 050: ICS People Plan	To present an updated ICS People Plan to the January 2025 meeting of the Quality and People Committee and subsequently to the Board for approval in March 2025	Rosa Waddingham	13.03.2025	Not yet due – scheduled for presentation at the 15 January meeting of the Quality and People Committee and the 13 March meeting of the Board.
Closed – Action completed	14.11.2024	ICB 24 064: Experience of autistic people	To send letters of thanks to the individuals that had shared their stories with the Board.	Rosa Waddingham	09.01.2025	Letters sent.

Status	Meeting Date	Agenda Item	Action	Lead	Date to be Completed	Comment
		and citizens with a learning disability				
Open – On track	14.11.2024	ICB 24 064: Experience of autistic people and citizens with a learning disability	To provide the Board with an update on the impact of the Oliver McGowan training to the May 2025 meeting.	Rosa Waddingham	14.05.2025	Not yet due – scheduled for presentation at the 14 May meeting of the Board.
Open – On track	14.11.2024	ICB 24 071: Quality Report	To schedule a Board seminar early in 2025/26 focused on the community transformation programme and development of integrated neighbourhood teams.	Lucy Branson	31.03.2025	Not yet due – to be added to the Board's work programme for 2025/26.
Open – On track	14.11.2024	ICB 24 073: Finance Report	To schedule a Board seminar early in 2025/26 focused on the system's ambition to work differently with VCSE partners through Place-Based Partnerships.	Lucy Branson	31.03.2025	Not yet due – to be added to the Board's work programme for 2025/26.
Open – On track	14.11.2024	ICB 24 074: Board Assurance Framework – Biannual Update	To review the scope of strategic risk eight, relating to infrastructure, to incorporate the need to maximise the opportunities of system working.	Lucy Branson / Marcus Pratt	12.02.2025	Not yet due – review underway, to be reported to the Audit and Risk Committee at its 12 February 2025 meeting.

Status	Meeting Date	Agenda Item	Action	Lead	Date to be Completed	Comment
Open – On track	14.11.2024	ICB 24 075: Committee Highlight Reports	To include the actions taken by the ICB following the adoption of the Race Health Inequalities Maturity Matrix within the Annual Equality Diversity and Inclusion Report for 2024/25.	Rosa Waddingham	14.05.2025	Not yet due – scheduled for presentation at the 14 May meeting of the Board, following initial review by the Quality and People Committee.

Key:

Closed – Action completed or no longer required	Open – Off track (may not be achieved by expected date of completion)
Open – On track (to be achieved by expected date of completion)	Open – Off track (has not been achieved by expected date of completion)

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/01/2025
Paper Title:	**Citizen Story: Targeted Lung Health Checks**
Paper Reference:	ICB 24 086
Report Author:	Alex Ball, Director of Communications and Engagement
Executive Lead:	Amanda Sullivan, Chief Executive
Presenter:	Dave Briggs, Medical Director

Paper Type:							
For Assurance:		For Decision:		For Discussion:	✓	For Information:	

Summary:

The Targeted Lung Health Checks programme is designed to detect lung cancer at an early stage to allow for timely treatment. Whilst it is a universal offer, the Targeted Lung Health Checks programme team have taken a 'proportionate universalism' approach, tailoring the promotional activity and operating model to ensure that those experiencing health inequalities are not excluded. This has included a specific set of activities to attract citizens with Severe Multiple Disadvantage (SMD) in Nottingham City.

This paper sets out the background to the programme and describes the activity used to tackle health inequalities across our population and in Nottingham City's SMD population in particular.

Recommendation(s):

The Board is asked to **discuss** this item.

How does this paper support	the ICB's core aims to:
Improve outcomes in population health and healthcare	Detecting and treating cancers early is a priority for the NHS nationally and locally and the Targeted Lung Health Checks programme supports this ambition.
Tackle inequalities in outcomes, experience and access	By working with communities and tailoring our offer to them, the Targeted Lung Health Checks programme is able to address health inequalities in this population
Enhance productivity and value for money	Detecting and treating cancers early is not only better for the patient but also saves money overall.
Help the NHS support broader social and economic development	By working in partnership with the Voluntary, Community and Social Enterprise sector we are supporting those organisations to be sustainable and support their communities.

Appendices:

None.

Board Assurance Framework:

Not applicable.

Report Previously Received By:

Not applicable.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Citizen Story: Targeted Lung Health Checks

Background

1. The Targeted Lung Health Check programme is a national programme from NHS England that identifies people aged 55 to 74 at increased risk of lung cancer.
2. The programme started in 2019 after a study showed CT (computed tomography) screening reduced lung cancer mortality by 26% in men and between 39% and 61% in women.
3. Nottingham and Nottinghamshire has been a long-standing early adopter of this scheme, initially in Mansfield and Ashfield and more latterly in Nottingham City.
4. Citizens are eligible if they are aged between 55 and 74, registered with a GP surgery and are a current or former smoker.
5. Eligible citizens are sent an invite letter through the post.
6. This letter informs that a health advisor will call the citizen for a lung health check which will take approximately 15 minutes. This appointment can be rescheduled to a more convenient time if requested.
7. During the telephone call citizens will be asked questions about their overall lung health, lifestyle, family and medical history.
8. They may then be invited to have a lung CT scan. This checks for early signs of lung cancer.
9. Scans take place on mobile vans in community locations, so they are local and easy to get to.
10. All current smokers are also offered a referral to the local smoking cessation service during their lung health check.

Programme results and focus on citizens with Severe Multiple Disadvantage (SMD)

11. To date, the Nottingham and Nottinghamshire Targeted Lung Health Checks programme has delivered 26,000 scans in the community and detected 264 cancers, with 65% being classified as early diagnoses (stages 1 and 2).
12. Concerted efforts have been made to ensure that the programme looks to overcome health inequalities in the way that it invites and brings citizens through the pathway.
13. The mobile units are sited in different community locations within Nottingham and Nottinghamshire, and all communication materials are translated into the nine most spoken languages across Nottingham and produced in easy read format.

14. The team works proactively to build up local knowledge of an area to identify the most convenient community locations and target specific community groups through pre-existing and new links with community and voluntary groups and elected members.

15. To gather an understanding of each Primary Care Network area, the team liaise with professionals who have a deep understanding of local communities, including Social Prescribing Link Workers, Resident Development Officers, and Community and Voluntary Service Development Workers. These conversations have supported the ICB to consolidate understanding about the local population, areas of deprivation, languages spoken, and ‘tried and tested’ engagement methods that will support people and communities to engage with the programme.

16. To directly engage with individuals, events in the local community have been attended, to share information, answer questions, and gather feedback on programme materials. This included outdoor theatre events for families, local markets, health events at culturally specific community venues, libraries, and local support groups for people living with long-term conditions.

17. The programme is also widely promoted on local radio stations, public transport and social media channels. The team also link with GP practices, councils, charities, and faith centres to gain valuable local insight to shape the communication and engagement strategy and reduce barriers to participating. Feedback from the ICB’s Citizens Panel supported the development of the invitation letters.

18. In a recent specific initiative, and in collaboration with InHealth, local charities and healthcare organisations, the team adapted their service provision to make it easier for people experiencing severe multiple disadvantage (SMD) to attend an appointment.

19. Severe multiple disadvantage (SMD) refers to people facing two or more of the following issues: mental health issues, homelessness, offending and substance misuse. SMD can include other sources of disadvantage, for instance poor physical health, domestic/sexual abuse, community isolation, undiagnosed brain injuries, autism and learning disabilities.

20. This recent initiative saw the lung health check van set up in Smithy Row in the city centre to make it as easy as possible for this cohort to attend. Other changes made to the clinics included making them drop in, having longer appointments, and providing specialist support.

21. The local Targeted Lung Health Checks programme team worked with Nottingham City Council to access the city centre location and local charities and outreach workers supported in sharing the message to the eligible cohort in the city centre, many of whom have been sleeping rough.

22. Following a conversation with Emmanual House to understand how best to engage people experiencing homelessness, one of the barriers identified was citizens not being registered with a GP practice. In response to this, a leaflet explaining how to register with a GP was produced.
23. Thirteen vulnerable residents were scanned on the day. One lung cancer was detected and another patient was referred into hospital due to an active infection found during the scan.
24. Feedback from citizens who attended the SMD specific day include the following verbatims:

The team were very friendly and made me feel comfortable

The service is amazing

Very straightforward … done with good manners by all the staff

Very good, thank you

All good, great service, nice and welcoming staff

Very nice staff, quick, looked after well

Very kind, caring staff here, wow

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/01/2025
Paper Title:	**Chair's Report**
Paper Reference:	ICB 24 087
Report Author:	Dr Kathy McLean, ICB Chair
Report Sponsor:	Dr Kathy McLean, ICB Chair
Presenter:	Dr Kathy McLean, ICB Chair

Paper Type:							
For Assurance:		For Decision:	✓	For Discussion:		For Information:	✓

Summary:

This report outlines my activities and actions in my role as Chair and provides a synopsis of some of the meetings I have attended on behalf of NHS Nottingham and Nottinghamshire Integrated Care Board (ICB).

Recommendation(s):

The Board is asked to:

- **Note** this item for information.
- **Approve** the appointment of Committee Chairs, as set out in paragraph 19 of the paper.

How does this paper support	**the ICB's core aims to:**
Improve outcomes in population health and healthcare	The work of the Chair is focussed on meeting the four core aims.
Tackle inequalities in outcomes, experience, and access	As above.
Enhance productivity and value for money	As above.
Help the NHS support broader social and economic development	As above.

Appendices:

None.

Board Assurance Framework:

Not applicable for this report.

Report Previously Received By:

Not applicable for this report.

Are there any conflicts of interest requiring management?

No.

Is this item confidential?

No.

Chair’s Report

Introduction

1. I want to start my update by thanking all health and care staff from across the Nottingham and Nottinghamshire system for their hard work in 2024 and throughout the festive period. We have created a short video which captures a snapshot of some of the achievements made across the system, which can be found here: https://youtu.be/RkSpmoYGXFo.
2. We anticipate that this winter period will be extremely challenging, but I am confident that by working together we will deliver the very best possible care for our population.
3. Alongside delivery of operational and quality expectations, we of course have spent a lot of time in 2024 working to ensure that our financial position is in line with our commitments to NHS England. I am pleased that we remain on track and want to say thank you again to everyone who has worked on that over the last nine months.

Developing our system

4. As previously shared and discussed at the Board, Lord Darzi’s Independent Investigation into the NHS and the subsequent consultation on a new Ten-Year Plan for the NHS by the Government has prompted a good deal of reflection across the NHS and in health and care systems across England.
5. I am pleased to be part of those discussions at a national level through my role on the NHS Confederation ICS Network and to be part of the conversation both here and in Derby and Derbyshire about how we are already delivering on those three shifts in the way that we are transforming care for our population. I was also delighted to be asked to join the ‘Accountability and Oversight’ advisory group feeding into the Ten-Year Plan under the leadership of Rob Webster from West Yorkshire ICB and Matt Style from the Department of Health and Social Care.
6. In particular, the work being undertaken in partnership with Nottinghamshire Healthcare NHS Foundation Trust and Nottingham CityCare Partnership CIC to transform our community services – developing a comprehensive set of services, consistent across our patch and focussed through an equity lens on people with the greatest needs within our population, means that we are already contributing strongly to the ambition to shift from ‘hospital to community’. This will mean enabling people to stay in their homes wherever possible and ensuring that care delivered in care homes benefits from wrap-around support from the multidisciplinary Primary Care Network teams.

7. As I mentioned at our last Board meeting, the system's Health and Care Awards in November were really inspiring and positive and included lots of excellent examples of how we are supporting the shift from 'sickness to prevention'. I was particularly struck by the work of Rhubarb Farm in Bassetlaw, who run an incredible range of initiatives tackling health inequalities. These include specific employment and training programmes and a targeted food pantry offer – between support to get and retain a good job and the foundational principle of positive nutrition, we really can make a difference. The work of the organisation is so successful because they directly address the root causes of health inequalities, such as unemployment and food insecurity, while fostering a strong, supportive community.

8. In terms of the Government's desire to see a shift from 'analogue to digital', we have long been a strong performer in this area, with some of the highest rates of downloading and using the NHS App. Alongside this, the work that the ICB's System Analytics and Intelligence Unit (SAIU) undertake for the whole health and care system shows just how much value there is in joining up all the data and information we have on our population, generating high quality insights and intelligence to support our decision-making and transformation. The SAIU is also pioneering the use of Artificial Intelligence (AI) technologies like Automatic Speech Recognition to streamline the production of training materials and support.

9. It is clear that as a system we are already committed to the three shifts in the Government's emerging plans, but I am sure that colleagues will have other ideas that they will want to highlight and submit into the consultation which runs through to the spring.

10. I am also pleased that our system has been part of the Care Quality Commission's piloting of a new framework for health inequalities improvement, which will launch early next month. The framework, which we have tested alongside three other ICS areas between September and November, is intended to help ICSs to understand how well their engagement with people and communities is helping to tackle health inequalities.

11. Alongside these strategic discussions and considerations, I have been pleased to be out and about meeting stakeholders and also teams working on the frontline of our health and care system. Over the recent weeks this has included meeting again with the East Midlands Mayor, Claire Ward, attending the Vice Chancellor of the University of Nottingham's Winter Reception, and supporting Nottingham University Hospital's 'People First' staff awards.

12. The meeting with the East Midlands Mayor was particularly timely as it took place just the day after the publication of the Government's White Paper on English Devolution. It is clear from the detailed proposals in the White Paper that the Government is committed to devolution and Mayors and that this will have considerable implications for health and care. Whilst much attention has

been on the proposals to restructure local government, many of the other proposals within the White Paper are not linked to this but will instead mean that our work to support the wider social and economic growth in our area can be accelerated and more deeply integrated into our work. We agreed to work with the Mayor and the Combined County Authority on a number of areas of joint interest which we can updated the Board on in due course.

13. I also met with representatives from the Rosewood Primary Care Network to find out how they are reducing health inequalities in Mansfield. This includes targeted work to increase health checks for people with learning disabilities, specialist care and support for people with severe multiple disadvantage, and weekly rounds for housebound and care home patients.

14. I am pleased that in mid-December we had a very useful discussion with our ICS Reference Group of wider stakeholders on the likely NHS Planning Guidance for next year and also the system's emerging workforce plan. The Planning Guidance will not be published until later on in 2025 so it is good that we have already made a start on considering what we will need to achieve so we have a baseline for when it is published. I have also made sure to remain connected with elected members, chairs and governors across the system, drawing on their unique perspectives and insights about our health and care system.

Looking forward

15. I am very much looking forward to our next Partners Assembly on 3 February 2025 at the Indian Community Centre Association on Hucknall Road in Nottingham. As always, the Assembly offers a chance for leaders in the health and care system to get together with the leaders of our voluntary, community and social enterprise sector, our local universities, and many other wider partners. At this particular event, we will be discussing both our local Integrated Care Strategy refresh and also the Government's initial proposals for the new Ten-Year Plan for the NHS – I do hope to see Board members there.

16. The final three months of the year will be critical for our financial performance and also in terms of how we will need to support our frontline colleagues in delivering the best possible care throughout the rest of the winter period. I know that Board members will contribute to both of these key priorities as well as considering the transformational potential of our refreshed Integrated Care Strategy and the Government's Ten-Year Plan.

Board matters

17. I am pleased to report that sine we last met, Ifti Majid's Board membership has been confirmed for a further two-year term, following his joint nomination by the

ICB's NHS Trust and Foundation Trust partners. Ifti will continue to bring knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness to the work of the Board.

18. I am also pleased to confirm the appointment of Vicky Murphy, Corporate Director of Adult Social Care and Health at Nottingham City Council, to the role of Local Authority Partner Member; Vicky's role will bring a perspective of the social care needs and health and wellbeing characteristics of people and communities living in an urban city area to the work of the Board.

19. Our Non-Executive Director recruitment process has also now concluded and I am delighted to welcome Mehrunnisa Lalani to the Board's membership. Gary Brown will also be joining the Board from 1 March 2025. In line with these appointments, members are asked to approve the following changes to chairing arrangements for the Board's committees:

    a) From January 2025, Mehrunnisa Lalani will become Chair of the Remuneration and Human Resources Committee. Mehrunnisa will also take on the role of Non-Executive lead for Freedom to Speak Up and become the ICB's Health and Wellbeing Guardian.

    b) From March 2025, Gary Brown will become Chair of the Audit and Risk Committee and take on the role of Conflicts of Interest Guardian.

    c) From March 2025, Stephen Jackson will move back to his role of Chair of the Finance and Performance Committee.

20. In November 2024, NHS England published the insightful ICB board guidance, which is intended to help ICB Board's assess their operation and effectiveness. The guide is structured around the six functional areas that underpin how ICBs deliver against their core purpose and puts forward a range of questions that Boards should be continuously asking themselves to ensure the organisation is meeting its statutory duties and regulatory requirements, having a positive impact on the communities it serves, and has established effective ways of working, systems and processes to deliver its strategy. The full guidance can be found here: https://www.england.nhs.uk/long-read/the-insightful-icb-board/.

21. We are scheduled to discuss this guidance in more detail at our 13 February Board development session, with the aim of agreeing the Board's Annual Work Programme and information needs for 2025/26.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/01/2025
Paper Title:	**Chief Executive's Report**
Paper Reference:	ICB 24 088
Report Author:	Amanda Sullivan, Chief Executive
Report Sponsor:	Amanda Sullivan, Chief Executive
Presenter:	Amanda Sullivan, Chief Executive

Paper Type:							
For Assurance:		For Decision:	✓	For Discussion:		For Information:	✓

Summary:

This report provides a summary of recent local and national developments and areas of interest for Integrated Care Boards (ICBs) and the wider NHS.

Recommendation(s):

The Board is asked to: **note** this item for information; and **approve** the ICB's Standing Financial Instructions.

How does this paper support the	ICB's core aims to:
Improve outcomes in population health and healthcare	This item ensures that the Board is kept informed of organisational, system and national developments that promote achievement of the ICB's core aims.
Tackle inequalities in outcomes, experience, and access	As above.
Enhance productivity and value for money	As above.
Help the NHS support broader social and economic development	As above.

Appendices:

A: ICB achievements during quarters two and three of 2024/25.
B: Output from the October board seminar – focus on mental health services
C: East Midlands Joint Committees – reports on meetings held during 2024
D: Delegation of additional specialised learning disability and autism services

Board Assurance Framework:

Not applicable.

Report Previously Received By:

Not applicable.

Are there any conflicts of interest requiring management?

No.

Is this item confidential?

No.

Chief Executive's Report

ICB achievements quarters two and three 2024/25

1. Despite the current challenges in our system, I am pleased that we are also making some really positive progress in many areas, and Appendix A provides details of a number of achievements for quarters two and three of 2024/25. These include being one of the first areas in the country to have a live site for community pharmacy independent prescriber pathfinders, improving access to on the day consultations without the need for a GP, the launch of our all-age mental health website NottAlone (https://nottalone.org.uk/), and the launch of a 24-hour mental health response vehicle that provides a joint paramedic and mental health response to patients in a mental health crisis.
2. I would like to express my thanks to all the teams within our ICB and across the system that are working hard to deliver in these areas.

Review of Standing Financial Instructions

3. The ICB's Standing Financial Instructions identify the financial responsibilities that apply to Board and committee members, employees and persons working on behalf of the organisation, forming part of the ICB's control environment for managing its financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration, lessen the risk of irregularities, and support commissioning and delivery of effective, efficient and economical services.
4. A review of the Standing Financial Instructions has recently been completed by the Finance and Corporate Affairs teams to ensure they remain up-to-date and relevant, and at its recent meeting, the Audit and Risk Committee endorsed a number of minor amendments; in line with the ICB's Scheme of Reservation and Delegation these are now being presented to the Board for approval.
5. The complete set of Standing Financial Instructions, with tracked changes, are shared with the Board for information as part of this pack of papers (see agenda item 18). In addition to a small number of housekeeping amendments, the following changes are proposed:

    a) Addition of new paragraphs 4.1.7 and 12.4.3 to make explicit reference to the ICB's Fraud, Bribery and Corruption Policy and to make clear the approval requirements for instances where write-off action (for losses and special payments) is deemed necessary. Further detail has also been added to paragraph 12.3.3 to clarify approval routes for special payments.

    b) Amendments to paragraphs 5.4.3, 6.1.5, 8.2.2, 8.3.1 to remove unnecessary cross-references to the Scheme of Reservation and

Delegation and to clarify budgetary and bank account approval requirements.

c) Amendments to paragraph 9.2.2 to further clarify the role and responsibilities of the Audit and Risk Committee in relation to overseeing the ICB's compliance with the Provider Selection Regime, including monitoring and publication arrangements.

Output from the October Board seminar on mental health services

6. In October, the Board and wider system partners met to examine the current mental health needs of our population and to discuss our future ambitions for mental health services. Participants considered citizen insights and examined the current quality concerns and improvement requirements within mental health services.

7. Several actions and next steps were agreed and there was a commitment to provide an update on progress at the January meeting of the Board. Appendix B provides an overview of progress to date.

Winter pressures

8. NHS England has written a joint letter with the Care Quality Commission (CQC), the General Medical Council (GMC), and the Nursing and Midwifery Council (NMC) to clinical colleagues to thank them for their continued hard work during another challenging winter, asking them to continue to take a whole system approach to risk across all urgent and emergency care pathways, whilst recognising the pressures of maintaining patient safety. A proportionate approach to regulatory oversight will be taken and a refreshed document, 'Principles for assessing and managing risks across integrated care systems' has been published.

9. The full letter can be found here: https://www.england.nhs.uk/long-read/winter-pressures/.

Highlight Report from the East Midlands Joint Committee

10. Joint arrangements continue to be in place between the five East Midlands ICBs for the commissioning of pharmacy, optometry and dental services and a number of specialised services, as delegated by NHS England.

11. Four meetings of the East Midlands Joint Committee have been held during 2024/25 to date, and a report of the agenda items discussed at each meeting is included at Appendix C for information and assurance.

Delegation of additional specialised learning disability and autism services

12. Following on from my update in November 2024, regarding the next phase of delegation for an additional number of acute specialised services and mental health, learning disability and autism services for 2025/26, NHS England has produced a briefing note on considerations for contracting models, which will be taken to the East Midlands Joint Committee.

13. The briefing note can be found at Appendix D.

Assisted conception listening exercise

13. In July 2022, the ICB inherited a number of clinical commissioning policies from the former NHS Bassetlaw Clinical Commissioning Group (CCG) and NHS Nottingham and Nottinghamshire CCG.

14. Much work has been done since July 2022 to ensure these policies are aligned across the ICB's geographical footprint, and as appropriate, consistent across the East Midlands ICBs. The remaining policy requiring additional work is the Fertility Policy, which requires updates to modernise and standardise the offer across the East Midlands.

15. NHS Nottingham and Nottinghamshire ICB has been working with other ICBs in the East Midlands to develop a new Fertility Policy which is consistent across the whole geographic area and is also up to date with modern expectations in society.

16. Prior to any changes being made, the ICB is seeking the views of Nottingham and Nottinghamshire citizens and stakeholders and to gather quantitative and qualitative evidence to inform the new policy. The listening exercise launched on 11 November 2024 and will end on 10 January 2025. Many citizens have already shared their views by completing a survey, attending a public session or meeting with members of the programme team. The feedback from this listening exercise will be considered and fed into the final policy, which will be presented to the Strategic Planning and Integration Committee for approval.

Investigating healthcare incidents where suspected criminal activity may have contributed to death or serious life-changing harm: A Memorandum of Understanding (MoU) between regulatory, investigatory and prosecutorial bodies

17. The government has published a MoU that sets out how healthcare organisations, regulatory bodies, investigatory bodies and prosecutorial bodies in England will work together in cases where there is suspected criminal activity on the part of an individual in relation to the provision of clinical care or care decision making.

18. The document has been developed in consultation with a broad range of signatories, including NHS England. It has been produced to help deliver early, co-ordinated and effective action following incidents where there is reasonable suspicion that a patient/service user's death or serious life-changing harm occurred as a result of an incident where there is suspected criminal activity in the course of healthcare.

19. An outcome from the use of this MoU is to help support the development of a 'just culture' in healthcare which recognises the impact of wider systems on the provision of clinical care or care decision making. It aims to:

    a) Facilitate efficient and effective co-ordination of appropriate approaches, patient safety learning responses and investigations, while taking steps to avoid prejudicing regulatory or criminal investigations or criminal proceedings.

    b) Ensure relevant information and confidential information is quickly, lawfully and efficiently shared between the relevant signatories where necessary to progress learning responses, investigations and proceedings.

    c) Ensure evidence is quickly identified, secured and handled in accordance with best practice.

    d) Allow steps to be taken quickly to manage ongoing risk and as far as possible protect the public and service users.

20. As requested by NHS England, the ICB has adopted the MoU as part of our processes for managing incidents where suspected criminal activity may have contributed to death or serious life-changing harm. The full MoU can be read here: https://www.gov.uk/government/publications/investigating-suspected-criminal-activity-in-healthcare-mou/investigating-healthcare-incidents-where-suspected-criminal-activity-may-have-contributed-to-death-or-serious-life-changing-harm-accessible-version.

Spring 2025 Covid-19 vaccination programme

15. In December 2024, NHS England published a national Vaccination Strategy to shape the future delivery of NHS vaccination and immunisation services. The Strategy brings together all vaccination programmes, for the first time, and builds on learning from recent years. It sets out three areas of priority: improving access, including the expansion of on-line services; vaccination delivery at convenient local places, with targeted outreach support for under-served populations; and a more joined up prevention and vaccination offer.

16. The Strategy sets out actions for a range of partners involved in the commissioning, planning and delivery of NHS vaccination services. Further

detail can be found here: https://www.england.nhs.uk/publication/preparing-for-a-successful-spring-2025-covid-19-vaccination-programme/.

17. The Government has accepted advice from the Joint Committee on Vaccination and Immunisation that the NHS should plan for a Covid-19 vaccination programme in spring 2025, starting on 1 April. This will cover everyone over the age of 75, residents of care homes and individuals who are immunosuppressed.

18. For Nottingham and Nottinghamshire, we are continuing to adapt the approach to Covid vaccinations to support increased uptake and this includes procurement of additional fixed sites, a mobile unit and dedicated support for care homes and those who are housebound.

Recent leadership appointments

19. I would like to congratulate Vivian Robbins, who has recently been confirmed as Director of Public Health for Nottinghamshire County Council. In an interim capacity over the course of the last year, Viv has been a supportive member of several system groups and I welcome her continued presence in her substantive post.

20. I also want to welcome Dr Vaithilingam Nanthakumar, who has taken over as the new Clinical Lead at Bassetlaw Place Based Partnership following the departure of Dr Eric Kelly. Dr Nanthakumar will continue to also represent Larwood and Bawtry Primary Care Network within the Partnership.

21. Nottingham City Council has informed partners of interim arrangements pending the recruitment of a substantive Corporate Director for Children and Education Services. Sarah Nardone, currently Interim Director for Children's Integrated Services, will move into the Corporate Director role on an interim basis.

Health and Wellbeing Board updates

22. The Nottingham City Health and Wellbeing Board last met on 27 November 2024. The meeting received the Nottingham City Safeguarding Adults Board Annual Report 2023/24, and the Nottingham and Nottinghamshire Joint Strategic Needs Assessment Profiles for Special Educational Needs and Disability and Adult Mental Health. The papers and minutes from the meeting are published on Nottingham City Council's website here: https://committee.nottinghamcity.gov.uk/ieListMeetings.aspx?CId=185&Year=0

23. The Nottinghamshire County Health and Wellbeing Board last met on 18 December 2024, and discussed the Nottingham and Nottinghamshire Integrated Mental Health Pathway Strategic Plan 2024/25 and the Nottingham

and Nottinghamshire Adult Mental Health Joint Strategic Needs Assessment. The papers for the meeting can be found here: https://www.nottinghamshire.gov.uk/dms/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/548/Default.aspx.

English Devolution White Paper

25. On 16 December 2024, the Government published a policy paper on English devolution, with an aim to provide long term financial sustainability to councils and strengthen local democracy. Central to the policy is the creation of 'strategic authorities', preferably with elected mayors, with the inclusion of health improvement and addressing health inequalities among the statutory duties of a strategic authority.

26. This policy will potentially mean a significant change locally, with the expectation that two tier local authority areas, or areas of failing unitary local authorities, should develop proposals for reorganisation; with a further expectation that public service boundaries are aligned, which has implications for existing integrated care system boundaries. A greater role for elected mayors at integrated care system level is also advocated, including for them to be more involved in key appointments and in setting local priorities.

27. The full White Paper can be found here: https://www.gov.uk/government/publications/english-devolution-white-paper-power-and-partnership-foundations-for-growth/english-devolution-white-paper.

Government plans to transform adult social care

28. On 3 January 2025, the Government announced plans for new investment and reforms to improve adult social care. The changes aim to give people the best possible care in the most appropriate place, support the care workforce, and reduce the amount of time patients spend in hospital.

29. The plans include an additional £86 million to the Disabled Facilities Grant for this financial year (on top of the £86 million announced for next financial year at the Budget, taking the annual total to £711 million), which will allow 7,800 more disabled and elderly people to make vital improvements to their homes, allowing them to live more independent lives and reducing hospitalisations.

30. Alongside the funding, the Government's immediate action to support adult social care also includes harnessing the power of care technology to transform care and support older people to live at home for longer, cutting red tape to ensure billions of joint NHS and social care funding is keeping people healthy and taking pressure off the NHS, as well as improved career pathways for care workers and new national standards to ensure providers and families use the best care technology.

31. Care workers will also be better supported to take on further duties to deliver health interventions, such as blood pressure checks, meaning people can receive more routine checks and care at home without needing to travel to healthcare settings. The national career structure for care staff will also be expanded, ensuring there are opportunities for career progression and development pathways.

32. The government will also develop a shared digital platform to allow up-to-date medical information to be shared between NHS and care staff, to ensure people receive the best possible care.

33. Alongside the above detailed steps to ease pressure on the sector and improve support for care workers, the Government is also kickstarting work on the necessary long-term reform to overhaul social care. This will include the creation of a National Care Service underpinned by national standards, delivering consistency of care across the country. As a first step, the Government will launch an independent commission into adult social care to be chaired by The Baroness Casey of Blackstock DBE CB, to inform the work needed to deliver this. The commission, reporting to the Prime Minister, will work with people drawing on care and support, families, staff, politicians and the public, private and third sector to make clear recommendations for how to rebuild the adult social care system to meet the current and future needs of the population.

34. Split over two phases, the commission will set out a vision for adult social care, with recommended measures and a roadmap for delivery. The first phase, reporting in 2026, will identify the critical issues facing adult social care and set out recommendations for effective reform and improvement in the medium term, laying the foundations for a National Care Service. The recommendations of this phase will be aligned with the government’s spending plans which will be set out at the Spending Review in the spring.

35. The second phase, reporting by 2028, will make longer-term recommendations for the transformation of adult social care. It will build on the commission’s first phase to look at the model of care needed to address the ageing population, how services should be organised to deliver this, and how to best create a fair and affordable adult social care system for all.

Appendix A: ICB achievements during quarters two and three of 2024/25

a) The second Health and Care Awards attracted nominations from 110 projects and services across the system. The awards help to reinforce the principles and aims of the Integrated Care Strategy and recognise best practice in the health, care and voluntary sector.

b) The ICB staff recognition scheme was launched in response to feedback from the NHS staff survey. The scheme recognises staff who go above and beyond and helps to improve morale and has attracted 217 nominations to date.

c) Nottingham and Nottinghamshire was one of the first areas in the country to launch the Community Pharmacy Independent Prescriber Pathfinder scheme. This is helping more people receive on the day consultations and prescribing for conditions without the need to see a GP.

d) The System Analytics Intelligence Unit adopted the use of artificial intelligence to improve user experience of data dashboards, speed up processes and support staff training.

e) Approximately 75% of community pharmacies in Nottingham and Nottinghamshire are signed up to provide the oral contraception service, which is increasing access and choice for people.

f) Community Pharmacy Teams measured the blood pressure of over 29,000 people over a five-month period and confirmed high blood pressure in 591 patients. If these patients follow medical advice for the next five years, five deaths, nine strokes and six myocardial infarctions will be prevented.

g) Supporting social care settings with best practice information about administration of medications, with quality monitoring visits carried out to 355 care homes and 92 home care agencies. This is helping to reduce medicine errors and possible harm.

h) Increasing the number of medicine management facilitators (MMF) in GP practices. Over 40 practices now have a MMF, which is helping to improve safe and cost-effective prescribing.

i) The ICB remains above the 60% target for the number of patients on the Severe Mental Illness register having a complete annual physical health check, which is part of a programme of work to improve the physical health of people with SMI, including monitoring of physical health and signposting to relevant NICE guidance for follow-up interventions for all aspects of the check.

j) A Mental Health Response Vehicle launched in September, providing a joint paramedic and Mental Health response to patients in a mental health crisis. The vehicle operates 7 days per week, 4pm- 1am and is already having a positive impact on reducing conveyance to Emergency Department and improving the on-scene response to patients.

k) The NottAlone website expanded in October to offer mental health support and signposting to people of all ages across Nottingham and Nottinghamshire.

l) The latest Nottinghamshire Mental Health Support Team (MHST) launched in September 2024 and another is due to launch January 2025. Both City and County MHSTs report positive outcomes, and the interim report from an independent evaluation has shared wider impacts in the strengthening of education settings' perceptions of and approaches to mental health and wellbeing for students, families and staff alike.

m) Focussed work has continued within Nottinghamshire Healthcare Trust and partners to increase access to the community perinatal mental health service. This targeted work to understand barriers to access and reduce inequity has led to a sustained increase in the number of women accessing support.

n) The Best Years Hub in Mid Notts expanded its services for over 65s to more areas. The hub, funded through the Health Inequalities Innovation Investment Fund, provides residents 65+ living with a long-term health condition with educational groups, weekly activities, one-to-one befriending to help improve wellbeing and reduce social isolation.

o) An event was held in Mid Notts for people with MSK to help connect them to local support networks. This has empowered them to proactively manage their health whilst they are waiting for the next step in their MSK treatment journey.

p) Bassetlaw Place-Based Partnership worked with LGBT+ Service Nottinghamshire and people with lived experience to co-produce an online LGBT+ directory, providing information on the local and national support that is available.

q) Almost 3000 people in Bassetlaw were supported with health and wellbeing information during October half term. This includes details about local food and nutrition support, activities and events.

r) The Focus on Farmers project launched in Bassetlaw in September, helping to tackle physical and mental health issues faced by the agricultural community. Around 100 people attended the launch which included guest speakers and how to access support.

s) Winter finance drop-in sessions were held in Bassetlaw by Citizens Advice North Nottinghamshire and other partners. The sessions offered eligibility checks on welfare benefits, energy saving and community services and resulted in 56 more welfare benefits being identified.

t) Newgate Primary Care Network have focused on the non-responder list for bowel screening and have managed to achieve a 10% response rate from people who have previously not engaged with the screening process.

u) Bestwood and Sherwood Primary Care Network won the ‘innovation in general practice’ category of the PMA[1] Awards for its Community Health and Wellbeing Hub. The hub takes an innovative approach to connecting people who often feel shut-out of traditional health services. It creates a space for building communities, while providing attendees health advice and signposting to additional services in the area.

[1] PMA is a professional membership body for the healthcare sector.

Appendix B: Output from the October Board seminar on mental health services

Agreed action	Progress update
To develop a whole system mental health ‘asset map’.	An asset list for mental health (MH) is currently being developed, to ensure a triangulated approach that aligns contracting, performance, transformation and delivery. This process aims to provide clarity and cohesion in how services are planned, commissioned, delivered and monitored. The following actions are being taken: • Triangulation of approach: aligning contracting, oversight, and transformation efforts with the System Oversight Group to ensure consistency in performance and delivery. • Programme Boards: embedding transformation workstreams within programme boards to establish clear commissioning intentions and strategic direction. These intentions will directly link back to system performance and delivery outcomes. • Integration and alignment: the System Analytical Intelligence Unit (SAIU) is working to consolidate this intelligence with population data. This approach seeks to understand the "mental health taxpayer’s pound", evaluating how services are commissioned, utilised, and their impact on the Nottingham population. The combined intelligence, including alignment with population data, will be completed and ready for use by spring. This will provide a comprehensive understanding of mental health service commissioning and its outcomes.
To engage Place-Based Partnerships in how to strengthen local mental health services.	Physical and mental health, as well as all age responses, are being included in the development of integrated neighbourhood working, which will form a key part of the transformation programme in 2025/26. Work is being completed with Place leaders as part of this process and the development of agreed Place Plans, which will define specific outcomes aligned with the refreshed Integrated Care Strategy and Joint Forward Plan.
To ask the Universities Leadership Forum to ask the	A number of detailed questions are being developed for discussion by the Nottingham Expert Advisory Panel (part of the Universities for Nottingham Civic Exchange) with the aim of

Agreed action	Progress update
question 'Why Nottinghamshire?' in relation system drivers of poor performing organisations.	understanding if Nottingham/shire has any specific social, economic, political and health factors or challenges that have made it more likely that the issues in maternity and mental health services would occur. The questions will be finalised in February and taken through a process to discern the Universities for Nottingham's collective understand on this, to inform future plans and actions.
To refresh the mental health strategy and ensure it is linked to the Integrated Care Strategy	A strategic plan for mental health has been developed in collaboration with system partners, which has been considered by the ICB's Strategic Planning and Integration Committee and both local Health and Wellbeing Boards. This is fully aligned to the Integrated Care Strategy and will be integrated within the Joint Forward Plan.
To better understand what the patient voice is saying across the system.	A detailed Mental Health Insight Report has been produced, with the following key findings: • Co-Production models, exemplified by initiatives such as the NottAlone website expansion and Bassetlaw Focus on Farmers project, strengthen local engagement and community involvement. It was highlighted how important co-design and co-production will be in the pathway re-design work and improvement plans for community mental health services. • Cultural competence training is critical for equipping service providers and organisations to meet the diverse needs of their populations. • Navigation challenges in complaint and service access systems present barriers, particularly for vulnerable populations, highlighting the need for streamlined processes. • Continuous assessment and adaptation of programmes are essential to ensure they align with the evolving needs and priorities of the system. • Healthwatch Nottingham and Nottinghamshire (HWNN) gathered insights from a research project that aimed to understand people's experiences of accessing and using Specialist and Community Mental Health Services in Nottingham & Nottinghamshire highlighted gaps in various areas of care between how service providers think they are doing and how the service users perceive or experience it.

Agreed action	Progress update
	• Through the Nottinghamshire County Council Shadow event, 370 children and young felt that mental and physical health, school, waiting times, cost of living, vaping, crime and healthy lifestyles were worrying them the most. These insights will inform the Joint Forward Plan refresh process, currently underway.
To undertake further work on prevention outcomes.	The SAIU team has developed a Population Outcomes Dashboard; this tool provides insights into key health metrics and outcomes across the population. The following actions are being taken: • Dashboard utilisation: the dashboard will be used to update Programme Boards on critical areas, including avoidable mortality, long-term conditions, risk factors, and prevention. • Ongoing development: proposals will be developed to guide the effective use of the dashboard, ensuring it supports decision-making and outcome monitoring across programmes. A proposal for dashboard updates and its integration into Board discussions will be developed by January, ready for implementation in the new year. This will ensure a structured approach to using the dashboard to inform and guide system-wide improvements.

Appendix C: East Midlands Joint Committee Meetings Held during 2024

Briefing Summary of the East Midlands Joint Committee Meetings held on Tuesday 20 February 2024

1. Purpose

1.1. This **ADVISORY** report is presented to provide a summary of the East Midlands Joint Committee meetings held on Tuesday 20 February 2024.

2. NHS East Midlands Joint Committee for Specialised Services

2.1. Arrangements for Chair

The term for the current Chair is due to end in March 2024. Members have held preliminary discussion outside of the formal meeting, further discussion was had, and an outline proposal reached. It was agreed for the proposal to be further developed and presented at the start of the April meeting for approval. In addition, the committee discussed the need to reflect/ review the current membership and participation in light of 12 months experience and the additional delegations made over this time. It was agreed for a proposal to be presented to the June meeting of the committee.

2.2. Delegation of Specified Specialised Acute Services: Directors Report

The committee received an update on the national commissioning programme for Specialised Services and the work/ approach NHS England have taken on a pan-regional basis to support delegation. The committee also received an update on the input the Midlands Regional Specialised Team have made to and also the actions they have taken in response to it.

2.3. Delegation of Specialised Services: Sender/Receiver Brief

The committee received a report specifically relating to the progress made in preparation for dilation of the 59 Specialised Services from April 2024, and the status of readiness. The report provided lens from both the Regional Team (sender) and ICB (receiver) perspective. Discussion focused in particular on the status of readiness of ICBs, the needs for consistency of approach between all ICBs, finance and finance flows, quality and safety assurance, and risk identification and management. The committee noted the update.

2.4. Specialised Services Update

The committee received an update on the current status of Specialised Services in the Midlands region with particular focus on:

- 2023/24 Month 9 Finance & Contracting Update – noting forecast position to be within budget.

- National Delegated Commissioning Group Update – noting the update of key items progressed at a national level.
- Midlands Acute Specialised Commissioning Assurance Group (MASCG) Report – noting key items progressed by the group inclusion of the role it is playing within delegation.
- Quality Governance and Reporting to Joint Committees - Quality Exception Report – noting work undertaken through the clinical and quality governance workstreams, and the preparation in support of delegation (supporting an ICB understanding of concerns and contribution to mitigation).

3. NHS East Midlands Integrated Care Boards Joint Committee

3.1. Arrangements for Chair

This item was conducted within the Joint Committee for Specialised Services.

3.2. Primary Care Finance and Assurance Report

The committee received the standing assurance report from the Tier 2 East Midlands Group with regard to the commissioning, finance, quality and safety and delivery of Community Pharmacy, Dental and Optometric Services. The committee considered challenges around dental access and the steps being taken at a regional and ICB level to mitigate risks and issues. The committee explored the opportunity to learn from and spread the benefits delivered by pockets of good practice, and how the national initiative could support necessary improvements. This discussion was informed by the supplementary deep dive presentation on Dental Services item. The committee asked for a comprehensive appraisal of options to increase activity including increases to the level of fees and re-imbursements paid for NHS dentistry work to be presented at the meeting in June.

3.3. Future 111/999 Governance Arrangements

The committee received a paper asking for the committee to make a recommendation on the future arrangements that should be put in place for lead commissioning and governance of NHS 111 and 999 services across the East Midlands. The committee received and discussed a number of proposals and whilst broad consensus was reached on the preferred option the committee requested a further paper return in June that set out the detailed drivers, risks, and benefits for each option. It is intended for the committee in June to reach a collective decision that will then be presented to each ICB for approval.

Briefing Summary of the East Midlands Joint Committee Meeting held on Tuesday 16 April 2024

1. Purpose

1.1. This **ADVISORY** report is presented to provide a summary with a summary of the East Midlands Joint Committee meetings held on Tuesday 16 April 2024.

1.2. Appointment of Chair

The East Midlands Joint Committee Terms of Reference set out that the appointment of the Chair shall be for a period of 12 months. David Sissling, Chair of Leicester, Leicestershire, and Rutland Integrated Care Board (ICB) was appointed Chair at the first meeting of the Committee in April 2023 and as such the term of office had reached the endpoint. The Committee **APPROVED** Kathy McLean, Chair of NHS Nottingham and Nottinghamshire ICB and Chair of NHS Derby and Derbyshire ICB, be appointed as Chair for with effective from the meeting on 16 April 2024 and would run for an initial period of 4 months (meetings schedule in April [month 1] and June [month 3]). At the meeting in August 2024 the Committee would be asked to approve the ongoing arrangements for the Chair.

1.3. Governance Arrangements for Joint Committee

The Committee received a paper setting out the proposed ongoing governance arrangements for Tier 1 Joint Committee inclusive of arrangements reflective of the upcoming delegation of Specialised Services. The paper focused upon the Governance documentation relating to the operation of the Joint Committee, which included the Joint Working Agreement between the East Midlands ICBs and the Terms of Reference for the Joint Committee of the East Midlands ICBs, noting alignment to the Delegation and Collaboration Agreements and the proposed Governance Framework to be established by the Committee (Tier 2 and below) which was the subject of a subsequent paper. The Committee **RECOMMENDED the APPROVAL** of Governance Arrangements for the Joint Committee of the East Midlands ICBs by the Boards of the individual ICBs.

1.4. Delegated Authority – Governance Framework for Delegated Specialised Services.

The Committee received a paper setting out the detail of the proposed Governance Framework it was recommending being established beneath the Joint Committee, and the delegated authorities that would sit at each level of this Governance Framework. Through consideration of the content of the paper the Committee **APPROVED** the proposed Governance Framework.

1.5. Specialised Services Update

Through the presentation of this paper the Committee received an **UPDATE for ASSURANCE** on the following:

- 2023/24 Month 11 Finance Report on NHSE commissioned services.
- Delegation of specialised services – Director's Report
- 24/25 Financial Plan for NHSE directly commissioned and delegated services
- National Delegated Commissioning Group Update
- Midlands Acute Specialised Commissioning Assurance Group (MASCG) Report
- Specialised services Quality Exception Report – East Midlands

Key points of assurance/ challenge considered by the Committee were:

- progress with delegation in 2024/25 and the work ongoing for further delegation in 2025/26
- Financial position as at Month 11 of 2023/24 noting the surplus position forecast to be achieved, and the financial planning for 2024/25 noting the allocation of monies and the inability for ICBs to account for monies within the individual ICB budget.
- The priority areas being focused upon by the Midlands Acute Specialised Commissioning Team on behalf of the 11 ICBs.
- The Quality Exception Report and the work being undertaken by the Specialised Commissioning Team in collaboration with individual ICBs.

The Committee reflected on the focus that has been placed upon understanding and managing transitional arrangements and agreed the need to shift toward a focus on the benefits to be gained through delegation and working collaboratively, and the prioritisation of establishing and delivering improved Outcomes.

1.6. Primary Care Finance and Assurance Report

The Committee received the report for **ASSURANCE**. Primary focus of discussion laid with the provision of Dental Services, planning and delivering for the coming year inclusive of progress being made with the Dental Recovery Plan, and the ongoing progress with Pharmacy First.

The Committee heard that initial feedback on Internal Audit with regard to delegation was positive, and that a formal update would be provided to the next meeting.

1.7. Update 111/999 Governance Arrangements

The Committee **NOTED** that the Midlands 111 services was now live and the positive progress with the operational governance arrangements led by Derby

and Derbyshire ICB. Further discussion was required with regard to a single ICB lead across the Midlands but it was expected for this to be concluded prior to the next meeting in June 2024.

Briefing Summary of the East Midlands Joint Committee Meeting held on Tuesday 18 June 2024

1. Purpose

1.1. This **ADVISORY** report is presented to provide a summary of the East Midlands Joint Committee meeting held on Tuesday 18 June 2024.

1.2. Specialised Commissioning Integrated Assurance Report and Directors Report

Through the presentation of this paper the committee received assurance on the current status on matters relating to the 59 delegated services. Specific discussions centred on the 2024/25 financial plan and current performance against plan, the treatment of reserves and, the composition of month 2 ICB allocations and anticipated position for month 3. It was confirmed that contingences would be held by NHS England (NHSE). Confirmation of alignment between clinical / quality oversight and the Joint Committee was received alongside a commitment of focus on quality improvement and shared learning.

The committee supported the establishment of a Midlands Executive Leadership Group consisting of lead ICBs and NHSE representatives, and for this group to jointly oversee the delivery of the current delegated arrangements and the mobilisation of future specialised services delegation and staff transferring in 2024/25.

1.3. Primary Care Finance and Assurance Report

Through the presentation of this paper the committee received assurance on the current status of delegated Dental, Community Pharmacy and Optometric services. The committee approved the recommended opening recurrent balance transfer for 2024/25 reflective of the same action undertaken in 2023/24, noting the undertaking of this negated any need for risk share arrangements.

1.4. Dental Services Commissioning Plans Briefing

The committee received an update on overall work being undertaken by the hosted team, the national guidance with regard to dental services planning, progress made on the Oral Health Needs Assessment, and the actions underway/ planned to develop the 2024/25 Dental Plan. The committee agreed draft dental plans need to be developed through local engagement within each

ICB area, having taken into account locally determining factors and engagement with key local partners. The committee considered the timeframes for development, concluding these need to be challenging but realistic when balancing the engagement required and need to conclude as soon into the year as possible. The committee set an expectation for local engagement to be undertaken in the coming months to enable plan sign off in October.

1.5. Update 111/999 Governance Arrangements

The committee received an updated proposal on the future governance arrangements for the commissioning of NHS 111 and 999 services, agreeing that each ICB Board should receive a paper sponsored by its Chief Executive Officer seeking:

- Delegation of strategic decision making to the East and West Joint Committee for NHS111, and Emergency Ambulance (East) including the lead commissioner arrangements.
- Delegation of operational leadership to Derby and Derbyshire ICB as lead commissioner for both NHS111 and 999 commissioning.

Briefing Summary of the East Midlands Joint Committee Meeting held on Tuesday 15 October 2024

1. Purpose

1.1. This **ADVISORY** report is presented to provide a summary of the East Midlands Joint Committee meeting held on Tuesday 15 October 2024.

2. Summary of Agenda Items

2.1. Chair Arrangements

The Committee **APPROVED** Kathy McLean, Chair of NHS Nottingham and Nottinghamshire ICB and Chair of NHS Derby and Derbyshire ICB, be appointed as Chair for the remainder of the year and that a new Chair will be appointed in April 2025.

2.2. Feedback from Chief Executives Development Session in June

The Committee **NOTED** the update from the Chief Executives development session at which they considered opportunities to enhance the operational and governance arrangements of this regional collaborative model. Emphasis was place on opportunities to improve the delegated / decision making structure, wider leadership engagement (beyond the membership), and a collective desire to shift the focus to an “improvement agenda”. It was agreed to establish a Joint Committee Development Session to progress this work collectively.

2.3. 111/999 Decision Making Update

The Committee **NOTED** the paper seeking approval of a proposed the future 111/999 operational/ governance structure proposal paper was yet to be considered by all partners. It was agreed for Chief Executives of those remaining to support its presentation and for the outcomes to be confirmed at the December meeting.

2.4. 111 / 999 Contract 2024/25 Update

The Committee received an update on the contractual positions for both 111 and 999 services, **NOTING** whilst service provision is maintained there are material matters relating to resourcing that remain outstanding. It was agreed that a further update should be presented to the Committee in December.

2.5. Primary Care Finance and Assurance Report, and Dental Commissioning Plans

The Committee received the report for **ASSURANCE**. Primary focus of discussion laid with the underlying financial position, current provision of Dental Services and the work being undertaken to increase capacity within the region, planning for the coming years inclusive of progress being made with the Oral Needs Assessment and Dental Commissioning Plans (expected for approval December 2024), development of a Community Pharmacy Strategy within the next six to twelve months, and plans to undertake an Eye Health Needs Assessment in Q4 prior to developing the Eye Health Strategy.

2.6. Specialised Commissioning Services Integrated Assurance Report and Draft Acute Clinical Strategy

The Committee received the report for **ASSURANCE** with focus of discussion being on the 59 delegated services, progress toward delegation of the currently retained services, and the working relationships and governance between NHSE and ICB and within the tiered East Midlands governance structure pre and post delegation in 2025.

The Committee **SUPPORTED** the development of the strategic agenda and its alignment to inter-region and multi-region pathway transformation. The Committee were provided with the key drivers for change inclusive of engagement and informed of the key areas of opportunity being Paediatrics, Oncology, Neonates and Cardiovascular. It was agreed the December meeting should receive a strategy progress update with a focus on Fragile Services.

2.7. Chief Medical Officers Group Update.

The Committee received an overview and **NOTED** the work being undertaken through the East Midlands Chief Medical Officers Group, specifically the work undertaken collaborative with the Specialised Commissioning Team. The Group confirmed supported for the 4 priority areas set out in the Specialised Services Acute Clinical Strategy. It was agreed for the group to remain engaged with the

Committee to support clinical considerations on services that fall within the remint of the Committee.

2.8. East Midlands Fertility Policy Review and Case for Change

The Committee received a presentation on the work undertaken to review all existing policies, the multi ICB engagement undertaken, and the resultant case for change as it applied to each area. The Committee were asked to consider and support the direction of travel to a single East Midlands Fertility Policy that would see all East Midland ICBs commissioning against the same policy, and the proposed next step of moving to pre-engagement preparation. The Committee gave its **SUPPORT** to the work undertaken and proposals made.

Appendix D

BRIEFING PAPER

DATE: December 2024

PAPER TITLE: Mental Health, Learning Disability and Autism specialised services host ICB commissioner and contract model

PURPOSE: INFORMATION ☒

EXECUTIVE SUMMARY: This paper provides a summary of the considerations for contracting models for Specialised Mental Health, Learning Disability and Autism (MHLDA) services Provider Collaborative contracts which will be taken to the East and West Midlands Joint Committees.

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1. INTRODUCTION AND PURPOSE OF THE PAPER

1.1 The purpose of this paper is to update Boards on Specialised Mental Health Learning Disability and Autism (MHLDA) Provider Collaborative Contracts prior to a decision that will be taken at the East and West Midlands Joint Committees on the ICB host contract leads once the Provider Collaborative Contracts are delegated to ICB in April 2025.

1.2 NHS England (NHSE) Midlands will cease to have commissioner responsibility for the services delegated to ICBs in the Midlands subject to final Board agreements. ICBs will be the responsible commissioners from 1 April 2025. However, the National NHSE will remain accountable for all specialised MHLDA services regardless of whether services have been delegated to ICBs or retained services that NHSE regions continue to be responsible commissioners for.

1.3 NHS Led Provider Collaboratives (PC) have the operational and day to day delivery responsibility of the delegated services on behalf of NHSE (ICBs post delegation).

1.4 There are eight NHS Led Provider Collaboratives in the Midlands. There is a Lead Provider Contract (LPC) in place with each NHS trust who coordinate a set of mental health provider organisations (NHS and Independent sector) working together as a provider collaborative bound by a legal Partnership Agreement and a risk and gain share agreement (in some case). Pre and post delegation, each PC will continue to:

- Coordinate planning/ service transformation activities.
- Coordinate and lead annual contract negotiations with sub-contractors (NHS and ISP) within their PC footprint (circa 18 subcontractors that cover 39 different sub-contracts).

- Hold quarterly contract meetings with sub-contractors.
- Coordinate and submit quarterly LPC contract review reports to NHSE Midlands (ICBs post delegation).
- Coordinate and identify population needs, gaps e.g. capacity and bed planning, Natural Clinical Flow with the LPC footprint/ services lines (NB: beds cannot be ring fenced just for East/ West or Midlands patients)
- Have financial oversight and management (payments, investments, expenditure) on a sub-population basis with sub-contractors.
- Ensure quality engagement and involvement of EbE in all activities.
- Undertake procurement activities/ PSR regime 2015 where required e.g. sub-contracting arrangements, new market entrants.
- Have quality and patient safety oversight of providers including annual quality service site reviews, quality improvement oversight.
- Coordinate and submit national/regional returns as requested related to LPC service lines.
- Be part of national LPC network and take part on national/regional working groups e.g. service transformation work, interface with other LPCs in other regions re cross border patient flows/ clinical pathway interdependencies.

1.5 The new two-year LPCs have been issued and signed from 1 April 2024 with an option to extend for one additional year from 1 April 2026. The decision to extend the additional one year will be via ICBs post delegation as the new responsible commissioner from 1 April 2025.

2. POST DELEGATION

2.1 All 11 Midlands ICBs will have commissioning responsibility for the following specialised MHLDA delegated services:

- Adult secure services (incudes low secure, medium secure)
- Adult eating disorder services
- Perinatal (Mother Baby Units)
- Tier 4 CYPMH services (includes General Adolescent Unit, Eating Disorder, Low Secure, Psychiatric Intensive Care Units and community forensic CAMHS)

2.2 These delegated services align to the eight Midlands NHS Led Provider Collaborative operating model/ arrangements (across 40 subcontracts) on a sub-regional footprint (East/West Midlands).

Table 1 – Midlands LPCs.

Specialised MHLDA services	Live as at	East Midlands NHS Lead Provider and no: of subcontracts within footprint	Live as at	West Midlands NHS Lead Provider and no: of subcontracts within footprint
Adult Low & Medium Secure (includes MI, PD and LDA)	1 Oct 2020 (Fast Track)	Nottinghamshire Healthcare NHS Foundation Trust 8 subcontracts	1 Oct 2021	Birmingham and Solihull Mental Health NHS Foundation Trust 7 subcontracts
Tier 4 CYMHS services (GAU, PICU, ED, LSU)	1 April 2021	Northamptonshire Healthcare NHS Foundation Trust 6 subcontracts	1 Oct 2022	Birmingham Women's and Children NHS Foundation Trust 7 subcontracts
Adult Eating Disorders (AED)	1 April 2021	Leicester Partnership NHS Trust 5 subcontracts	1 April 2021	Midland Partnership NHS Foundation Trust 5 subcontracts
Perinatal (Inpatient MBU)	1 Oct 2023	Derbyshire healthcare NSH Trust 1 subcontract	1 Oct 2023	Midland Partnership NHS Foundation Trust 1 subcontract

A small number of acute and MHLDA specialised services will remain commissioned through NHSE.

2.3 From 1 April 2025, NHSE Midlands will cease to have commissioner responsibility.

2.4 The Commissioning Team that will transfer to the host ICB will continue to provide the commissioning expertise to include the following

- Leadership/ coordination and assurance role re retain Midland's view across the 8 LPCs e.g. service transformation across LPC in the Midlands.
- Provide expertise and support to NHS Led Provider Collaboratives (LPC) to achieve strategic ambitions.
- Support LPCs to develop and deliver their transformation programme across specialised MHLDA delegated service lines.
- Coordinate learning, risks, and issues within the local systems and LPCs to inform learning and action at a national, regional and system level.

- Ensure LPCs complete consolidated annual PAMs for all delegated specialised MHDLA service lines by provider.
- Hold quarterly LPC contract review meetings with the respective 8 Midlands Lead Provider Collaboratives.
- Director level representation to each LPC programme boards.
- Interface with national NHSE and networks that include all LPCs across the country and NHSE regions (retained NHSE service lines).
- Coordinate, facilitate, de-escalate matters raised by LPCs and other regions/ ICBs.
- Coordinate/respond to FOI, complaints, and legal proceedings with respective LPCs and relevant partners.

2.5 The ICB host holding the contract would be expected to be:

- Three-way signatory to all NHS Led Provider Collaborative Direct Agreements with subcontractors to enable 'step in rights' should a LPC declare they no longer wish to be a Lead Provider or ICB decision to disband the NHS Led Provider Collaborative operating model.
- Step in rights mean, the responsible commissioner is required to take back direct operational responsibility for these services and to directly manage the subcontracts and all the associate actions that the LPC would have undertaken.

2.6 The management capacity and leadership of all processes will be provided by the expertise in the specialised commissioning team (who will be hosted by BSOL) but working on behalf of the East And West Midlands joint committees.

2.7 In the unlikely evet of any requirement to take back direct operational responsibility the specialised commissioning team would undertake this function working closely with the host ICB holding the contract. This would be articulated in the delegation agreement.

3. NEXT STEPS

3.1 Options are being developed through November and December 2024 through the working groups to develop a consensus view of the most appropriate model for hosting the contracts which manages risk effectively and whilst maximising the opportunities.

3.2 These options will need support from the ICB host designate before going to the East Midlands Joint Committees and West Midlands Joint Committees in January 2025.

3.3 The agreed position will then be incorporated in the delegation agreements for ICB Board approval before the end of March 2025.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/01/2025
Paper Title:	**Healthwatch Report: Understanding local people's experiences of health and social care in Nottingham and Nottinghamshire**
Paper Reference:	ICB 24 089
Report Author:	Sabrina Taylor, Chief Executive, Healthwatch Nottingham and Nottinghamshire
Report Sponsor:	Amanda Sullivan, Chief Executive, Nottingham and Nottinghamshire Integrated Care Board
Presenter:	Sabrina Taylor, Chief Executive, Healthwatch Nottingham and Nottinghamshire Sarah Collis, Chair, Healthwatch Nottingham and Nottinghamshire

Paper Type:							
For Assurance:		For Decision:		For Discussion:	✓	For Information:	

Summary:
Healthwatch Nottingham and Nottinghamshire (HWNN) is an independent and statutory organisation that acts at the voice for people who use health and care services across Nottingham and Nottinghamshire. This paper shares an overview of key issues impacting our population as understood through intelligence gathered from local people and further insights from Healthwatch England (HWE) at a national level.

Recommendation(s):
The ICB Board is asked to **discuss** this item.

How does this paper support	**the ICB's core aims to:**
Improve outcomes in population health and healthcare	Healthwatch Nottingham and Nottinghamshire is focussed on meeting the four core aims.
Tackle inequalities in outcomes, experience and access	As above.
Enhance productivity and value for money	As above.
Help the NHS support broader social and economic development	As above.

Appendices:
None.

Board Assurance Framework:
Not applicable.

Report Previously Received By:
Not applicable.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Understanding local people's experiences of health and social care in Nottingham and Nottinghamshire

Introduction

1. Healthwatch Nottingham and Nottinghamshire (HWNN) is an independent and statutory organisation that:
    a) Represents local public and patient voice for all aspects of health and social care services across Nottingham and Nottinghamshire.
    b) Makes sure NHS and social care leaders and other decision-makers hear those voices and use this feedback to improve care, holding them to account.
    c) Shares resources via their information and signposting function.
    d) Reaches people and communities, enabling their voices to be heard by those who make decisions.
    e) Has a strong focus on health inequalities, paying particular attention to the voice of those who are not heard who may be experiencing the greatest health inequalities.
2. HWNN notes the ICB's Public Involvement and Engagement Policy and its alignment with HWNN in that it shares the ambition of the Nottingham and Nottinghamshire Integrated Care Board (ICB) to ensure citizens *"can expect meaningful involvement and engagement in the development, implementation and review of health and care policies and services across Nottingham and Nottinghamshire".* They commend the commitment of the ICB to put people and communities at the heart of everything that they do as described in the ICB's Working with People and Communities Strategy to *"consistently listen to, act upon and respond to the needs and aspirations of local people and communities"*.

Key issues impacting our population:

3. **NHS Complaints Handling 'Hot Topic' Report, (HWNN) July 2024**
    a) **Survey on NHS complaints:** HWNN's survey highlighted widespread dissatisfaction with the NHS complaints handling process, particularly in hospital services, mental health services, and GPs. Only a third of dissatisfied patients formally submitted complaints.
    b) **Key barriers identified:** Patients lacked confidence that complaints would make a difference, feared negative impacts on care, struggled to identify where to complain, and often felt uninformed about progress and dissatisfied with outcomes.

c) HWNN Key Recommendations to providers of NHS care:

- Simplify and clarify the complaints process.
- Actively listen and observe issues.
- Ensure a "No Wrong Door" approach for complaints.
- Distinguish between complaints and disciplinary actions.
- Engage complainants on desired outcomes.
- Keep complainants informed throughout the process.

4. **Mental Health Service Gaps, Severe Mental Illness Report, (HWNN) January 2024**

a) **Report findings:** HWNN's mental health report, commissioned by Nottinghamshire Healthcare NHS Foundation Trust, revealed issues with access, coordination, and patient experience, including long waits, inconsistent care, and referral problems leading to crises.

b) **Key concerns:** Lack of early intervention, poor communication between services and patients, and inadequate crisis response were highlighted.

c) **Recommendations:** Focus on early intervention, enhance crisis care, and deliver holistic, person-centred support.

d) **Ongoing collaboration:** HWNN continues to work with the Trust to ensure patient voices guide improvements.

5. **GP Services and Accessibility**

a) **Initial research and findings (2022):** HWNN conducted a survey and desk-based study to evaluate GP accessibility and the effectiveness of GP websites. People valued GP staff but faced challenges with booking appointments, including long telephone waits, limited availability, and restrictive call times.

b) **Follow-up research (2024):** HWNN revisited the issue to assess progress, identify improvement areas, and offer insights for enhancing GP accessibility and online services.

c) **Key findings:** Persistent concerns include long phone waiting times, limited appointment availability via websites or the NHS app, and insufficient options for booking (e.g., telephone, online, walk-in, or advance bookings).

d) **National Action Plan monitoring:** The May 2023 national Delivery Plan for Recovering Access to Primary Care outlines required actions to address these issues. HWNN continues to monitor progress.

e) GP access and GP services in general remains the top issue for local people who contact HWNN (with hospital A&E second highest and pharmacy services third highest).

6. **Community Pharmacy – 'Hot Topic' Report HWNN (to be published in early 2025)**

a) **Key issues identified:** HWNN has heard public concerns about accessing community pharmacy services, frustrations with service quality, medicine shortages, and confusion about the Pharmacy First scheme.

b) **Alignment with national findings:** HWNN's early findings mirror those of Healthwatch England (HWE)[1], which highlighted people's appreciation for the accessibility and quick service of community pharmacies, however confusion about the Pharmacy First scheme remains.

c) **Positive indicators for Pharmacy First:** Despite the confusion, people are receptive to visiting pharmacies for certain conditions and seeing pharmacists instead of GPs, suggesting potential success for the Pharmacy First initiative.

d) **Recommendation for inclusive evaluation:** HWNN advocates for involving pharmacy service users in the national evaluation and decision-making process for Pharmacy First.

7. **NHS Dentistry – Access**

a) **Continued issues with NHS dental access:** HWNN's 2021 study highlighted widespread inaccessibility of NHS dental appointments and its impact on patients, a concern that persists based on ongoing feedback.

b) **National policy influence:** HWNN shared findings with Healthwatch England (HWE), contributing to national policy changes and influencing Department of Health and Social Care decisions.

c) **Persistent challenges despite reforms:** Polling by HWE[2] shows people still struggle to access NHS dental care, despite new government incentives for dentists to improve access.

[1] Pharmacy: what people want | Healthwatch
[2] Public's confusion over 'right' to register with an NHS dentist

d) **Local insights reflect national trends:** HWNN reports confusion over dental registration, challenges with private dental care, worsening dental issues due to limited access, and practices requiring patients to go private for their children to receive NHS treatment.

Patient feedback

GP access

"Called up GP surgery to get an appointment because my 11 year old daughter had a lump appear under the neck / shoulder area. The earliest I could get a phone call back from a healthcare practitioner was almost a month away. Not even a face to face appointment."

"They want people to book appointments online, but everyone cannot do that including people like myself who are older and not comfortable with technology. The phone waiting time is up to 1.5-2 hours and usually by the time my turn comes through they are left with no appointments and ask to call next day, but the same happens again."

Dentistry

"I have been trying to get registered with an NHS dentist for 14 months now with no luck at all, I have broken teeth, missing teeth and my tongue is always full of ulcers, I can't afford to go private as the prices are astronomical, I really don't know what to do now, do you have any suggestions?"

"I would like some help finding a NHS dentist I have been trying for three days I have lost my denture and I am finding eating and drinking a problem. I am 74 years old with asthma and arthritis in my back. Any help you can give me would be much appreciated."

Pharmacy

"My local pharmacy hasn't had a permanent pharmacist in 4+ years so relies on locums. It shuts if it can't get one or they need a break so is often inconvenient."

"The Pharmacy has shortfalls in every type of order not just for the patient but for the wider community… They have different Pharmacists in each day and some days the Pharmacy closes due to lacking actual Pharmacists."

Other areas of focus/concern for HWNN – "Empowering Communities to have a voice"

8. HWNN's 'Roadshow' model, which forms the core of their approach, is being delivered across all Places in Nottingham and Nottinghamshire. These roadshows are the starting point for community-led activity to identify 'what is important' to local people and communities of interest, whilst developing

relationships with local voluntary and community organisations, community leaders and system partners.

9. HWNN have delivered four events this year with over 350 attendees and over 50 different stall holders/community organisations represented.

Termination of contract for PICS (Primary Integrated Community Service)

10. The transfer of services from PICS to Notts Healthcare Trust (NHCT) has raised concerns about disruptions to Cardiology, Respiratory, Pulmonary Rehab, and Palliative Care in Nottingham. Patients and staff fear negative impacts on service quality and were not consulted about this change. HWNN has highlighted issues with patient care, communication gaps, and service continuity, urging clear and immediate consultation and communication to address widespread anxiety.

Questions for the ICB

11. An important role for HWNN is holding ICB to account on key patient issues and so these questions are a useful starting point for our discussions on local health and care needs:

    a) **Dentistry:** Is the ICB taking any specific measures on dentistry to target health inequalities?

    b) **Primary Care:** What measures are being taken to ensure that patients can easily find out which services (including those under Pharmacy First) are offered by their local pharmacies? How is Pharmacy First being promoted to all demographic groups?

    c) **Patient Voice:** How do we ensure that patient experience and engagement is central to ICB strategies?

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/01/2025
Paper Title:	**Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: March 2025 Review and Refresh**
Paper Reference:	ICB 24 090
Report Author:	Joanna Cooper, Assistant Director of Strategy
Executive Lead:	Victoria McGregor-Riley, Acting Director of Strategy and System Development
Presenter:	Victoria McGregor-Riley, Acting Director of Strategy and System Development

Paper Type:							
For Assurance:		For Decision:		For Discussion:	✓	For Information:	

Summary:

The Integrated Care Partnership (ICP) approved the refreshed Nottingham and Nottinghamshire Integrated Care Strategy on 22 March 2024. At its 28 October meeting, the ICP agreed to commence a light touch review of the Integrated Care Strategy to ensure a continued focus on delivery. This paper provides Board with details of the review process to date and intended actions to support the refresh of the Strategy. The ICP will consider the review and refreshed strategy on 24 March 2025.

The paper also asks that the Board to consider the implications for the refresh of the NHS Joint Forward Plan arising from the intended publication of the NHS England Ten-Year Health Plan expected in Quarter One 2025/26.

Recommendation(s):

Board is asked to:

- **Note** and support actions to refresh the Integrated Care Strategy for Nottingham and Nottinghamshire 2025/26.
- **Discuss** key considerations for the refresh, as set out within paragraph 10 of the paper.
- **Support** the proposed delay in the annual refresh of the NHS Joint Forward Plan, pending the publication of national operational and planning guidance including the Ten-Year Health Plan and defer the item for approval (currently scheduled for March 2025) to a future meeting.

How does this paper support	**the ICB's core aims to:**
Improve outcomes in population health and healthcare	The Integrated Care Strategy is fundamental to meeting the four core aims.
Tackle inequalities in outcomes, experience and access	As above.
Enhance productivity and value for money	As above.
Help the NHS support broader social and economic development	As above.

Appendices:
Appendix 1: Joint Forward Plan outcomes Appendix 2: Letter from the Chair and Vice Chairs of the ICP.

Board Assurance Framework:
Not applicable.

Report Previously Received By:
Reports have been provided to the Board and the Strategic, Planning and Integration Committee at their previous meetings.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Integrated Care Strategy for Nottingham and Nottinghamshire 2023-2027: March 2025 Review and Refresh

Background

1. The Integrated Care Partnership (ICP) approved Nottingham and Nottinghamshire's Integrated Care Strategy on 13 March 2023. The Strategy is published on the ICS website[1].

2. At its 28 October meeting, the ICP agreed to commence a light touch review of the Integrated Care Strategy to be considered at its March 2025 meeting.

3. The current Integrated Care Strategy continues to be delivered by the Nottingham City and Nottinghamshire County Health and Wellbeing Boards through the implementation of their Joint Local Health and Wellbeing Strategies, and by NHS partners through delivery of the NHS Joint Forward Plan (JFP).

4. Refreshes of the Nottingham City Joint Health and Wellbeing Strategy and the NHS JFP are also currently underway although at early stages.

5. The publication of NHS England planning guidance has been delayed until early 2025, which impacts on the annual refresh of the JFP. Furthermore, the anticipated date for the publication of an NHS Ten-Year Heath Plan is also expected in late Spring 2025. NHS partners are anticipating the Health Plan will further align NHS bodies to achieve three national policy shifts as recommended by the Darzi Review and referenced in the Fuller Stocktake Report[2]:

    a) **Hospital to community**: Moving more care from hospitals to communities and in primary care.

    b) **Analogue to digital**: Making better use of technology in health and care.

    c) **Treatment to prevention**: Focusing on preventing sickness, not just treating it.

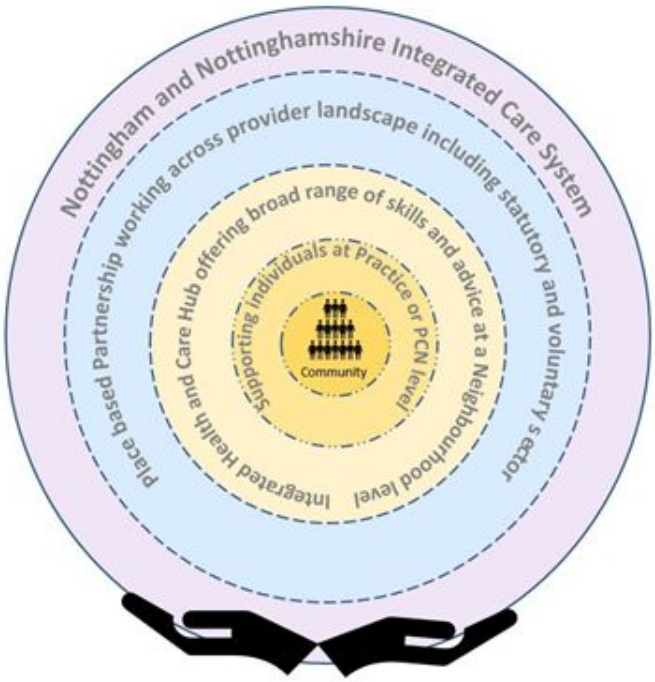
6. The refresh of our Integrated Care Strategy and future Joint Forward Plan will need to be consistent with these policy themes. Further NHS England guidance is also anticipated on the promotion of an integrated neighbourhood health service, connecting together and making optimal use of health and care resources to enable these three shifts.

7. Key characteristics expected to be promoted by health and care partners as part of integrated working will be an ongoing focus on population health

[1] https://healthandcarenotts.co.uk/wp-content/uploads/2021/05/Integrated-Care-Strategy-2023_27.pdf
[2] Independent investigation of the NHS in England - GOV.UK; https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/.

management and risk stratification and implementation of a neighbourhood health model, supporting people with the most complex health, care and social needs via multi-disciplinary teams. This approach is consistent with initial discussions relating to a Nottingham and Nottinghamshire integrated health and care model as shown in the diagram below.

An Integrated Neighbourhood Health and Care Model



8. In the next iteration of the Integrated Care Strategy and JFP, it is proposed to also ensure greater alignment with the local NHS system transformation programmes that have been agreed, as well as to provide greater clarity on how we will deliver our ambitions working with partners across our East Midlands Combined County Authority footprint.

9. These inclusions will offer further detail in respect to the ‘how’ we will work together as a system. Extensive work and engagement has previously been undertaken, supported by the System Analytics and Intelligence Unit, to define the outcomes for both the Integrated Care Strategy and JFP. It is not proposed that these outcomes be amended as part of the refresh. A summary table showing how JFP focus areas contribute to ICS level outcomes is contained in Appendix 1. The System Analytics and Intelligence Unit has developed a dashboard which shows the most recent performance against the agreed outcomes[3].

[3] Outcomes Framework [SID18] - Home

Progress to date on the refresh of the Integrated Care Strategy

10. Further to the ICP meeting on 28 October, all partners have been asked to discuss and provide feedback by 19 February 2025 on the following in order to inform the development of the Strategy:

    a) Whether our current vision, principles and priorities for the system remain the most appropriate to meet the needs of our population.

    b) How we can better align our ICB priorities to create added value at a system level.

    c) Examples of successes and best practice from across the system that have greatest impact on delivering our ambitions.

    d) Further actions needed to maintain our sustainability as an integrated health and care system.

11. Engagement with system groups and organisations is underway where responses to these questions will be further explored. Due to the timing of meetings, feedback to date is limited with the majority of discussions expected to take place during January 2025.

12. Outcomes of these discussions, as well as any feedback from the Board, will inform the refreshed document for review and approval by the Integrated Care Partnership at its March 2025 meeting.

Next steps and recommendations

13. To allow time for publication and alignment of the JFP to future operational and planning guidance, it is proposed that the Board consider a delay in the annual refresh of the JFP. This would ensure sufficient time to work with partners to embed the three shifts and develop more detailed operational delivery plans that are fully aligned with emergent national policy. If this is supported, rather than receive the draft JFP at the March meeting for approval, the Board will receive this at a later meeting in 2025. It is proposed to use development time at the February Board session to explore some of these issues and any implications for our local system.

14. To assure the Board of a continued focus on delivery of the JFP, an update on the progress of the JFP will be provided to the March 2025 meeting and circulated to NHS partners as planned.

Appendix 1: Joint Forward Plan outcomes

Table showing how JFP focus areas contribute to ICS level outcomes.

Priority 01: Prevention: reduce physical and mental illness and disease prevalence.	**Priority 02: Proactive management of long-term conditions and frailty to support early identification and avoid unnecessary escalation**	**Priority 03: Improve navigation and flow to reduce emergency pressures in physical and mental health settings.**	**Priority 04: Timely access and early diagnosis for cancer and elective care.**
• Increase in life expectancy. • Increase in illness-free life expectancy. • Reduction in average number of years spent in poor health. • Improve early cancer diagnosis. • Reduction in avoidable premature mortality. • Stabilise obesity in Year 6 children. • Increase in the proportion of people reporting high satisfaction with the services they receive. • Increase the number of people who have the support to self-care and self-manage and improve their health and wellbeing.	• Increase in life expectancy. • Increase in illness-free life expectancy. • Reduction in average number of years spent in poor health. • Reduction in avoidable premature mortality.	• Increase in life expectancy. • Increase in illness-free life expectancy. • Reduction in average number of years spent in poor health. • Reduction in avoidable premature mortality. • Increase in the proportion of people reporting high satisfaction with the services they receive. • Reduction in Hospital Emergency admissions to hospital (Length of Stay 1+ bed-days). • Reduction in Hospital Emergency admissions for COPD, Cancer, CVD, Falls, Alcohol (including same-day discharges).	• Increase in life expectancy. • Increase in illness-free life expectancy. • Reduction in average number of years spent in poor health. • Improve Early Cancer diagnosis. • Reduction in avoidable premature mortality. • Increase in the proportion of people reporting high satisfaction with the services they receive. • Reduction in Hospital Emergency admissions to hospital. • Reduction in Hospital Emergency admissions for Cancer.

Appendix 2

Integrated Care System
Nottingham & Nottinghamshire

29 October 2024

Dear colleague,

Nottingham and Nottinghamshire Integrated Care Strategy

We wanted to update you on the outcome of recent conversations with partners across our Integrated Care Partnership (ICP). The ICP met on 28 October and our meeting papers can be found on the ICS website here https://healthandcarenotts.co.uk/about-us/our-integrated-care-partnership/

We'd like to draw your attention to three papers in particular, one on progress to deliver our Strategy priorities, one on our progress towards achieving health and wellbeing outcomes for local people and a third on key citizens insights. Key achievements we'd like to highlight to you include:

- Key stakeholders across Nottingham and Nottinghamshire continue to work jointly to pursue the expansion of water fluoridation to improve oral health outcomes, following the submission of a formal request letter to the former Secretary of State in January 2024. This is in addition to oral health improvement activity commissioned by Nottingham City and Nottinghamshire County Councils, which includes follow up with children and young people who are admitted to hospital due to tooth decay, targeted supervised toothbrushing in early years settings linked to primary schools and oral health brief intervention training for professionals that work with children and young people.
- In Nottingham City, recurrent funding from the Integrated Care Board's (ICB) Health Inequalities and Innovation Fund (HIFF) is supporting a range of activities to transition from national to local funding for the Changing Futures programme which improves the lives of people facing Severe and Multiple Disadvantage (SMD). This includes a review of strategic ambitions which will be followed by a review of strategic and operational oversight arrangements. HIIF is also being used to establish a similar service for Nottinghamshire.
- Local design teams are focusing on areas of greatest clinical need, including cardiovascular disease (CVD) as almost 17% of the ICB's population is diagnosed with some form of the disease. Hypertension is one of the most important risk factors for CVD and case finding approaches have been put in place to identify people with suspected hypertension for early appropriate management. Since September 2022, hypertension diagnosis across the ICS has increased by 10.4% (August 2024) with over 17,800 new cases diagnosed.
- The launch of a new ICS Outcomes Framework dashboard on the System Analytics Intelligence Portal (SAIP). The System Analytics Intelligence Unit (SAIU) and Public Health colleagues have been working to confirm a set of outcomes which underpin our system Integrated Care Strategy vision and ambitions for local people. You can use the dashboard to review key outcomes and metrics for the population. As the dashboard will be updated when new data is available, you'll be able to see the impact that we're making over time. Information from the dashboard will be used to update our Board and partners in the ICS on the health and wellbeing outcomes local people are experiencing. You can access the dashboard here https://nottscollab.sharepoint.com/sites/SAIU-SID18-PHMO to find out more.

Next Steps

Our next meeting is 24 March 2025 where we'll be considering the Integrated Care Strategy for the coming year. The latest version of the Strategy can be found on our website: https://healthandcarenotts.co.uk/integrated-care-strategy/

Nottingham and Nottinghamshire Integrated Care System
healthandcarenotts.co.uk

As one of our ICS partners, we'd be most grateful if you could support us in the initial stages of the refresh of the Strategy by sharing your views on the questions below:

1. Does our current vision, principles and priorities for the system remain the most appropriate to meet the needs of our population?
2. How do we better align our individual organisational priorities to create added value at a system level?
3. Examples of successes and best practice from across the system that have greatest impact on delivering our ambitions.
4. What else needs to happen to maintain our sustainability as an integrated health and care system?

A template is available appended to this letter if you would find this helpful. We request that all responses are returned by **19th February** to the following email address: nnicb-nn.icstrategy@nhs.net

We'll be hosting a Partners Assembly on Monday 3 February 2025 to also support the development of the Strategy. A formal invitation with further details on location and timing will follow in due course. We will be considering the outcome of all these preliminary responses and inviting further collective discussion at our ICP meeting in March.

Your ongoing support and leadership in the development and implementation of the Strategy continues to be enormously important and appreciated. We look forward to continuing to work with you to ensure the best possible health and wellbeing for the people of Nottingham and Nottinghamshire.

Best wishes,

Dr Kathy McLean OBE
Chair of the Integrated Care Partnership
Chair, NHS Nottingham and Nottinghamshire

Cllr. Bethan Eddy
Vice Chair of the Integrated Care Partnership
Chair of the Nottinghamshire Health and Wellbeing Board

Cllr. Pavlos Kotsonis
Vice Chair of the Integrated Care Partnership
Chair of the Nottingham Health and Wellbeing Board

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NHS Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/01/2025
Paper Title:	**Integrated Care System Green Plan: Progress Report**
Paper Reference:	ICB 24 091
Report Author:	Lindsey Sutherland, Head of Programme Management Office and Programme Director for Net Zero Integrated Care System
Report Sponsor:	Marcus Pratt, Acting Director of Finance
Presenter:	Lindsey Sutherland, Head of Programme Management Office and Programme Director for Net Zero Integrated Care System

Paper Type:							
For Assurance:	✓	For Decision:		For Discussion:		For Information:	

Summary:

The Integrated Care System (ICS) Green Plan continues to be delivered effectively. This report outlines the progress made against 2022 to 2025 ICS Green Plan objectives, and a summary of other performance measurements, including the application of civil penalties.

Nottingham and Nottinghamshire ICS is held up as an exemplar for the way that it has secured clinical capacity to focus on sustainability.

A refreshed ICS Green Plan to cover the period 2025 to 2028 is required. A refresh is underway; however, NHS England (NHSE) guidance on what should be included has been delayed but is expected in late January 2025.

Recommendation(s):

The Board is asked to **receive** this report for assurance.

How does this paper support	**the ICB's core aims to:**
Improve outcomes in population health and healthcare	Reducing emissions of greenhouse gases through better transport, food and energy-use choices can result in improved health, particularly through reduced air pollution for both patients and staff.
Tackle inequalities in outcomes, experience and access	Health inequalities are exacerbated by the climate crisis. People in poorer countries and communities bear the greatest burden of harms. And the drivers of the climate crisis and health inequalities are often the same. The climate and ecological crises affect us all, but the impacts are not felt equally.
Enhance productivity and value for money	Waste contributes significantly to carbon emissions. Reducing waste will also save money and ensure better value for patients, service users and communities.
Help the NHS support broader social and economic development	The Green Plan centres on improving lives for those that live in Nottingham and Nottinghamshire and contributes to a more sustainable future for the planet.

Appendices:
Appendix one: Assessment of objectives laid out in 2022-2025 ICS Green Plan

Board Assurance Framework:
This paper provides assurance in relation to the management of the following ICB strategic risk: • Risk 8: Infrastructure and net zero – Failure to work effectively as a system to a sustainable infrastructure to deliver high-quality and efficient care and the net zero commitment.

Report Previously Received By:
Assurance reports have been provided to the Finance and Performance Committee during the year.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Integrated Care System Green Plan: Progress Report

Introduction

1. The Nottingham and Nottinghamshire Integrated Care System (ICS) Green Plan runs from 2022 to 2025. It is formed as a collation of partners' plans across the ICS to create a consistent approach to addressing sustainability opportunities.
2. This plan describes how we will work across the NHS and local authorities to achieve carbon net zero by 2040 and deliver against the NHS target of 80 per cent carbon net zero by 2028 to 2032. Collaboration between commissioner, provider and council partners is very strong.
3. Except for the ICB, each organisation has their own green plan or strategy and one or more dedicated sustainability lead, usually at band seven level, to lead implementation.
4. Nottingham and Nottinghamshire ICS is held up as an exemplar ICS for its approach and performance to date.

ICS Green Plan progress

5. The 2022 to 2025 ICS Green Plan identified 90 objectives. Of these, 75 are complete or on track.
6. Many objectives will continue and form part of the refreshed Green Plan for 2025 to 2028.
7. Table 1 below shows the action required to address red and amber-rated objectives within the 2022 to 2025 plan. Appendix one shows the progress of all objectives.
8. As we start our Green Plan for 2025 to 2028 refresh, we are clear that objectives need to be more measurable and achievable (SMART[1]).

Refreshing our ICS Green Plan

9. All NHS providers have refreshed their organisational plans with sign off expected by the end of January 2025.
10. A refresh of the ICS Green Plan is underway, although NHS England (NHSE) guidance has not yet been issued. We are aiming for Board review and sign off in May 2025.

[1] SMART stands for Specific, Measurable, Achievable, Realistic, Timely

11. Staff engagement within each organisation is very strong but is often unstructured and therefore does not lead to any practical delivery. The interest from staff clearly demonstrates that this is an area where we could be driving transformation and potentially cost savings and efficiencies through a different lens than purely financial basis starting point.

Table 1: Outstanding objectives from the 2022 to 2025 ICS Green Plan

Chapter	Objective	How	Red, Amber, Green Rating	Action Plan	By
Workforce and Leadership	Sustainability as a core dimension of service management/delivery	Completion of Sustainability Impact Assessments mandatory for service developments	**Amber**	Providers are now assessing environmental impact as part of their impact assessments. The ICB needs to include in Equality and Quality Impact Assessment (EQIA)	September 2025
Workforce and Leadership	Sustainability as a core dimension of service management/delivery	Carbon monitoring 'scorecard' undertaken locally	**Amber**	In development - some data is proving difficult to obtain in a timely manner	November 2025
Workforce and Leadership	Engaging the public and our workforce in the actions required to deliver sustainable healthcare locally	Co-design with the public to understand and respond to carbon impact through the life course	**Amber**	This is long term citizen education, but we feel we could do more in this area	March 2028
Workforce and Leadership	Education and training to enhance carbon literacy	Developing a network of Green Champions to raise awareness	**Amber**	Include a roll-out plan in refreshed ICS Green Plan. Empower staff engagement groups to deliver to their work areas	May 2025

Chapter	Objective	How	Red, Amber, Green Rating	Action Plan	By
Medicine	Reduce the environmental impact of inhaler waste	Encourage appropriate ordering of inhalers to prevent over supply	**Amber**	This is long term patient education: continue in 2025 to 2028 Green Plan	November 2026
Medicine	Reduce the environmental impact of inhaler waste	Education of patients, carers or representatives to return used or unwanted inhalers to community pharmacies for safe disposal	**Amber**	This is long term patient education: continue in 2025 to 2028 Green Plan	November 2026
Food and Nutrition	Implement plans to improve the health and wellbeing of the population	Education of the population, and with a focus on early years, to support healthier lifestyle choices	**Amber**	This is long term citizen education, but we feel we could do more in this area	March 2028
Finance	Sustainability will be included in the assessment of all service developments	From 2022 to 2023 Sustainability Impact Assessments will be required for all ICS capital and revenue business cases to increase the priority place on sustainability in decision-making	**Amber**	Include in EQIA	May 2025
Estates and Facilities	Promote Green Spaces and biodiversity in all estate developments	Recognise the importance of and actively conserve and protect biodiversity within the system estate footprint	**Amber**	New action plan required as part of the 2025 to 2028 ICS Green Plan	May 2025

Chapter	Objective	How	Red, Amber, Green Rating	Action Plan	By
Adaptation	Plans to mitigate the risks or effects of climate change on business and functions	Plans respond to risk likelihood and impact to understand future pressure on services and avoid disproportionate impact on the most vulnerable	**Red**	For consideration in an ICS wide Adaption Plan	November 2025
Adaptation	Plans to mitigate the risks or effects of climate change on business and functions	Consideration to the socio-economic and population impact of climate change	**Red**	For consideration in an ICS wide Adaption Plan	November 2025
Adaptation	Plans to mitigate the risks or effects of climate change on business and functions	Challenge plans to ensure they are sufficient to mitigate impact	**Red**	For consideration in an ICS wide Adaption Plan	November 2025
Adaptation	Plans to mitigate the risks or effects of climate change on business and functions	Develop system thinking to enable flexibility and agility in response and incorporated in emergency planning	**Red**	For consideration in an ICS wide Adaption Plan	November 2025
Adaptation	Plans to mitigate the risks or effects of climate change on business and functions	Plans outline physical changes to properties to mitigate against risks	**Amber**	For consideration in an ICS wide Adaption Plan	November 2025

Performance against Net Zero target

12. The NHS target is to reach carbon net zero by 2040[2], with an interim target of 80 per cent carbon net zero by 2028 to 2032. Nottingham City Council is aiming for net zero by 2028, and Nottinghamshire County Council by 2030.
13. NHSE monitor our performance against around 30 carbon emission reduction activities but cannot measure how our carbon footprint is changing. Most of these metrics are only measured annually. We perform better than all other ICS' within the Midlands across all measures
14. We are still unable to credibly measure the change in our carbon footprint.

Financial penalties

15. Whilst we may be succeeding in delivering NHSE metrics, we do not feel we are making enough progress towards becoming Net Zero. UK government levers are starting to exert greater pressure on organisations to make larger changes.
16. One key example is the Emissions Trading Standard (ETS). The ETS is one of the levers the UK government is using to make the transition to Net Zero.
17. Principally, a cap is set on the total amount of certain greenhouse gases (GHGs) that can be emitted and decreases over time: this impacts larger NHS organisations such as our acute hospitals[3]. The cap decreases each year.
18. When emissions exceed the cap, civil penalties are issued.
19. The decreasing cap coupled with increasing in the "carbon unit price" each year means penalties will increase rapidly. Table 2 below shows the penalties applied to our providers.

Table 2: ETS penalties applied in 2022/23 and 2023/24.

2022/23	Cap	Actual	Within cap?	Percentage of cap used	Carbon unit price	Penalty
Nottingham University Hospitals NHS Trust (NUH)	17,471	12,822	Yes	73 per cent	£52.56	£ -

[2] This target is for all carbon emissions directly within the NHS' control or influence. Non-NHS organisations would refer to these as scope 1 and 2 emissions.
[3] UK ETS: Hospital and Small Emitter status - GOV.UK

2022/23	Cap	Actual	Within cap?	Percentage of cap used	Carbon unit price	Penalty
Sherwood Forest Hospitals NHS Foundation Trust (SFH)	4,935	4,906	Yes	99 per cent	£52.56	£ -
2023/24	**Cap**	**Actual**	**Within cap?**	**Percentage of cap used**	**Carbon unit price**	**Penalty**
NUH	16,981	17,038	No	100 per cent	£83.04	£4,733
SFH	4,796	5,642	No	118 per cent	£83.04	£70,243

20. Our providers are limited in what they can do to reduce their energy-related emissions without significant capital investment. They will need to have a credible heat decarbonisation plan in place to ensure we are doing everything we can. These plans require significant technical input. Sherwood Forest Hospitals NHS Foundation Trust recently bid for grant funding[4] for this but were unsuccessful.

21. Our programme will therefore focus on reaching net zero, prioritising changes that also bring about social value, reduce inequity, and/or yield financial efficiencies.

Clinical sustainability progress

22. We are nationally commended for the way that we have secured clinical capacity to focus on sustainability. So far, we have hosted 12 special study module medical undergraduates, 25 pre-registration Pharmacists, and seven Health Education England clinical sustainability fellows. These clinicians are our future workforce and have been instrumental in the sustainable models of care pilots we have completed.

23. We recently requested a further six fellows are awaiting the outcome of the selection process.

[4] Low Carbon Skills Funding (LCSF). LCSF is open to public sector organisations.

Appendix one: Assessment of objectives laid out in 2022 to 2025 ICS Green Plan

Objective	How	Red, Amber, Green Rating
	Finance	
Sustainability will be included in the assessment of all service developments	From 2022/23 Sustainability Impact Assessments will be required for all ICS capital and revenue business cases to increase the priority place on sustainability in decision-making	**Amber**
The prioritisation of capital expenditure will include decarbonisation impact	A proportion of the System Capital Envelope will be set aside to focus on the decarbonisation agenda through to 2025	**Green**
Development of external funding sources	The ICS will work on sourcing external funding from beyond the ICS to support decarbonisation	**Green**
	Governance and Reporting	
Establish clear governance for ICS Green Plan delivery	Establishment of Greener ICS as a System Delivery Group in the ICB governance structure	**Green**
Establish clear governance for ICS Green Plan delivery	NHS Organisations will be held to account for plan delivery by the ICS, with membership evolving to include other ICS organisations	**Green**
Establish clear governance for ICS Green Plan delivery	Provide annual reports to the ICB on progress with the delivery plan	**Green**
Ensure that staff and public engagement is at the heart of ICS Green Plan delivery	Ensure that stakeholders from across the ICS are included in delivery groups for each of the chapter areas	**Green**
Ensure effective working on the sustainability agenda with non-NHS partners in the ICS	Establish formal ICS Green Plan connections to health and wellbeing boards	**Green**

Objective	How	Red, Amber, Green Rating
Ensure effective working on the sustainability agenda with non-NHS partners in the ICS	Ensure the sustainability work of non-NHS partners is included in planning and delivery	**Green**
Ensure that staff and public engagement is at the heart of ICS Green Plan delivery	Hold an annual ICS Sustainability Summit for attendance by staff and the public to review progress with Green Plan delivery and contribute to its future development both within health and care and as part of the wider community	**Green**
Develop an infrastructure to understand carbon use in the ICS and manage its reduction	Commit to resourcing a Green Plan Delivery function to lead on the development of carbon reporting in the ICS	**Green**
Develop an infrastructure to understand carbon use in the ICS and manage its reduction	Develop systems, including sustainability impact assessments, to ensure that carbon impact is considered in all ICS activity	**Green**
	Workforce and Leadership	
Leadership to deliver net zero ambitions	Designated board-level net zero lead to be appointed to support the ambitions of delivering a net zero NHS	**Green**
Sustainability as a core dimension of service management/delivery	Completion of Sustainability Impact Assessments mandatory for service developments	**Amber**
Sustainability as a core dimension of service management/delivery	Carbon monitoring 'scorecard' undertaken locally	**Amber**
Sustainability as a core dimension of service management/delivery	Sustainability actions supported by Programme Management Office (PMO)	**Green**
Engaging the public and our workforce in the actions required to	Annual summit to encourage and enable to staff to generate ideas and lead on them	**Green**

Objective	How	Red, Amber, Green Rating
deliver sustainable healthcare locally		
Engaging the public and our workforce in the actions required to deliver sustainable healthcare locally	Co-design with the public to understand and respond to carbon impact through the life course	**Amber**
Education and training to enhance carbon literacy	Developing a network of Green Champions to raise awareness	**Amber**
Education and training to enhance carbon literacy	Delivering carbon literacy training, with a tiered e-learning approach to deliver meaningful training effectively	**Green**
Leadership to deliver net zero ambitions	Maintain ICS Green Board and Delivery Group arrangements to deliver ambitions	N/A
	Travel and Transport	
Promoting sustainable transport and reducing overall transport	Reducing patient and business transport through reduction in attendances and hybrid working practices	**Green**
Increasing the use of ultra-low emission vehicles (ULEV) and zero emission vehicles (ZEV)	Extend offer of ULEV and ZEV vehicles in salary sacrifice schemes and working towards only providing low emission options	**Green**
Enhancing understanding and communication via Green Travel Plans	Promoting the health and wellbeing benefits of active transport	**Green**
Enhancing understanding and communication via Green Travel Plans	Educating on lower carbon solutions and how to access these	**Green**

Objective	How	Red, Amber, Green Rating
Promoting sustainable transport and reducing overall transport	Promoting active transport solutions to reduce carbon emissions and support health and wellbeing	**Green**
Increasing the use of ULEV and ZEV vehicles	Increasing the percentage of ULEV and ZEV in fleet through new lease opportunities and considering options to procure centrally	**Green**
Developing the infrastructure to support lower carbon transport options	Ensuring adequate electric vehicle (EV) points to support transition to ULEV and ZEV within fleet	**Green**
Developing the infrastructure to support lower carbon transport options	Providing appropriate infrastructure to support active transport within community and organisations	**Green**
Developing the infrastructure to support lower carbon transport options	Developing a consistent approach to anti-idling principles	**Green**
	Estates and Facilities	
Continue to reduce carbon emissions through smart Energy strategies	Ensure 100 per cent renewable energy is used across all ICS organisations by April 2022	**Green**
Correctly manage Waste across the system with improved recycling and prevention	Build on existing and developing recycling and waste prevention initiatives across the ICS	**Green**
Correctly manage Waste across the system with improved recycling and prevention	Reduce cost of waste management through more efficient processes e.g. work with suppliers to reduce use of single use plastics, paper, re-use items	**Green**

Objective	How	Red, Amber, Green Rating
Continue to reduce carbon emissions through smart Energy strategies	Increase energy generation (photovoltaic), whilst making services more efficient to reduce energy demand	**Green**
Continue to reduce carbon emissions through smart Energy strategies	Consider sharing or shifting power generation sources	**Green**
To recognise Water as a valuable resource in the sustainability journey	Responsible and efficient use of water across the ICS, modernising infrastructure to prevent excess or uncontrolled water waste, e.g. leaks, dripping taps	**Green**
To recognise Water as a valuable resource in the sustainability journey	Consider local impact of estate developments on flood defences, e.g. plant trees	**Green**
Promote Green Spaces and biodiversity in all estate developments	Create estate with green space and actively promote Green Social Prescribing - raise awareness of these benefits	**Green**
Promote Green Spaces and biodiversity in all estate developments	Recognise the importance of and actively conserve and protect biodiversity within the system estate footprint	**Amber**
	Medicines	
Strategies to support commitment to lower inhaler carbon footprint	Area Prescribing Committee (APC) changing formulary and guidance to support a commitment to lower carbon inhaler use	**Green**
Reduce the environmental impact of inhaler waste	Encourage appropriate ordering of inhalers to prevent over supply	**Amber**
Reduce the environmental impact of inhaler waste	Education of patients, carers or representatives to return used or unwanted inhalers to community pharmacies for safe disposal	**Amber**

Objective	How	Red, Amber, Green Rating
Reduce carbon footprint from anaesthetic gases	Changing prescribing practice to reduce Desflurane use to a named patient basis	**Green**
Reduce carbon footprint from anaesthetic gases	Trial and implement systems to reduce emissions from other anaesthetic gases e.g. Nitrous Oxide	**Green**
Medicine optimisation for patients prescribed inhalers	Achieving optimal asthma and chronic obstructive pulmonary disorder (COPD) control through patient reviews	**Green**
Medicine optimisation for patients prescribed inhalers	Agreeing local respiratory pathways aligned with APC formulary and clinical best practice guidance	**Green**
Medicine optimisation for patients prescribed inhalers	Demonstrating and checking inhaler technique	**Green**
Medicine optimisation for patients prescribed inhalers	Implementing shared decision-making principles with patients to support prescribing of lower carbon inhalers	**Green**
	Supply chain and Procurement	
Supporting small and medium sized enterprises (SME's) and Social Value	Inform suppliers and adhere to the commitments in the supply chain roadmap announced at the NHSE September 2021 Board, including the 10 per cent minimum social value weighting from April 2022	**Green**
Supporting SME's and Social Value	Adopt a common Social Value Policy for Procurement across the ICS	**Green**
Reducing Consumption and switching to sustainable alternative	Only purchase 100 per cent recycled paper, and reduce paper usage	**Green**
Reducing Consumption and switching to sustainable alternative	Establish a walking aids reuse programme or build on an existing programme to increase the rate of return	**Green**
Reducing Consumption and switching to sustainable alternative	Adopt programmes looking to utilise remanufactured medical devices	**Green**

Objective	How	Red, Amber, Green Rating
Reducing Consumption and switching to sustainable alternative	Ensure all organisations are using multi-functional devices as their core printing infrastructure instead of stand-alone printers	**Green**
Reducing Consumption and switching to sustainable alternative	Adopt programmes looking to reuse items, such as reusable gowns and other clinical protective clothing.	**Green**
Reducing Consumption and switching to sustainable alternative	Take action to address single use plastics, reduce and specifically eliminate unnecessary clinical / catering plastics	**Green**
Supporting SME's and Social Value	Engagement and support to help local SMEs to understand commissioning goals/requirements and identify social value (including carbon footprint)	**Green**
Measuring and Reducing Supplier Carbon Footprints	Develop understanding of procurement carbon footprint /whole life costs	**Green**
Measuring and Reducing Supplier Carbon Footprints	Collaborative work on target carbon reduction categories	**Green**
	Food and Nutrition	
Strategies to continue to reduce food waste	Scope opportunities to recycle food waste	**Green**
Strategies to continue to reduce food waste	Implement and embed digital ordering to reduce food waste	**Green**
Strengthening community initiatives to re-allocate surplus food and promote community growing	Scope opportunities to extend community growing initiatives	**Green**
Maximising social value through sustainable procurement	Implement national guidance in relation to food procurement	**Green**

Objective	How	Red, Amber, Green Rating
Implement plans to improve the health and wellbeing of the population	Education of the population, and with a focus on early years, to support healthier lifestyle choices	**Amber**
Strengthening community initiatives to re-allocate surplus food and promote community growing	Optimise the reallocation of surplus foods at place and in conjunction with local charities	**Green**
Maximising social value through sustainable procurement	Consider opportunities for collaborative procurement to provide local produce and support local producers	**Green**
Implement plans to improve the health and wellbeing of the population	Develop and implement transformation plans to address obesity incidence across the ICS	**Green**
Maximising social value through sustainable procurement	Seasonal produce incorporated in all menus	**Green**
	Adaptation	
Comprehensive risk assessment process for climate change	Risks captured on risk registers with continual review and iteration of plans in response	**Green**
Plans to mitigate the risks or effects of climate change on business and functions	Plans respond to risk likelihood and impact to understand future pressure on services and avoid disproportionate impact on the most vulnerable	**Red**
Plans to mitigate the risks or effects of climate change on business and functions	Consideration to the socio-economic and population impact of climate change	**Red**

Objective	How	Red, Amber, Green Rating
Plans to mitigate the risks or effects of climate change on business and functions	Plans outline physical changes to properties to mitigate against risks	**Amber**
Plans to mitigate the risks or effects of climate change on business and functions	Challenge plans to ensure they are sufficient to mitigate impact	**Red**
Plans to mitigate the risks or effects of climate change on business and functions	Develop system thinking to enable flexibility and agility in response and incorporated in emergency planning	**Red**
	Digital transformation	
Delivering digital appointments and services where clinically relevant	Optimising digital appointments across settings	**Green**
Connecting clinicians and patients	Empowering patients through digital literacy e.g. Patient Knows Best (PKB), but with consideration to health inequalities	**Green**
Digitising processes to enhance clinical care delivery	Enhanced digital solution for administration e.g. patient letters	**Green**
Delivering digital appointments and services where clinically relevant	Developing virtual services e.g. medical retina solution	**Green**
Delivering digital appointments and services where clinically relevant	Enhancing inter-operability between systems	**Green**
Connecting clinicians and patients	Extending access to self-monitoring functionality and with connection to clinicians	**Green**
Connecting clinicians and patients	Access to educational materials and creating a virtual environment for care delivery e.g. exercise classes	**Green**

Objective	How	Red, Amber, Green Rating
Digitising processes to enhance clinical care delivery	Digitising health records and developing shared care records	**Green**
Digitising processes to enhance clinical care delivery	Developing alternatives to the 10 data centres run across trusts and councils	**Green**
	Sustainable models of care	
Developing holistic pathways to deliver quality care outcomes, with a focus on prevention, self-care and equity of access	With a focus on prevention and addressing health inequalities to reduce unnecessary carbon emissions and inequity of access	**Green**
Developing holistic pathways to deliver quality care outcomes, with a focus on prevention, self-care and equity of access	Promoting self-care ambitions	**Green**
Meeting the ambitions to deliver care closer to home	Optimising digital enabled care accelerated as part of COVID-19 pandemic response in line with national targets	**Green**
Meeting the ambitions to deliver care closer to home	Working with Connected Nottinghamshire to optimise connectivity across digital platforms and use of PKB to connect clinicians and patients	**Green**
Meeting the ambitions to deliver care closer to home	Transforming pathways to deliver care closer to home e.g. Ophthalmology as an early adopter	**Green**
Delivering lower carbon interventions where clinically relevant	Build on carbon reduction innovations developed in collaboration with the Academic Health Science Network	**Green**

Objective	How	Red, Amber, Green Rating
Delivering lower carbon interventions where clinically relevant	Clinical engagement and collaborative procurement to optimise carbon reduction opportunities	**Green**

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/01/2025
Paper Title:	**Emergency Preparedness, Resilience and Response Annual Report**
Paper Reference:	ICB 24 092
Report Author:	Paige King, Head of Emergency Preparedness, Resilience and Response
Report Sponsor:	Maria Principe, Accountable Emergency Officer
Presenter:	Gemma Whysall, System Delivery Director - Urgent Care

Paper Type:							
For Assurance:	✓	For Decision:		For Discussion:		For Information:	

Summary:

This annual report provides assurance on the ICB Emergency Preparedness, Resilience and Response (EPRR) activities undertaken to be adequately prepared to respond to major and/or business continuity incidents. It outlines the following:

- The ICB's compliance against the NHS England Core Standards process for 2024/25 alongside any residual risk and mitigations/action plans.
- Training and exercising compliance (requirement to provide information to the Board in line with Core Standard 3).
- Key areas within the EPRR work programme.

Recommendation(s):

The Board is asked to **note** the ICB's current level of compliance (partial) and target level of compliance (substantial) for next year with regards to the EPRR core standards.

How does this paper support	the ICB's core aims to:
Improve outcomes in population health and healthcare	The paper outlines the activities undertaken to ensure the ICB as system leader can deliver an effective response to a range of incidents to maintain delivery of patient care and support those affected by any incidents.
Tackle inequalities in outcomes, experience and access	In all aspects of planning for and responding to incidents, the ICB must ensure that the needs of all members of the community are considered, and inequalities of outcomes, experience and access prevented.
Enhance productivity and value for money	The ICB EPRR activities seek to promote adoption of best practice and collaboration between partners to prevent duplication of effort and conflict of activities in planning and responding to incidents.
Help the NHS support broader social and economic development	The ICB EPRR activities support activities to increase the resilience of the NHS and wider community to incidents.

Appendices:

Appendix A: ICB's EPRR responsibilities as a Category One Responder under the Civil Contingencies Act 2004
Appendix B: Outline of the ICB's self-assessment to the EPRR Core Standards

Board Assurance Framework:
Not applicable.

Report Previously Received By:
The report was endorsed by the Audit and Risk Committee at is December meeting.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Emergency Preparedness, Resilience and Response (EPRR) Annual Report

Introduction

1. The Integrated Care Board (ICB) is a Category 1 Responder under the requirements of the Civil Contingencies Act 2004 (Appendix A outlines the full set of responsibilities). EPRR arrangements are informed under the NHSE EPRR Framework.
2. The EPRR annual report provides the ICB Board with an overview of the compliance against Core Standards, incidents, training and exercises, EPRR arrangements, activities and work programme during 2024/25.

ICB Annual assessment against EPRR Core Standards (2024/25)

3. An annual self-assessment against the EPRR core standards is facilitated through a process set by NHSE and is carried out nationally by all commissioners and providers.
4. The EPRR Core Standards outline the minimum emergency planning standards that NHS organisations must meet. It covers nine domains including governance, duty to maintain plans, duty to risk assess, command and control, training and exercising, response, warning and informing, cooperation and business continuity.
5. Following a self-assessment with NHS England, the ICB has been rated as **partially compliant** (Appendix B outlines the outcomes from the assessment). This remains the same compliance as last year.
6. The ICB achieved full compliance with 38 out of the 47 core standards. Nine standards were assessed as partially compliant, and there were no non-compliance ratings for the ICB.
7. All areas of partial compliance for the ICB have a clear action plan to ensure full compliance in next year's assessment. Actions are summarised below and are also incorporated in the EPRR work programme for 24/25.
8. The main areas to address for the ICB are Business Continuity, Incident Communications and Loggists. Areas of partial compliance for the ICB are listed below for 2024/25. A progress against action report will be provided to the Audit and Risk Committee in June 2025.

Ref	Standard	Standard detail	ICB specific Action	Timeframe
13	New and emerging pandemics	In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic.	Develop the Health Protection Memorandum of Understanding (MOU) with Standard Operating Procedures (SOP) and Action Cards.	May 2025
25	Staff Awareness and Training	There are mechanisms in place to ensure staff are aware of their role in an incident and where to find plans relevant to their area of work or department.	Develop a general staff awareness training programme on EPRR and incident management, outlining the role of the organisation role and individuals' responsibilities during an incident	June 2025
29	Decision Logging	To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure: 1. Key response staff are aware of the need for creating their own personal records and decision logs to the required standards and storing them in accordance with the organisations' records management policy. 2. has 24-hour access to a trained Loggist(s) to ensure support to the decision maker	Undertake a full review of Loggists across the ICB to include a training package. Ensure a minimum of 10 trained Loggists across the ICB by March 2025.	March 2025
34	Incident Communication Plan	The organisation has a plan in place for communicating during an incident which can be enacted.	Strengthen the governance process for the ICB Communication plan and media strategy	February 2025

Ref	Standard	Standard detail	ICB specific Action	Timeframe
46	Business Impact Analysis / Assessment	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).	Undertake a full review of Business Impact Analysis / Assessments to identify any gaps due to structure changes.	February 2025
47	Business Continuity Plans	The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover, and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure	Undertake a full review of Business Impact Analysis / Assessments and Departmental Business Continuity Plans in line with the structure changes across the ICB.	February 2025
48	Testing and Exercising	The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.	Following update of the Business Impact Analysis / Assessments a tabletop exercise with Departments will take place in February 2025.	February 2025
50	Business Continuity Management System monitoring and evaluation	The organisation's Business Continuity Management System is monitored, measured, and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are	Annual audit reports alongside progress against KPIs will be taken to the Board as part of the EPRR reporting.	February 2025

Ref	Standard	Standard detail	ICB specific Action	Timeframe
		annually reported to the board.		
53	Assurance of commissioned providers / suppliers Business Continuity Plans	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements align and are interoperable with their own.	Adopt a new process for procurement to ensure they have Business Continuity Plans, a supplier assurance audit to take place for existing contracts.	April 2025

System annual assessment against EPRR Core Standards (2024/25)

9. In addition to the self-assessment for the ICB, the ICB and NHSE work jointly on reviewing the self-assessments of providers in our system.

10. The overall assessment of the system, which has been agreed at the Local Health Resilience Partnership is **Substantial Compliance** (the system was assessed at partial compliance for 2023/4). An outline of the assessments below.

Organisation	2023/24 compliance	2024/25 compliance
Nottingham and Nottinghamshire Integrated Care Board	**Partial**	**Partial**
Sherwood Forest Hospitals NHS Foundation Trust	**Partial**	**Substantial**
Nottingham University Hospital NHS Trust	**Substantial**	**Substantial**
Nottinghamshire Healthcare NHS Foundation Trust	**Partial**	**Substantial**
Nottingham Citycare Partnership CIC	**Non**	**Partial**
NEMS	**Substantial**	**Partial**

11. The key issues identified alongside plans to rectify in the local system are detailed below.
12. It is worth noting the considerable amount of good practice identified by NHSE, with over 27 findings across the system. These include the casualty dispersal schedule at Sherwood Forest Hospitals NHS Foundation Trust, the adverse weather plan at CityCare, the Lockdown plan at Nottinghamshire Healthcare NHS Foundation Trust, pre-determined evacuation details at Nottingham University Hospitals NHS Trust (NUH) and the infectious disease SOP at NEMS. All good practice will be shared nationally.
13. A progress against action report will be provided to the Audit and Risk Committee in six months' time.

Ref	System-wide issues identified	System plans to rectify
13	Health Protection MOU and the development of the SOPs and Action Cards to support the system response.	• 2 x Health Protection recruited into ICB to support with Health Protection SOPs and partner with UK Health Security Agency (UKHSA) to finalise the Action Cards. • Health Protection MOU has been signed off at Local Health Resilience Partnership but will be revisited in 2025 following the new template issued by UKHSA for national consistency.
14	Further work to strengthen the community response element within ICS Countermeasures Plan.	• Utilise Nottinghamshire Health Emergency Preparedness Officers Group and Local Health Resilience Partnership, alongside NHSE advice, to agree role of community providers for countermeasures implementation.
25	General staff training and awareness for EPRR required strengthening	• Share training resource for staff awareness amongst system • All organisations to explore if induction training can include EPRR
34	Several Incident Communications Plans were out of date, a lot of these did not have oversight from EPRR teams.	• All EPRR teams to ensure oversight of their respective Incident Communications Plans, confirming these are updated and exercised. • The ICB Communications team to provide annual reminders for approving communication plans.

Ref	System-wide issues identified	System plans to rectify
37	There has been a challenge in ensuring consistent attendance from the appropriate level to Local Health Resilience Partnership. All organisations are always represented at Local Health Resilience Partnership Local Health Resilience Partnership, but not always at the right level.	• The ICB to update the Local Health Resilience Partnership TOR to include attendance level requirement from all organisations. • All providers to make sure their organisation is represented at the appropriate level to Local Health Resilience Partnerships.

ICB Work Programme

14. The ICB work programme for 24/25 is defined by the actions from the core standards alongside the ICB responsibilities and any requirements as per the Local Health Resilience Partnership. The progress of the EPRR work programme is reviewed by NHSE and progress is overseen by the ICB's Audit and Risk Committee.

ICB Training and Exercising

15. This year, the EPPR team has undertaken extensive work in refreshing the training and exercising programme for on-call colleagues within the ICB. There are now training packages for cyber, which is one of the highest risks both nationally and for the health system. Operational walkarounds at our acute providers are now available to ensure capability in responding to operational pressures within the system. There are also focussed lunch and learn sessions on topics for enhanced learning or reminders.
16. All ICB colleagues with a role in response now have a Training Needs Analysis to ensure they receive suitable and effective training.
17. The new annual Training Prospectus includes a programme of live, table-top, command post and communication exercises. The exercises are designed to test and develop the ICB's plans and procedures and are a requirement of both the Civil Contingencies Act (2004) and NHS EPRR Core Standards. The ICB is required to hold the following:
    - Communication exercises – minimum frequency – every six months
    - Table-top exercise – minimum frequency – every 12 months

- Live play exercise – minimum frequency – every three years
- Command post exercise – minimum frequency - every three years

18. In July 2024, the ICB delivered the first system-wide tabletop exercise (Exercise DYNAMO) to test the system's ability to coordinate the safe evacuation and transport of patients following an evacuation at an acute hospital. Although the exercise was a great success and encouraged joint working, there were clear learnings which have been shared through the Post Exercise Report and stored within the ICB's Learning Log. These actions have an owner and an agreed timeline to resolve.
19. In May and November 2024, the ICB undertook an in hours and out of hours test of the ability to contact provider and ICB on-call officers. On both occasions the ICB was able to successful contact On-call.
20. In December 2024, the ICB delivered a live exercise to assess and validate the capability of the refreshed ICB Incident Response Plan. This also analysed the Command and Control in relation to the response including activation of the Incident Command Centre (ICC), the Incident Management Team (IMT). Learnings from the incident will be included in the Post Exercise Report (PXR) and added to the ICB's Learning Log in January 2025.
21. There is strong compliance for the on-call training within the ICB.

On-Call type	Compliant	Non-compliant
Silver	17	1
Gold	14	0

22. The Principles of Health Command Training that is conducted by NHSE has low compliance of 11 / 32 ICB on-call colleagues. This is often due to the cancellations and limited availability of courses. It will be a priority to get all ICB on-call colleagues trained by the end of 2025.

Health risks to Resilience (in line with national risk register)

23. The EPRR risk management process is supported by the governance arrangements that includes the Local Health Resilience Partnership, co-chaired by the Nottingham and Nottinghamshire ICB Accountable Emergency Officer (AEO) and a Director of Public Health.
24. There are two sub-groups that are chaired by the ICB: Health Emergency Planning Operational Group and Health Risk Advisory Group.
25. Risks are informed by the Local Resilience Forum and these are reviewed through the Health Risk Advisory Group and reported to the Local Health

Resilience Partnership. The current high and very high risks have been shared with Audit and Risk Committee alongside their mitigations.

26. Risks of concern will be included on the ICB operational risk register for escalation. Regular meetings are held with the ICB's Corporate Assurance team to review risks.

Incidents Over the Past 12 Months

27. Up to November 2024, the ICB has led the response on several challenging incidents including ongoing Industrial and Collective Action, several major and critical incidents which have been managed through EPRR command and control arrangements.
28. A Learning Log has recently been established to ensure all learning is stored with a clear owner and completion date.
29. The ICB has oversight of incidents across the system. A detailed summary of incidents and their learnings have been shared with Audit and Risk Committee. This has been redacted from this document due to its sensitivity.

EPRR Plans and Policy compliance

30. The ICB must have plans in place to ensure it can respond to any incident. The policies and plans listed below must be signed off at Board level.

ICB Policy / Plan	Compliant	Review date	Review cycle	Comments
EPRR Policy	✓	2026	3 year	Currently under review
Incident Response Plan	✓	July 2024	1 year	Endorsed by the Audit and Risk Committee for Board sign off
Business Continuity Plan	✕	June 2024	1 year	A full review of all Business Impact Analysis / Assessments and Business Continuity Plans being undertaken, completion expected February 2025.

Forward delivery objectives

31. Embed the Business Continuity Management System into the ICB, ensuring all Business Impact Analysis and Business Continuity Plans are up to date and fit for purpose.
32. Establish a strong Loggist proposition within the ICB. Nominating suitable roles within the ICB to become a Loggist and creating a Loggist handbook alongside a training and exercising schedule.
33. Enhance general staff awareness of EPRR, its functions and wider roles and responsibilities within the ICB.
34. Initiate a ICB specific Pandemic Plan following the creation of the Local Resilience Forum Pandemic Plan.
35. These actions have been integrated into the ICB work programme for 2025/26 and are defined by the actions from the core standards alongside the ICB responsibilities and any requirements as per the Local Health Resilience Partnership.

Conclusion

36. The foundations for the EPRR arrangements are robust in relation to the ICB as a category 1 responder as indicated by the core standards self-assessment. Our priorities for the remainder of 2024 and into 2025 include those areas of partial compliance against core standards, including strengthening our Business Continuity Management System, acquiring and training Loggists and improving our communications plan during incidents.

Appendix A: ICB Category 1 Responsibilities

Category 1 responders are those organisations at the core of an emergency response and are subject to the full set of civil protection duties:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place business continuity management arrangements
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance coordination
- Co-operate with other local responders to enhance coordination and efficiency

In addition to the ICB, NHS England, EMAS, acute trusts and UKHSA are health organisation Category 1 Responders.

Appendix B: ICB Self-Assessment against the 2024/25 EPRR Core Standards

Ref	Domain	Standard Name	Standard Detail	Self-Assessment RAG Rating
1	**Governance**	**Senior Leadership**	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director within their individual organisation, and have the appropriate authority, resources and budget to direct the EPRR portfolio.	Fully compliant
2	**Governance**	**EPRR Policy Statement**	The organisation has an overarching EPRR policy or statement of intent. This should take into account the organisation's: • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes.	Fully compliant
3	**Governance**	**EPRR board reports**	The Chief Executive Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board, no less than annually. The organisation publicly states its readiness and preparedness activities in annual reports within the organisation's own regulatory reporting requirements	Fully compliant
4	**Governance**	**EPRR work programme**	The organisation has an annual EPRR work programme, informed by: • current guidance and good practice • lessons identified from incidents and exercises • identified risks • outcomes of any assurance and audit processes The work programme should be regularly reported upon and shared with partners where appropriate.	Fully compliant

Ref	Domain	Standard Name	Standard Detail	Self-Assessment RAG Rating
5	**Governance**	**EPRR Resource**	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource to ensure it can fully discharge its EPRR duties.	Fully compliant
6	**Governance**	**Continuous improvement**	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the review and embed into EPRR arrangements.	Fully compliant
7	**Duty to risk assess**	**Risk assessment**	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider all relevant risk registers including community and national risk registers.	Fully compliant
8	**Duty to risk assess**	**Risk Management**	The organisation has a robust method of reporting, recording, monitoring, communicating, and escalating EPRR risks internally and externally	Fully compliant
9	**Duty to maintain plans**	**Collaborative planning**	Plans and arrangements have been developed in collaboration with relevant stakeholders including emergency services and health partners to enhance joint working arrangements and to ensure the whole patient pathway is considered.	Fully compliant
10	**Duty to maintain plans**	**Incident Response**	In line with current guidance and legislation, the organisation has effective arrangements in place to define and respond to Critical and Major incidents as defined within the EPRR Framework.	Fully compliant
11	**Duty to maintain plans**	**Adverse Weather**	In line with current guidance and legislation, the organisation has effective arrangements in place for adverse weather events.	Fully compliant
12	**Duty to maintain plans**	**Infectious disease**	In line with current guidance and legislation, the organisation has arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including High Consequence Infectious Diseases.	Fully compliant
13	**Duty to maintain plans**	**New and emerging pandemics**	In line with current guidance and legislation and reflecting recent lessons identified, the organisation has arrangements in place to respond to a new and emerging pandemic	Partially compliant

Ref	Domain	Standard Name	Standard Detail	Self-Assessment RAG Rating
14	**Duty to maintain plans**	**Countermeasures**	In line with current guidance and legislation, the organisation has arrangements in place to support an incident requiring countermeasures or a mass countermeasure deployment	Fully compliant
15	**Duty to maintain plans**	**Mass Casualty**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to incidents with mass casualties.	Fully compliant
16	**Duty to maintain plans**	**Evacuation and shelter**	In line with current guidance and legislation, the organisation has arrangements in place to evacuate and shelter patients, staff and visitors.	Fully compliant
20	**Command and control**	**On-call mechanism**	The organisation has resilient and dedicated mechanisms and structures to enable 24/7 receipt and action of incident notifications, internal or external. This should provide the facility to respond to or escalate notifications to an executive level.	Fully compliant
21	**Command and control**	**Trained on-call staff**	Trained and up to date staff are available 24/7 to manage escalations, make decisions and identify key actions	Fully compliant
22	**Training and exercising**	**EPRR Training**	The organisation carries out training in line with a training needs analysis to ensure staff are current in their response role.	Fully compliant
23	**Training and exercising**	**EPRR exercising and testing programme**	In accordance with the minimum requirements, in line with current guidance, the organisation has an exercising and testing programme to safely* test incident response arrangements, (*no undue risk to exercise players or participants, or those patients in your care)	Fully compliant
24	**Training and exercising**	**Responder training**	The organisation has the ability to maintain training records and exercise attendance of all staff with key roles for response in accordance with the Minimum Occupational Standards. Individual responders and key decision makers should be supported to maintain a	Fully compliant

Ref	Domain	Standard Name	Standard Detail	Self-Assessment RAG Rating
			continuous personal development portfolio including involvement in exercising and incident response as well as any training undertaken to fulfil their role	
25	**Training and exercising**	**Staff Awareness and Training**	There are mechanisms in place to ensure staff are aware of their role in an incident and where to find plans relevant to their area of work or department.	Partially compliant
26	**Response**	**Incident Co-ordination Centre**	The organisation has in place suitable and sufficient arrangements to effectively coordinate the response to an incident in line with national guidance. Incident Co-ordination Centre arrangements need to be flexible and scalable to cope with a range of incidents and hours of operation required. An Incident Co-ordination Centre must have dedicated business continuity arrangements in place and must be resilient to loss of utilities, including telecommunications, and to external hazards. Incident Co-ordination Centre equipment should be tested in line with national guidance or after a major infrastructure change to ensure functionality and in a state of organisational readiness. Arrangements should be supported with access to documentation for its activation and operation.	Fully compliant
27	**Response**	**Access to planning arrangements**	Version controlled current response documents are available to relevant staff at all times. Staff should be aware of where they are stored and should be easily accessible.	Fully compliant
28	**Response**	**Management of business continuity incidents**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a business continuity incident (as defined within the EPRR Framework).	Fully compliant

Ref	Domain	Standard Name	Standard Detail	Self-Assessment RAG Rating
29	**Response**	**Decision Logging**	To ensure decisions are recorded during business continuity, critical and major incidents, the organisation must ensure: 1. Key response staff are aware of the need for creating their own personal records and decision logs to the required standards and storing them in accordance with the organisations' records management policy. 2. has 24-hour access to a trained loggist(s) to ensure support to the decision maker	Partially compliant
30	**Response**	**Situation Reports**	The organisation has processes in place for receiving, completing, authorising and submitting situation reports and briefings during the response to incidents including bespoke or incident dependent formats.	Fully compliant
33	**Warning and informing**	**Warning and informing**	The organisation aligns communications planning and activity with the organisation's EPRR planning and activity.	Fully compliant
34	**Warning and informing**	**Incident Communication Plan**	The organisation has a plan in place for communicating during an incident which can be enacted.	Partially compliant
35	**Warning and informing**	**Communication with partners and stakeholders**	The organisation has arrangements in place to communicate with patients, staff, partner organisations, stakeholders, and the public before, during and after a major incident, critical incident or business continuity incident.	Fully compliant
36	**Warning and informing**	**Media strategy**	The organisation has arrangements in place to enable rapid and structured communication via the media and social media	Fully compliant
37	**Cooperation**	**Local Health Resilience Partnership Engagement**	The Accountable Emergency Officer, or a director level representative with delegated authority (to authorise plans and commit resources on behalf of their organisation) attends Local Health Resilience Partnership meetings.	Fully compliant

Ref	Domain	Standard Name	Standard Detail	Self-Assessment RAG Rating
38	**Cooperation**	**Local Resilience Forum / Borough Resilience Forum Engagement**	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum or Borough Resilience Forum, demonstrating engagement and co-operation with partner responders.	Fully compliant
39	**Cooperation**	**Mutual aid arrangements**	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, coordinating and maintaining mutual aid resources. These arrangements may include staff, equipment, services and supplies. In line with current NHS guidance, these arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities via NHS England.	Fully compliant
40	**Cooperation**	**Arrangements for multi area response**	The organisation has arrangements in place to prepare for and respond to incidents which affect two or more Local Health Resilience Partnership areas or Local Resilience Forum areas.	Fully compliant
42	**Cooperation**	**Local Health Resilience Partnership Secretariat**	The organisation has arrangements in place to ensure that the Local Health Resilience Partnership meets at least once every 6 months.	Fully compliant
43	**Cooperation**	**Information sharing**	The organisation has an agreed protocol(s) for sharing appropriate information pertinent to the response with stakeholders and partners, during incidents.	Fully compliant
44	**Business Continuity**	**Business Continuity policy statement**	The organisation has in place a policy which includes a statement of intent to undertake business continuity. This includes the commitment to a Business Continuity Management System that aligns to the ISO standard 22301.	Fully compliant
45	**Business Continuity**	**Business Continuity Management**	The organisation has established the scope and objectives of the Business Continuity Management System in relation to the organisation, specifying the risk management process and how this will be documented.	Fully compliant

Ref	Domain	Standard Name	Standard Detail	Self-Assessment RAG Rating
		Systems scope and objectives	A definition of the scope of the programme ensures a clear understanding of which areas of the organisation are in and out of scope of the BC programme.	
46	**Business Continuity**	**Business Impact Analysis/ Assessment**	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(es).	Partially compliant
47	**Business Continuity**	**Business Continuity Plans**	The organisation has business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure	Partially compliant
48	**Business Continuity**	**Testing and Exercising**	The organisation has in place a procedure whereby testing and exercising of Business Continuity plans is undertaken on a yearly basis as a minimum, following organisational change or as a result of learning from other business continuity incidents.	Partially compliant
49	**Business Continuity**	**Data Protection and Security Toolkit**	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Fully compliant
50	**Business Continuity**	**Business Continuity Management Systems monitoring and evaluation**	The organisation's Business Continuity Management System is monitored, measured and evaluated against established Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Partially compliant

Ref	Domain	Standard Name	Standard Detail	Self-Assessment RAG Rating
51	**Business Continuity**	**Business Continuity audit**	The organisation has a process for internal audit, and outcomes are included in the report to the board. The organisation has conducted audits at planned intervals to confirm they are conforming with its own business continuity programme.	Fully compliant
52	**Business Continuity**	**Business Continuity Management Systems continuous improvement process**	There is a process in place to assess the effectiveness of the Business Continuity Management Systems and take corrective action to ensure continual improvement to the Business Continuity Management Systems.	Fully compliant
53	**Business Continuity**	**Assurance of commissioned providers / suppliers' business continuity plans**	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements align and are interoperable with their own.	Partially compliant

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/01/2025
Paper Title:	**Quality Report**
Paper Reference:	ICB 24 093
Report Author:	Nursing and Quality Business Management Unit
Executive Lead:	Rosa Waddingham, Director of Nursing
Presenter:	Rosa Waddingham, Director of Nursing

Paper Type:							
For Assurance:	✓	For Decision:		For Discussion:		For Information:	

Summary:

The report provides updates on quality and safety matters relating to the following NHS trusts for which the ICB has responsibility, and where there are escalations based on the NHS Oversight Framework (NOF):

- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham University Hospitals NHS Trust

The report also provides exception reporting for areas of enhanced oversight, as per the ICB's escalation framework (included for information at Appendix one):

- Nottingham CityCare Community Interest Company
- Urgent and Emergency Care
- Maternity
- Special Educational Needs and Disabilities
- Looked After Children
- Children and Young People
- Infection Prevention Control

The report should be read in conjunction with the full Integrated Performance Report, which is provided for Board members separately.

Recommendation(s):

The Committee is asked to **receive** this report for assurance.

How does this paper support	the ICB's core aims to:
Improve outcomes in population health and healthcare	Provides an overview of quality and performance within the system which supports the view of outcomes relating to population and healthcare.
Tackle inequalities in outcomes, experience and access	Quality oversight provided by the paper is central to understanding the impact on outcomes, experiences and access.
Enhance productivity and value for money	Quality reporting takes account of obligations in terms of social value and the related quality of service current performance.
Help the NHS support broader social and economic development	The mitigations and quality assurance within the report support social and economic development principles.

Appendices:
Appendix 1. Escalation Framework

Board Assurance Framework:
This paper provides assurance in relation to the management of the following ICB strategic risk(s): • Risk 1: Timely and equitable access – Failure to ensure timely and equitable access to urgent and emergency care, elective and cancer care and mental health services. • Risk 4: Quality improvement – Failure to systematically improve the quality of healthcare services.

Report Previously Received By:
Quality delivery has been reported through the Quality and People Committee.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Quality Report

Nottinghamshire Healthcare NHS Foundation Trust – NHS Oversight Framework Segment Four (NOF 4)

Risk

1. Nottinghamshire Healthcare NHS Foundation Trust (NHT) continues to respond positively to address identified quality and safety improvements and continues to focus on progressing a comprehensive complex programmes of improvement work.

2. On 4 October 2024, the Coroner issued the Trust with a Regulation 28, Preventing Future Deaths Report. The case related to the death of an individual in May 2023. The coronial process examined areas of concern, which included issues of poor record keeping and levels of communication between professionals within the Trust and with the patient and their family.

3. A publication date for the NHS England commissioned Independent Homicide review, which is still being finalised for factual accuracy by the ICB and Trust, has been revised to the end of January 2025.

Mitigations

4. The Improvement Oversight and Assurance Group, co-chaired by the ICB with NHS England, continues to meet with the Trust on a monthly basis to provide an oversight of the position and the improvements made.

5. Weekly Safe Now Steering Group meetings have been established to strengthen review and ongoing oversight of patient safety impacts of metrics and performance against anticipated progress. This group has supported the Trust to develop, refine and use the information and escalations of the ‘Safe Now’ approach using data in a way that is innovative in mental health trusts.

6. Work withing the Trust to listen to service users, patients and carers has increased and has commissioned Healthwatch Nottingham and Nottinghamshire to support it with this.

Assurance

7. ICB officers are attendees at all Trust improvement groups and undertake regular insight visits across the Trust’s areas of operation. Joint assurance and oversight activities are being undertaken in partnership with NHS England, and ICB and Trust staff.

8. The Trust presented an overview of the impact of the ‘safe now’ metrics and escalation process at the October meeting of the Improvement Oversight and Assurance Group. Progress has been seen in some areas evidenced through

the data provided in the safe now reports. Whilst there is more to do these are positive improvements in some areas.

9. The High Secure National Oversight Group (a group that updates the Secretary of State on risks, issues and progress relating to the country's high secure hospital provision) that Rampton Hospital was compliant with the High Secure Directions and there were no derogations in place throughout the reporting period. The High Secure Peer Security audit was completed with a good outcome of compliance.

Nottingham University Hospitals NHS Trust – NHS Oversight Framework Segment Four (NOF 4)

Risk

10. Nottingham University Hospitals NHS Trust (NUH) remains in national oversight and work to improve in key areas of well led, and maternity and the challenge of sustaining improvement.

11. The operational flow pressures in the Emergency Department remains.

Mitigations

12. The Improvement Oversight and Assurance Group, co-chaired by the ICB with NHS England, continues to meet with the Trust on a monthly basis to provide an updated position on the improvements made, or being sustained. A stocktake in relation to the work on these areas over the last four years will be undertaken in quarter four.

13. NUH's Winter Plan includes measures to mitigate patient safety and quality concerns are monitored through the Urgent and Emergency Care Programme Board, particularly the use of all available beds and reducing length of stay of patients who are medically safe for transfer. Further detail is provided in the Urgent and Emergency Care section of this report.

14. NHS England reports that NUH could meet the transition criteria to move from NOF 4 by quarter one of 2025/26 because the Trust continues to make positive progress given the unprecedented financial challenges.

Assurance

15. Assurance and oversight is robust but is complex given the risks associated with the significant financial and workforce challenges that the Trust is experiencing.

16. Engagement from the Trust remains good as active participants in key System Quality and Improvement and Professional Groups.

Nottingham CityCare (Community Interest Company) – Enhanced Oversight

Risk

17. A risk was added to the ICB's Operational risk Register regarding a potential for harm and poor health outcomes if identified quality concerns are not addressed.

Mitigations

18. Monthly Quality Improvement Review meetings continue.

19. The Contract Performance Notice relating to caseload capping and the clinical quality reviews has been lifted.

Assurance

20. The ICB's Quality Team visited the Urgent Treatment Centre in November 2024. The visit occurred jointly with CityCare's Quality lead and assessed progress against a previous quality visit's improvement recommendations. The insights from the visits included patient experience and staff wellbeing to manage demand and capacity. The findings and finalised report will be shared in the new year.

21. ICB attendance at each care groups' Accountability Performance Framework meeting ensures scrutiny of the assessment of level of triangulation, oversight, and check and challenge within the organisation.

Urgent and Emergency Care – Enhanced Oversight

Risk

24. Quality and patient safety concerns remain as a result of delays and extended waits for patients on the Urgent and Emergency Care pathway. While NUH remains under significant scrutiny due to performance issues, this is a wider concern for all system partners including Sherwood Forest Hospitals NHS Foundation Trust (SFH), community services and NEMS.

Mitigations

22. The Urgent and Emergency Care Board and the ICS System Quality Group are proactively collaborating to monitor these risks and any emerging issues. There are regular insight visits and peer reviews outside office hours both at NUH and SFH, which are led and supported where possible by the ICB's Quality Team.

23. Handover delays data during October indicated the ambulance delays experienced were the worse to date. Implementation of the 45-minute handover protocol is being undertaken in NUH and a plan is being worked through.

24. The implementation of the actions contained within the Urgent Emergency Care recovery plan have been completed, with key milestones in place for NUH and SFH.

25. Stronger links continue to be fostered with East Midlands Ambulance Service NHS Trust (EMAS) by providing clinical support phone links to ensure appropriate admission before conveying patients to the acute trusts.

26. Weekly system safety huddles and a focus on whole system risk will support broader conversations around the impact of pressures within this pathway.

Assurance

27. There is partial to limited assurance for urgent and emergency care performance and work is ongoing to ensure quality and safety priorities are not compromised.

Maternity – Enhanced Oversight

Risk

28. The Local Maternity and Neonatal System (LMNS) transformation programme continues in line with national guidance and requirements. Due to issues with developing data sets to demonstrate impact requirements against the LMNS transformation funding, there is a risk the system may not be able to tangibly measure patient outcomes and the impact of transformation commissioning.

29. Although the quality of maternity services is improving, services may not consistently provide optimal care standards. This results in potential risk of harm (i.e. physical and psychological) and poor patient experience for women, birthing people, their babies, and families.

Mitigations

30. The LMNS Quality and Outcomes dashboard development is in phase two (the first phase of the dashboard migration to PowerBI is now completed and has been published).

31. The Maternity and Neonatal Voices Partnership (MNVP) has completed 15 steps at both SFH and NUH and have engagement leads attending the trusts on a set day each week to continue to improve engagement with families.

32. NUH continues to work on the actions from 2023/2024 Care Quality Commission's report whilst they await the latest Care Quality Commission report, which is still awaiting publication.

33. Perinatal Pelvic Health Services model to deliver as 'Business as Usual' by April 2025 is on track.

34. Assurance around embedding of the learning from the Donna Ockenden letters for the Nottingham review, and coroner's recommendations forms part of the LMNS quality assurance and oversight workstream.

Assurance

35. The LMNS programme has partial assurance and remains in enhanced oversight with mandated quality and safety improvement programmes and progress made by both providers.

Special Educational Needs and Disabilities (SEND) – Enhanced Oversight

Risk

36. Nottingham City Council has fully recruited to leadership vacancies. The Executive leads will prioritise strengthening the current governance structures and the development of the local area partnership Self Evaluation Framework to support readiness for local area partnership SEND inspections.

37. NHT has reported risks relating to performance for statutory responsibilities for Education, Health and Care assessments and annual reviews, which impacts on capacity to deliver on improvement activities, required to reduce waiting times for assessment and intervention.

38. Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBH) has received notice for the current neurodevelopment pathway from South Yorkshire ICB, due to concerns relating to performance. This has the potential to impact on the experiences of children and young people and their families in Bassetlaw.

39. NHT adult Neurodevelopment Specialist Services are reported to have a three-year waiting period for new referrals.

Mitigations

40. The Nottinghamshire SEND system risk register holds the risks pertaining to improvement programme activity and wider SEND arrangements.

41. The Learning Disability and Autism (LDA) transformation commissioning team is responding to concerns highlighted by South Yorkshire ICB relating to the neurodevelopment pathway in DBH by linking in with the providers to understand risk for the Bassetlaw SEND cohort, and service delivery options will be considered.

42. A risk relating to Neurodevelopment Specialist Services waiting times has been placed on the ICB's system risk register and monitoring and oversight will be owned by LDA Transformation Board. Work is being undertaken to understand the specific risk for the 18 to 25 SEND cohort and service delivery options are being considered.

Assurance

43. Regional NHS England and Department of Education advisors regularly provide advice and support via the Keeping In Touch Meetings, undertaking deep dives of the improvement priority action plan and feeding back to the partnership.

44. Nottinghamshire County and Nottingham City local authorities are responsible for the oversight, monitoring of SEND annual delivery plans and strategic priorities, and provide partnership assurance around they key areas of work.

Looked After Children (LAC) – Enhanced Oversight

Risk

45. Initial Health Assessments are not always being completed within statutory timeframes, causing several children to have delayed assessments.

46. Review Health Assessments are not always completed within statutory timeframes.

Mitigations

47. Monthly recovery meetings and plan in place, with NUH, this is supported by more reliable triangulated data and agreed exception reporting.

48. A remedial action plan has been agreed with NHT to minimise waiting times and is being progressed at pace.

Assurance

49. Waiting times remain at three weeks across the ICS footprint for Initial Health Assessments.

50. Key performance indicators and local authority data are triangulated, and any discrepancies are reviewed responsively. These are escalated through the quarterly meetings.

Children and Young People – Enhanced Oversight

Risk

51. Children and Young People continue to present to emergency departments with complex behavioural, mental health and autism related needs where there is not always a clear route for provision or pathways for care or discharge, leading to prolonged stays in emergency departments.

52. Risks have been identified in the quality assurance processes for the home care provision for Children and Young People with Children's Continuing Care funding, specifically around assurance of training and competencies, which could put Children and Young People at risk of harm.

53. NHS England has highlighted the pathway for notification of sickle cell carrier status notifications for babies as an area of concern. There is a risk that parents/carers of babies in mid Nottinghamshire and Bassetlaw have not been notified of the carrier status. The scale of the risk is not yet understood.

Mitigations

54. The Medical Director and Head of Nursing for Children and Young People are included in Stakeholder and Governance meetings in regards of the sickle cell concerns, chaired by regional NHS England. There is a proposal to extend the existing City and South Nottinghamshire pathway to cover the rest of the system. Work is underway with contracting and commissioning colleagues to deliver this.

Assurance

55. There is greater understanding and communication around the needs of the Children and Young People, and they are usually escalated as appropriate.

56. The pathway for notification of sickle cell carrier status issue has been highlighted across the ICB area. NHS England is reviewing the pathways of other ICBs to clarify the scale of the concern. Additional resource is being requested to support rapid resolution of these concerns.

Infection Prevention Control (IPC) – Enhanced Oversight

Risk

57. There was some improvement in Healthcare Associated Infection (HCAI) performance against ICB thresholds in September 2024 across all areas except for MRSA bloodstream infection (BSI).

58. Actions to improve ‘flow’ across the system continue to impact on IPC measures, including patient boarding, care in unconventional spaces and corridor use during periods of high bed demand.

59. NUH continues to screen for new cases as part of control and contain measures to manage the current *Pseudomonas aeruginosa* outbreak on the neonatal unit. There have been no further cases identified up to and including 31 October 2024.

60. The MRSA colonisation outbreak on the neo natal unit at NUH remains under investigation. There have been no new cases in babies since July 2024.

61. NHT reported one case of invasive group A streptococcus (IGAS) in a patient at Lings Bar Hospital.

62. UKHSA has detected a single confirmed human case of Clade 1b mpox. The case was detected in London. Risks to the UK population remains low.

Mitigations

63. Mitigating actions previously reported are ongoing in relation to IPC impacts from sustained pressure when demand for inpatient beds exceeds capacity.

64. Clinical case reviews are in place to scrutinise the management of patients with MRSA BSI. Rates of infection are being monitored locally.

65. Neo Natal Unit Outbreak meetings are in place at NUH for *Pseudomonas aeruginosa* and MRSA. Contain and control measures are in place. Environmental and baby screening continues.

66. NHT has completed a clinical review and contact tracing following the IGAS.

67. Clade 1 Mpox action cards are in place and monitored through the Emergency Preparedness, Resilience and Response teams.

Assurance

68. Clinical reviews at NUH identified no lapses in care in relation to MRSA BSI. Other ICB areas are seeing a rising trend in HCAI. UKHSA national reporting identifies a rise in all HCAI and investigation to establish contributory factors continues.

69. Further assurance is needed to determine that measures taken to keep babies safe on the neonatal unit are mitigating the risk of acquiring healthcare associated *Pseudomonas aeruginosa* and that water safety programmes are mitigating the risk of infection transmission to other patient areas at the Trust.

70. NHT has identified no further cases in relation to the single IGAS case and IPC measures taken appear to have been effective.

Appendix 1. Escalation Framework

The ICS developed an Escalation Framework, to provide structure and consistency across all areas of oversight for escalation of concern through the governance routes of the system, and which then feed into the formal governance of the ICB. The framework has been created based upon work undertaken through the quality route building upon previous National Quality Board (NQB) guidance.

Monitoring level	Routine	Further Information Required	Enhanced	Escalated Risk
What does this mean?				
	No specific areas of concern identified	Potential for concern. Key milestones not achieved. More information required to determine level of risk	Delivery or quality concerns identified.	Serious specific risk to delivery or quality identified, including where there is a need to act rapidly to protect patients or staff.
What action should be taken?				
	Actions to be taken by relevant operational oversight group	Agree route to follow up to gain necessary information to assess risk and agree who will lead.	Agree actions and schedule for discussion at each Operational oversight Group until concerns resolved.	Trigger escalation single subject review /deep dive / risk summit.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/01/2025
Paper Title:	**Service Delivery Report**
Paper Reference:	ICB 24 094
Report Author:	Sarah Bray, Associate Director of Performance and Assurance Rob Taylor, Deputy Director of Performance and Assurance
Executive Lead:	Maria Principe, Acting Director of Delivery and Operations
Presenter:	Sarah Bray, Associate Director of Performance and Assurance

Paper Type:							
For Assurance:	✓	For Decision:		For Discussion:		For Information:	

Summary:

The purpose of this report is to present progress against compliance and commitment targets as required for 2024/25. The report describes the key drivers behind performance and actions being taken to address areas of concern in all service delivery performance areas. This report should be read in conjunction with the full Integrated Performance Report, which is provided for Board members separately.

Urgent Care Performance remains a significant challenge, with the system achieving 62% for four-hour accident and emergency waits in November, which was below the target of 74.3%. A marked increase in non-elective admissions was seen in October, with the system 9.6% above plan in month. Ambulance handover delays showed an improvement but remain a key challenge, particularly at the Queens Medical Centre, with 3,644 hours lost in November (target: 2,306 hours). Despite these challenges, system-wide initiatives such as increased virtual ward capacity (258 beds vs. a target of 244) and discharge rates remain positive.

The System Winter Plan is intended to ensure that the system can continue to deliver high-quality care whilst managing seasonal challenges and includes a range of interventions. The Co-located Urgent Treatment Centre (UTC) is now open, which provides NEMS with expanded clinical space. Two wards at Nottingham University Hospitals NHS Trust (NUH) have been opened and a further ward is due to open on the 2 January to provide further capacity.

Significant progress has been made in reducing planned care long wait times, with a decrease in 65-week wait volumes (217 patients in October compared to 269 in September). However, achieving the goal of zero 65-week waits by December remains challenging, particularly in specialties with capacity constraints, such as Ear, Nose and Throat services.

Cancer care metrics have shown notable progress, with NUH and Sherwood Forest Hospitals NHS Foundation trust (SFH) meeting key in October. Screening capacity improvements, including additional weekly breast screening appointments, which are underway to address diagnostic backlogs.

Overall diagnostic backlogs reduced significantly by 1,584 patients from September to October. Echocardiography performance saw significant improvements, with the volume of waiters reducing from 986 in September to 375 in October.

The Mental Health programme continues to perform well, with strong performance around dementia diagnosis and waiting time standards for NHS Talking Therapies (98% for six weeks, 100% for 18 weeks). However, waits from first-to-second treatment are improving

Summary:
but remain above trajectory. Out-of-area placements have continued to improve into November with two reported against a target of 15 placements. Local unvalidated data for December is reporting a position of zero placements at the month end. The establishment of a Mental Health Oversight Board aims to strengthen performance monitoring and strategic alignment within the system. Nottinghamshire Healthcare NHS Foundation Trust (NHT) saw a reduction in patients waiting over 52 weeks for community services, which decreased from 28 patients in September to 15 patients in October. Elimination of 52-week waits is forecast by the end of December, but there are risks around a small number of children and young people waiting for speech and language therapy services.

Recommendation(s):
The Committee is asked to **receive** the report for assurance regarding the progress against service delivery plans and targets.

How does this paper support	the ICB's core aims to:
Improve outcomes in population health and healthcare	Provides an overview of the performance of services, including timely access, which will impact upon the outcomes in population health
Tackle inequalities in outcomes, experience and access	Provides information relating to performance viewed across health inequality population cohorts
Enhance productivity and value for money	Provides information in relation to productivity and volumes of activity being undertaken across the system
Help the NHS support broader social and economic development	Addressing long waits, ensuring patients with high clinical needs are seen quickly and supporting patients to 'wait well' while tackling long waits, will support patients to return to work where possible.

Appendices:
None.

Board Assurance Framework:
This paper provides assurance in relation to the management of the following ICB strategic risk(s): • Risk 1: Timely and equitable access – Failure to ensure timely and equitable access to urgent and emergency care, elective and cancer care and mental health services. • Risk 2: Primary care – Failure to reduce unwarranted variation and improve access to primary medical services and pharmacy, optometry and dental (PODs) services. • Risk 4: Quality improvement – Failure to systematically improve the quality of healthcare services.

Report Previously Received By:
The report elements have been previously reported to the Finance and Performance Committee and discussed through the System Oversight Group (A) Delivery.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No

Key Performance Metric Summary

The table below displays the key performance indicators for Urgent Care, Planned Care, Mental Health, Primary Care and Community Services. The table includes the latest monthly position against the plan as well as the plan for March 2025. The plan for March 2025 is included to enable current performance to be viewed alongside the year end ambition. ICB Ranking enables comparable performance to be shown across the 42 ICBs (1/42 = top performing).

Programme Area	Key Metric	Metric Basis	Latest data Period	Plan	Actual	Variance	Plan Mar-25	SPC Variation	ICB Ranking	IPR Page No.
Urgent Care	Total A&E Attendances	Provider	Nov-24	32965	35063	2098	35574	Common Cause		44
Urgent Care	A&E 4hr % Performance (All types)	Provider	Nov-24	74.3%	62%	-12.3%	78%	Common Cause	41/42	46
Urgent Care	12 hour waits as % of overall attendances	Provider	Nov-24	2%	10.5%	8.5%	2%	Common Cause		46
Urgent Care	% Ambulance Handovers > 30 minutes*	Population	Nov-24	27.5%	26.6%	-0.9%	31.2%	Common Cause	1/5	45
Urgent Care	% Ambulance Handovers > 60 minutes*	Population	Nov-24	11.4%	18.4%	6.9%	15.4%	SC Concerning High	4/5	45
Urgent Care	Ambulance Total Hours Lost	Provider	Nov-24	1695	4146	2451	1265	SC Concerning High		45
Urgent Care	Ambulance Cat 2 Mean Response Time	Population	Nov-24	00:25.04	00:45:49	00:20:45	00:22:38	Common Cause	1/6	48
Urgent Care	No. Patients utilising Virtual Ward	Provider	Nov-24	224	258	34	236	SC Improving High	19/42	47
Urgent Care	Length of Stay > 21 days	Provider	Nov-24	440	354	-86	430	SC Improving Low		
Urgent Care	No Criteria to Reside	Provider	Oct-24	325	250	-75	347	SC Improving Low	23/42	47
Planned Care	78 Week Waiters	Provider	Oct-24	0	1	1	0	SC Improving Low	1/42	
Planned Care	65 Week Waiters	Provider	Oct-24	0	217	217	0	SC Improving Low	20/42	50
Planned Care	52 Week Waiters	Provider	Oct-24	3170	3278	108	2265	SC Improving Low	14/42	50
Planned Care	2ww 62 Day Backlog	Provider	Oct-24	302	352	50	283	SC Improving Low	24/42	
Planned Care	Cancer 28 Day Faster Diagnosis	Provider	Oct-24	76.9%	80.8%	3.9%	78.1%	SC Improving High	11/42	53
Planned Care	Cancer - 62 Day	Provider	Oct-24	63.4%	68.8%	5.5%	70.2%	Common Cause	15/42	53
Planned Care	Cancer - 31 Day	Provider	Oct-24	93.5%	94.0%	0.5%	96.1%	SC Improving High	21/42	53
Planned Care	Op Plan Diagnostics 6-week Performance	Provider	Oct-24	76.5%	73.2%	-3.3%	84.1%	SC Improving High	33/42	54
Mental Health	Inappropriate Out of Area Placement	Population	Nov-24	15	2	-13	0	SC Improving Low	16/42	57
Mental Health	NHS TT - >90 Days 1st & 2nd Treatment	Population	Oct-24	10%	28.8%	18.8%	10%	Common Cause		56
Mental Health	NHS TT - Reliable Improvement	Population	Oct-24	67.0%	69.5%	2.5%	10%	Common Cause		56
Mental Health	NHS Talking Therapies - Reliable Recovery	Population	Oct-24	48%	46.3%	-1.7%	10%	Common Cause		56
Mental Health	SMI Health Checks %	Population	Nov-24	57.3%	64.9%	7.6%	60%	SC Improving High	9/42	58
Mental Health	CYP Eating Disorders - Urgent	Population	Oct-24	95%	100%	5%	95%	Common Cause		59
Mental Health	CYP Eating Disorders - Routine	Population	Oct-24	95%	93%	-2%	95%	SC Concerning Low		59
Primary Care	Primary Care - GP Appointments	Population	Oct-24	703025	827495	124470	713967	SC Improving High		62
Primary Care	Primary Care - % book 2 Weeks	Population	Oct-24	87%	82.5%	-4.5%	90%	SC Improving High	39/42	62
Community	Community Waiting List (0-17 yrs.)	Population	Oct-24	3749	4414	665	4695	Common Cause		
Community	Community Waiting List (18+ yrs.)	Population	Oct-24	8740	9372	632	5888	SC Improving Low		
Community	Community Waiting over 52 wks. (0-17 yrs.)	Population	Oct-24	94	7	-87	118	Common Cause	7/42	63
Community	Community Waiting over 52 wks. (18+ yrs.)	Population	Oct-24	75	15	-57	65	SC Improving Low	17/42	63

To note:
Statistical Process Control (SPC) is an analytical technique that plots data over time. It enables variation that occurs naturally (Common Cause Variation) to be separated from variation that is statistically significant and therefore not due to random chance (Special Cause Variation), which is abbreviated to SC in the table above. The metrics below have been plotted in SPC charts, with the output summarised into the Statistical Process Control column. Special Cause statements indicate where there has been significant movement over the last six data points and provide an indication of whether the trend is improving or deteriorating. Common cause variation indicates no material movement away from the mean level. * Denotes EMAS position against other ambulance trusts

Service Delivery Performance Report

Winter Plan

1. The local healthcare system is experiencing a substantial increase in demand due to seasonal pressures, particularly in emergency care and respiratory illnesses. To address these challenges, some elective care capacity may need to be reduced to provide further capacity for emergency admissions. The winter bed analytical model included an underlying bed gap of 91 beds, which is likely to result in higher occupancy rates. Work continues to further mitigate this gap. Rising flu admissions are adding to the pressure. Planned additional capacity will open in January 2025 at NUH.
2. Demand analysis has shown growth in non-elective admissions of 6.5% during 2024/25 and the system will need to explore further mechanisms to address this rising demand. Providers will collaborate to ensure that the elective programs are managed consistently during the winter period to maintain equity across the system.
3. Acute providers are maximising resources such as virtual wards and expanded respiratory care to alleviate bed shortages and reduce emergency admissions where potentially avoidable. Financial constraints pose the greatest risk to effective plan implementation, alongside potential impacts from staff shortages and increased demand.

Urgent Care

4. **Four hour waits**: In November, the system achieved 62% performance for four hour waits against a plan of 74.3%. NUH delivered 60.4% against a plan of 73%, with SFH achieving 74.4% against a plan of 76.0%.
5. NUH has further capacity scheduled to come online in the coming days, with Co-located Urgent Treatment Centre open, giving NEMS more clinical space. Beeston Ward (City), Newell Ward (City) are also open and D56 (QMC) will open on 2nd January 2025.
6. **Virtual wards**: For November, the ICS reported an improvement in Virtual Ward bed capacity, with 258 against a plan of 224, with increased occupancy of 53.5% (34.1% in October). Providers are working to prevent data quality issues relating to capacity and occupancy figures that led to the recent reported reduction of overall capacity within the system. NHS England expectations are that wards and systems will reach 80% utilisation of capacity. Latest published data for November shows the ICB places 20 out of 42 systems nationally, with 20.3 beds per 100,000 registered population (Aggregate England position is 20.1 per 100,000).
7. **Discharge**: High discharge levels have been maintained at NUH, which average over 360 per day. The October position for patients that have been deemed as not meeting the necessary criteria to reside in the hospital and eligible for discharge was 250

patients against a plan of 325 patients. At system-level there is a System Discharge Board in place to enable focus on addressing these issues.

8. **Ambulance handovers**: There had been gradual improvements in ambulance handover performance from April through to August at NUH, which helped drive improvements seen in the wider system position. However, September saw a spike in handover delays, which has continued into October. Improvement has been seen, with November reporting a decrease of 245 (14.5%) >60-minute delays from the previous month, but the position remains challenging.

9. In November there were 3,166 delays over 30 minutes across both providers, of which 1,628 were above 60 minutes. There were 4,488 hours lost through ambulances waiting to handover patients to hospitals in Nottinghamshire in November against a plan of 3,083 hours. This is largely impacted by an increase seen at QMC. SFH continue to have shorter ambulance handover times.

Planned Care

10. **78 week waits**: In October, there was one patient waiting 78 weeks or more across the two acute providers at the end of the month, which was due to an administrative clock stop error. The patient was treated in early November. The latest provisional data states that by the end of November there were no patients waiting over 78 weeks across the two providers.

11. **65 week waits**: There were 217 patients over 65 weeks at the end of October (173 at NUH, 44 at SFH) against a plan of zero. More recent unvalidated data presented at the System Oversight Group indicates that the providers ended November with 108 patients waiting over 65 weeks against a plan of zero. The main challenges continue around Ear, Nose and Throat, with smaller cohorts of patients in General Surgery at SFH and Allergy at NUH. Forecasts indicate that the system is not expected to achieve the 65 week wait target by the end of December.

12. **52 week waits**: There were 3,278 patients waiting over 52 weeks at the end of October against a plan of 3,170. The most recent unvalidated data indicates that NUH achieved the November plan, but SFH was above plan. NUH had 2,492 patients against a 2,750 plan and SFH had 786 patients compared to plan of 420.

13. **Cancer treatments:** The operational plans underpinning the three key Cancer standards of 28 Day Faster Diagnosis Standard, 31-day Diagnosis to Treatment and 62-day Referral to Treatment standards were achieved in October by SFH and NUH.

14. **Diagnostics**: The total volume of patients waiting for diagnostics and those waiting more than six weeks (Diagnostic Backlog) reduced between September and October by 1,205 patients. Activity delivery within the system increased to 36,558 tests in October, from 35,026 in September and remains above the planned level. Non-Obstetric Ultrasound, MRI and Echocardiography are key drivers of the position due to having a high volume of patients waiting over six weeks at system level.

15. Echocardiography performance has continued to improve, with 1,932 tests undertaken in October at SFH, which was over 800 more tests than undertaken in October 2023 (1,127). As a result, the volume of 6-week waiters has reduced from 986 in September to 375 in October. This has led to a further increase in 6-week wait performance of 4.5% in month to achieve the recovery plan.
16. The volume of 13-week waiters is reducing within the system. Data at the end of October highlights NUH has1,436 patients over 13 weeks and provisional November data shows a reduction to 919 patients. SFH has 186 patients over 13 weeks at the end of October and provisional November data shows a reduction to 1,196 patients. NUH has a plan to eliminate 13-week waiters by the end of March 2025, with SFH planning to eliminate them by the end of January 2025.
17. There are significant challenges with Audiology at Doncaster and Bassetlaw Teaching Hospitals Foundation Trust (DBH). The service has been heavily limited whilst the Trust deals with significant IT, estates and staff training issues. A new IT system has been procured and will be installed by end of February 2025 and by June 2025 all existing data will be migrated to the new system. Discussions with surrounding hospitals are taking place to provide support to improve staff competency. DBH is validating their waiting list to determine clinical priority of patients and will be seeking mutual aid for high priority patients. South Yorkshire ICB will coordinate the Independent Sector opportunities when the clinical priority of patients is known.

Mental Health

18. As a programme, mental health performs well, with improvements being made across many service areas, and achievements being acknowledged by NHS England for dementia diagnosis.
19. **Talking Therapies:** NHS Talking Therapies delivered against the improvement trajectory for first and second waits in October (28.8% v 30% plan) and are forecasting to deliver the November plan of 20%; current local data as at the beginning of December is 18%. The improvement plan is to return to 10% by January 2025. The service continues to achieve and exceed the six week (98.0%) and 18 week (100%) waiting time standards.
20. **Children and Young People Eating Disorders**: Children and Young People Eating Disorders: The routine referrals are not achieving 95% compliance (93.3% in October); however patient volumes are small and therefore have a significant impact on the overall level of compliance. The root cause for underperformance is patient choice and the need for a Consultant Psychiatrist to attend a clinical emergency.
21. **Out of Area Placements**: The volume of out of area placements reduced further during October and into November. Local unvalidated data for December is forecasting a position of zero out of area placements by the month end. For any patients admitted to an out of area bed (inappropriate or appropriate) there is an out of

area case manager who works to repatriate the patients. Nationally there are limited beds available.

Primary and Community Care

22. **General Practice:** The volume of Total GP Appointments in October was 16.2% below the planned level, with 827,495 appointments against a plan of 703,025. 82.5% of appointments were offered within two weeks in October 2024, which is below the operational plan of 87%.

23. A monthly Primary Care Performance and Delivery Group has been established, which monitors delivery against all primary care performance metrics, identifying specific areas of concern and practices that may need specific support for improvement. In addition, contact has been made with identified practices with lower percentage delivery to identify areas of support and review by ICB colleagues, with a follow up meeting to take place in March 2025.

24. **Community:** The majority of community 52-week waiters are waiting for services at Nottinghamshire Healthcare NHS Foundation Trust (NHT). The latest published data is for October 2024, which details a further reduction in the total volume of 52 week waits from 40 (35 adult, five children) to 22 patients (15 adult, seven children).

25. Provisional data for November illustrates that the position improves further for NHT from 19 patients to nine in total (three adults, six children). The Adult patients are waiting for continence services and had scheduled appointments in December. The Trust continues to be on track to eliminate waits of more than 52 weeks by the end of December 2024 for adults. However, there are risks to delivery for the child patient group, due to continued demand pressures around the Speech and Language service.

NHS Oversight Framework

26. As of 27 November 2024, the system performs well across many metrics and is in the inter quartile range for most metrics, with some areas performing in the upper quartile. The areas of lowest performance are:

    a) Diagnostic activity waiting times – patients not seen within 6 weeks

    b) Accident and Emergency - % patients managed within 4 hours

    c) Inappropriate Out of Area Placements

    d) Virtual ward - % occupied

    e) GP Appointments (14 days)

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/01/2025
Paper Title:	**Finance Report**
Paper Reference:	ICB 24 095
Report Author:	Clare Hopewell, Assistant Director of System Finance Ian Livsey, Deputy Director of Finance
Report Sponsor:	Marcus Pratt, Acting Director of Finance
Presenter:	Marcus Pratt, Acting Director of Finance

Paper Type:							
For Assurance:	✓	For Decision:		For Discussion:		For Information:	

Summary:

NHS system

Following receipt (at month six) of a non-recurrent financial allocation associated with its deficit plan submission, each organisation must now report its 2024/25 position in the context of delivering a break-even plan target. (Previously the system's financial performance was being assessed against delivering a £100 million deficit target). The level of financial challenge facing the system remains the same as it was prior to the reporting adjustment.

The system has reported a year-to date £17.3 million deficit position, which when compared with a £3.6 million deficit plan results in an adverse year-to-date variance of £13.6 million. It remains on forecast to deliver the revised break-even position. The year-to-date position is off plan mainly due to the impact of the non-recurrent deficit income relating to the deficit year-to-date phasing (£5.4 million), the accounting for the potential clawback on dental underspend (£1.3 million), consultant pay award pressure (£2.2 million) and a shortfall of industrial action income against the industrial action impact (£1.8 million). Efficiency delivery is £4.8 million ahead of plan at month eight, with £134 million delivered to date. The planned efficiency forecast remains to deliver £257 million of savings, with schemes being identified for the total target at month end close.

The system's assessment of risk of not achieving forecast outturn is £127.3 million gross (£139.7 million at month seven). £64.1 million of mitigations have been identified, which leaves an unmitigated risk position across the system of £63.2 million at month eight (£62.9 million at month seven). The main risk across all organisations is that associated with the delivery of efficiency plans. Other risks include, for the ICB, the impact of growth and price increases relating to continuing healthcare and for providers, pay awards / band 2 to band 3 uplifts, urgent and emergency care and demand and capacity pressures.

ICB

The ICB is reporting a £1.3 million year-to-date deficit with the forecast remaining at breakeven. The key change since month seven is NHS England's re-affirmation that any underspend arising against dental expenditure budgets is ring-fenced. ICBs have been informed to anticipate such underspends being clawed back. This is counter to the ICB's approved financial planning assumptions and the impact of this re-affirmation is reflected in its reported year to date position. The ICB is forecasting it will deliver additional actions and mitigations that have a financial benefit of £9.1 million and in doing so deliver its 2024/25

Summary:
financial position as planned. Key forecast overspending areas include Continuing Healthcare costs at £9.3 million, prescribing costs at £8.7 million, section 117 costs at £2.3 million and non-NHS community contract costs at £1.1 million. The effect of the aforementioned dental clawback (as opposed to being used to offset against other areas of delegated health expenditure) leads to forecast overspend in pharmacy (£3.3 million) and ophthalmic (£0.7 million). Offsetting these overspends is a forecast underspend in reserves. The ICB's assessment of risk of not achieving forecast breakeven position is £29.0 million gross (£35.2 million at month seven). £17.6 million of mitigations have been identified, which leaves an unmitigated risk position of £11.4 million at month eight (£11.1 million at month seven). The overall efficiency target of £68.5 million remains forecast to be delivered in full. That target has been allocated to programme areas and reflected as such in the financial ledger. The full year forecast position is based on agreed savings schemes delivering in full. Risk of non-delivery is captured within the risks and mitigations log. The savings and efficiency governance process to support the efficiency target delivery is fully in operation.

Recommendation(s):
The Board is asked to **receive** the report for assurance.

How does this paper support	the ICB's core aims to:
Improve outcomes in population health and healthcare	Provides assurance on the effective use of financial resources and delivery of the financial plan, which is fully aligned to improving outcomes in population health
Tackle inequalities in outcomes, experience and access	Provides assurance on the effective use of financial resources and delivery of the financial plan, which is fully aligned to tackling inequalities
Enhance productivity and value for money	Provides direct assurance on the effective use of financial resources
Help the NHS support broader social and economic development	Provides assurance on the effective use of financial resources and delivery of the financial plan, which is aligned to broader social and economic development

Appendices:
None.

Board Assurance Framework:
This paper provides assurance in relation to the management of the following ICB strategic risk(s): • Risk 3: Financial sustainability – Failure to achieve financial sustainability across the system.

Report Previously Received By:
The Finance and Performance Committee has previously considered the report.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Finance Report

NHS system key messages

Indicator Measure	Year To Date Plan	Year To Date Actuals	Year To Date Variance	Plan/ Ceiling/ Envelope	Forecast Outturn (FOT)	Variance	RAG Year To Date	RAG FOT
Financial Sustainability (Variance from break-even)	-3.6	-17.3	**-13.6**	0.0	0.0	**0.0**	Red	Green
Total Pay Spend	-1,304.8	-1,308.3	**-3.5**	-1,933.5	-1,918.6	**14.9**	Red	Green
Substantive Spend vs Plan	-1,210.1	-1,203.9	**6.1**	-1,798.2	-1,764.2	**34.0**	Green	Green
Bank Spend vs Plan	-59.1	-73.2	**-14.1**	-82.9	-108.5	**-25.6**	Red	Red
Agency Spend vs Plan	-35.6	-31.1	**4.5**	-52.4	-45.9	**6.5**	Green	Green
Agency Spend Vs Ceiling		-31.1		-63.5	-45.9	**17.6**		Green
Whole time equivalent (Provider) - 24/25 plan as at 31.03.25	34,029.3	34,232.8	**-203.5**				Red	
Financial Efficiency Vs Plan	129.2	134.0	**4.8**	257.0	257.0	**0.0**	Green	Green
Recurrent Efficiencies	97.6	87.8	**-9.8**	201.5	169.1	**-32.4**	Red	Red
Achievement of Mental Health Investment Standard		148.6		223.3	223.3	**0.0**		Green
Capital Spend Vs System Envelope	56.8	40.8	**-15.9**	91.5	91.5	**0.0**	Green	Green
Elective Recovery Fund Performance	1.2	1.2	**0.0**	1.2	1.2	**0.0**	Green	Green

1. The NHS system has a reported a £17.3 million deficit at month eight, which is £13.6 million adverse to plan.
2. The system has received a non-recurrent allocation at month six for the £100 million deficit plan, which comes with a revised target to break-even (where previously the target was to deliver a £100 million deficit). The level of financial challenge facing the system remains the same as it was prior to the reporting adjustment.
3. The system forecast at month eight is in line with the revised break-even position.
4. £5.4 million of the adverse variance is due to phasing of non-recurrent income versus plan, £1.3 million relating to the potential clawback of dental underspend, £2.2 million consultant pay pressure and a shortfall of industrial action income against the industrial action impact £1.8 million.
5. Continuing healthcare costs and prescribing pressures are £15.1 million adverse to plan and efficiency across the system is £4.8 million ahead of plan.

6. Planned efficiencies are profiled to deliver materially more in the later part of the financial year than the first six months.

By Organisation £'000	Year to date Plan	Year to date Actuals	Year to date Variance	In-month Plan	In-month Actuals	In-month Variance	Total Full Year Plan	Forecast outturn	Variance
Nottingham University Hospitals	0.0	-1.5	-1.5	0.0	0.1	0.1	0.0	0.0	0.0
Sherwood Forest Hospitals	-3.6	-5.4	-1.8	-2.0	-2.8	-0.8	0.0	0.0	0.0
Nottinghamshire Healthcare	0.0	-9.2	-9.2	0.0	-1.9	-1.9	0.0	0.0	0.0
Nottingham and Nottinghamshire ICB	0.0	-1.3	-1.3	0.0	-1.3	-1.3	0.0	0.0	0.0
TOTAL	**-3.6**	**-17.3**	**-13.6**	**-2.0**	**-5.9**	**-3.9**	**0.0**	**0.0**	**0.0**

7. **Workforce**: Staff costs are £3.5 million overspent across the NHS system at month eight with whole time equivalents (WTEs) being 203 WTEs higher than plan. Agency spend is £31.1 million, which is £4.5 million under the year-to-date plan. Agency plans are £11.2 million below the agency cap; and across the NHS system 2.4% of the total pay bill.

8. **Efficiencies**: The year-to-date position includes £134 million of efficiency. All organisations within the NHS system continue to work up financial recovery plans, as the risk to the delivery of the efficiency plan target of £257 million remains high.

9. **Investigation and Intervention Process**: The Nottingham and Nottinghamshire ICS was one of nine NHS systems that were required to commission a delivery partner to support delivery of the 2024/25 financial plan. The ICB engaged PA Consulting to undertake the work. The first phase of the process involved stress-testing plans to identify and quantify the key risks to delivery. Working with NHS system partners and following that investigation phase, further opportunities and high impact interventions identified to accelerate and support delivery of the financial plan.

10. **Cashflow Position**: The system is facing increasing pressures associated with the management of its cashflow position and is taking actions to mitigate those pressures.

11. **Financial Risk**: In addition to efficiency delivery, there are also risks around growth and price increases relating to Continuing Healthcare and risks around pay awards/uplifts, inflationary pressures and urgent and emergency care demand and capacity pressures.

12. **Governance and Oversight**: The NHS system has enhanced its efficiency governance and oversight arrangements. All organisations have financial sustainability boards/groups with senior ICB attendance. This feeds into the NHS System Financial Recovery Group, which scrutinises and oversees the efficiency and finance position weekly.

13. **Capital Envelope**: The NHS system submitted a capital envelope plan of £80.3 million, which included a deduction of £8.2 million from the initial capital envelope allocation of £88.5 million. The reduction in capital available being one of the implications of the NHS system having a deficit financial plan.

14. The system has also been allocated an additional £11.2 million to support the impact of IFRS16 (the global standard for lease accounting) with external bodies. With that addition, the total capital envelope is £91.5 million. Spend year-to-date against the revised NHS system capital envelope of £91.5 million is £40.8 million, and against the total Capital Departmental Expenditure Limit Plan of £199.2 million, is £82.3 million.

ICB key messages

Key financial performance indicator	Target	Year to Date	Forecast
Delivery planned surplus / deficit	Breakeven	£1.3m deficit	Breakeven
Deliver income and expenditure breakeven	Breakeven	£1.3m adverse to plan	Breakeven
Achieve Mental Health Investment Standard	Spend in full	On target	On target
Deliver Better Payment Practice Code Targets	>95% all four categories	>95% all four categories	>95% all four categories
Do not exceed capital allocation	Spend <£2.02m	On target	On target
Do not exceed running cost allowance	<£19.86m	On target	On target
Delivery efficiency target	Deliver £68.5m	On target	On target

15. The ICB's overall financial position as moved to a £1.3 million year-to-date deficit with the forecast remaining at breakeven. The key change since month seven is NHS England's re-affirmation that any underspend arising against dental expenditure budgets is ring-fenced. ICBs have been informed to anticipate such underspends being clawed back. This is counter to the ICB's approved financial planning and reporting assumptions made to date. The impact of the re-affirmation has been reflected in the reported year to date position. The ICB is forecasting it will deliver additional actions and mitigations and in doing so deliver its 2024/25 financial position as planned.

16. Key forecast overspending areas include continuing healthcare costs, prescribing costs, section 117 (aftercare) costs and non-NHS community contract costs. The effect of the potential dental clawback (as opposed to being used to offset against other areas of delegated health expenditure) leads to forecast overspend in pharmacy and ophthalmic. Offsetting these overspends is a forecast underspend in reserves.

17. The overall efficiency target of £68.5 million is currently forecast to be delivered in full. That target has now been allocated to programme areas and the full year forecast position is based on agreed savings schemes delivering in full. Risk of non-delivery is captured within the ICB's risks and mitigations log. As previously reported, the savings and efficiency governance process that support the delivery of the efficiency target is fully in operation.

18. A number of risks exist in delivering the reported position and total £29.0 million gross (month seven £35.2 million). The main change being the dental underspend potential clawback position, disclosed as a risk at month seven and now accounted for in the month eight reported financial position. Delivery of the efficiency target remains a main risk along with the risk associated with budgetary overspend. £17.6 million of mitigations have been identified, which leaves an unmitigated risk position of £11.4 million at month eight (£11.1 million at month seven).
19. The ICB has utilised £2,164 million or 68.8% of its 2024/25 of its cash draw down requirement of £3,145 million. This compares to an expected utilisation of 66.7%. The cash balance held on 31 November was £1.54 million compared to a maximum target balance of £3.03 million.
20. **Better Payment Practice Code**: The ICB met all its target of paying at least 95% by value and volume of invoices within 30 days for the end of the reporting period.
21. The ICB business as usual capital remains on track to be spent in full (£2.02 million). Detailed schemes are now identified to utilise, in full, the £2.02 million business as usual capital programme funding across both primary care estates and IT, with £0.254 million spent to date.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/01/2025
Paper Title:	**Freedom to Speak Up Report**
Paper Reference:	ICB 24 096
Report Author:	Ruth Washbrook, Freedom to Speak Up Guardian Lucy Branson, Director of Corporate Affairs
Executive Lead:	Rosa Waddingham, Director of Nursing
Presenter:	Rosa Waddingham, Director of Nursing

Paper Type:							
For Assurance:	✓	For Decision:		For Discussion:		For Information:	

Summary:

This paper outlines the current status of Freedom to Speak Up (FTSU) arrangements within the ICB, highlighting progress to date with implementing the national requirements. In line with the ICB's system role, this paper also reflects its expanding FTSU responsibilities and the work that is required to implement and embed arrangements for primary care workers over the coming year.

Recommendation(s):

The Board is asked to **receive** this paper for assurance.

How does this paper support	**the ICB's core aims to:**
Improve outcomes in population health and healthcare	Robust FTSU arrangements will support the early identification of issues and promote a culture of continuous learning and quality improvement.
Tackle inequalities in outcomes, experience and access	The arrangements will help to highlight potential disparities in care and support fair access.
Enhance productivity and value for money	FTSU is designed to build a culture and behaviours that are responsive to feedback from workers, which in turn should boost staff morale and improve resource efficiency.
Help the NHS support broader social and economic development	The development of FTSU arrangements across the ICS should build trust and help to support social and economic development through improved outcomes and efficiencies.

Appendices:

None.

Board Assurance Framework:

This paper provides assurance in relation to the management of the following ICB strategic risk(s):

- Risk 4: Quality improvement – Failure to systematically improve the quality of healthcare services.

Board Assurance Framework:
• Risk 9: ICB operating model – Failure to develop and embed a robust ICB operating and workforce model to enable delivery of strategic goals and statutory duties.

Report Previously Received By:
The Board was updated on recent developments regarding Freedom to Speak Up arrangements as part of the Chief Executive's Report to the November 2024 Board meeting.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Freedom to Speak Up Report

Introduction and context

1. Central to the NHS People Promise[1] is a commitment to ensure that all NHS staff have a voice that counts and that staff feel safe and confident to speak up for the benefit of patients and workers.

2. Introduced in response to the recommendations set out in Sir Robert Francis QC's report in 2015, the 'Freedom to Speak Up' initiative (FTSU) aims to embed openness and transparency across the NHS. In June 2022, NHS England and the National Guardians Office published an updated FTSU guide and improvement tool[2] to support organisations with delivering a speaking-up culture for their workers. At the same time, an updated national FTSU policy was published to standardise FTSU arrangements across the country.

3. As NHS organisations, Integrated Care Boards (ICBs) are expected to adopt the new national policy and use the guide to create an improvement plan. NHS England has also emphasised the roles of ICBs in supporting the delivery of system-level outcomes in terms of worker voice, worker experience and patient safety. In line with this, in October 2024, ICBs were directed to seek assurance that required processes were in place within their NHS Trust partners. At the same time, ICBs were also asked to review and enhance FTSU arrangements in place for primary care workers, with a view to this becoming a formalised responsibility within delegation agreements by 2026.

4. This initial report to the Board outlines the current FTSU arrangements in place within the ICB and reports on activity since the appointment of the ICB's FTSU Guardian in May 2024.

5. The report also describes the ICB's plans to continually improve its speaking-up culture and steps being taken to review the FTSU arrangements in place within NHS Trust partners and for primary care workers.

6. Further reports will be provided to the Board on an annual basis moving forward, with in-year monitoring by the Audit and Risk Committee.

Freedom to speak up policy

7. The ICB has an established FTSU Policy, which describes how the organisation meets national requirements, in terms of:

[1] The NHS People Promise can be read in full here: https://www.england.nhs.uk/our-nhs-people/online-version/lfaop/our-nhs-people-promise/the-promise/.
[2] The national guidance for leaders on FTSU can be read in full here: https://www.england.nhs.uk/wp-content/uploads/2022/04/B1245_ii_NHS-freedom-to-speak-up-guide-eBook.pdf.

a) Encouraging all staff (including agency workers, volunteers and students) to speak up about issues affecting patient care or workplace conditions.

b) Offering multiple channels for raising concerns, such as line managers, Freedom to Speak Up Guardians, or external bodies.

c) Ensuring that concerns are taken seriously, responded to appropriately and lead to meaningful action.

d) Providing protection against retaliation for those who raise issues.

e) Committing to inclusivity, recognising that some groups in the ICB's workforce may find it more challenging to raise concerns.

8. The ICB's FTSU Policy, which is fully aligned to the national model, can be found here: https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/Freedom-to-Speak-Up-Policy-v1.0.pdf.

Encouraging and enabling speaking up

9. The mandated role of the FTSU Guardian is integral to FTSU arrangements; the role provides an independent and impartial source of advice to staff, promotes a speaking up culture, and ensures that concerns are acted on and systemic improvements made.

10. The ICB's FTSU Guardian has been in post since 1 May 2024, following an internal competitive recruitment process. The FTSU Guardian is currently employed on a 0.2 whole-time equivalent basis (equating to one day per week). The FTSU Guardian has initially focussed their time since appointment on proactive measures to raise awareness of the ICB's policy and arrangements. This has included presentations at staff briefing sessions and publication of information on the staff intranet.

11. Executive leadership of the FTSU function is provided by the ICB's Director of Nursing and the current Senior Responsible Officer for FTSU is the Chief People Officer. Together, they have responsibility for supporting the FTSU Guardian and are accountable for evaluating and improving the ICB's FTSU arrangements.

12. Independent support for the arrangements is available via a Board appointed Non-Executive Director, which enables an objective perspective to be provided on arrangements, ensuring investigations are conducted with rigour and to help escalate issues, if needed.

13. Support is also provided for the FTSU Guardian through active membership of the national network of FTSU Guardians and through regular meetings with other Guardians within the local system.

Speaking up data

14. Cases dealt with by the ICB's FTSU Guardian during 2024 can be summarised as follows[3]:

ICB cases dealt with by the FTSU Guardian 1 May 2024 to 31 December 2024	**No.**
Total number of cases	7
Number of which were raised anonymously	0
Number of which are still open	4
Number of which are closed	3
Breakdown of cases by category:	
Patient safety/quality	0
Worker safety or wellbeing	1
Bullying or harassment	2
Other inappropriate attitudes or behaviours	4
Disadvantageous or demeaning treatment resulting from speaking up.	0

15. It is difficult to draw any meaningful insights from the above data, as any analysis would be limited due to the small number of closed cases involved. However, it is positive to note that none of the issues were raised anonymously and the ICB is not aware of any concerns being reported to external regulators.

16. It is also worth noting that the above data will not fully capture the breadth of the ICB's arrangements, as issues may be resolved through an alternative channel at an earlier stage (for example, raising concerns with line managers). However, the NHS staff survey results can also be used as a source of assurance regarding the organisation's culture. Data from the 2023 staff survey (72% overall response rate) indicated the following for the people promise element 'We each have a voice that counts: Raising concerns':

    a) 63% of respondents felt safe to speak up about anything that concerned them in the organisation (compared to 74% in 2022).

    b) 52% of respondents felt confident that the organisation would address their concern if they spoke up (compared to 60% in 2022).

17. As previously reported to the Board, focussed actions have been taken by the Executive Team in response to the 2023 staff survey to communicate and embed organisational values and expected behaviours within the ICB and to strengthen the culture of openness within the organisation.

[3] Reported in line with recording and reporting guidance published by the National Guardian's Office, which can be accessed here: https://nationalguardian.org.uk/wp-content/uploads/2024/02/2024-Recording-and-Reporting-Guidance.pdf.

Wider system role

18. In line with their NHS system leadership role, ICBs have the opportunity to ensure that speaking up routes are available across their respective systems for all workers in NHS healthcare providers. As such, NHS England wrote to all ICB Chairs in October 2024 requesting confirmation of NHS Trust arrangements. For the Nottingham and Nottinghamshire system, the ICB was able to respond positively that Nottinghamshire Healthcare NHS Foundation Trust, Nottingham University Hospitals NHS Trust and Sherwood Forest Hospitals NHS Foundation Trust have all adopted the national FTSU policy and have applied the FTSU Guide for Leaders.

19. The letter also requested that ICBs ensure that FTSU arrangements are in place for system partners in primary care by taking the following actions:

    a) Ensure that all primary care workers have access to a named FTSU Guardian who is trained and registered with the National Guardian's Office.

    b) Raise the profile of FTSU in primary care across the local health system to stimulate awareness and take-up.

    c) Ensure an executive lead has been identified to oversee this work.

20. It is acknowledged by NHS England that the above actions present a significant amount of work to fully embed, and that ICBs may wish to prioritise certain contractor groups in improving access/awareness and scale up these arrangements as their models develop.

21. For Nottingham and Nottinghamshire, the ICB has already established a FTSU offer for General Practice; the ICB's Deputy Director of Primary Care (Commissioning and Quality) is currently undertaking the role of FTSU Guardian for this contractor group to ensure that staff in practices have a named individual to contact should they wish to raise any concerns. However, it is acknowledged that further work is required to assess the fitness for purpose of this model, given there is currently minimal reporting via this route and the need to expand arrangements across all primary care contractor groups.

Conclusion and next steps

22. Good progress has been made in implementing the required FTSU arrangements within the ICB and positive assurances have been received from the ICB's NHS Trust partners regarding the robustness of their arrangements. Early work has also taken place to establish FTSU arrangements for General Practice. However, there is more to be done to properly embed the ICB's arrangements and to establish robust FTSU arrangements for all primary care workers.

23. Senior leadership responsibility for FTSU is transferring to the ICB's Director of Corporate Affairs during January 2025. At this time, a full review of the ICB's speaking-up culture will be completed, alongside an assessment of the most appropriate model for FTSU in primary care, drawing on examples of good practice from across the country.
24. A FTSU improvement plan will then be co-produced with relevant stakeholders. This will include consideration of the adequacy of FTSU Guardian ring-fenced time and contingency arrangements. Findings from the recently closed 2024 staff survey will also provide updated insights to guide further improvements for the ICB's workforce, when available.
25. Oversight of FTSU arrangements has been recently included within the Audit and Risk Committee's responsibilities, in line with the updated Healthcare Financial Management Authority (HFMA) NHS Audit Committee Handbook. As such, the Committee will receive regular assurance reports on the progress and effectiveness of developing arrangements.
26. Board reporting arrangements will also evolve over time to include a more detailed assessment of cases, the impact of actions taken, and feedback from individuals involved in terms of whether they feel that issues raised have been satisfactorily resolved.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/01/2025
Paper Title:	**Committee Highlight Reports**
Paper Reference:	ICB 24 097
Report Author:	Committee Secretariat
Report Sponsor:	ICB Committee Chairs
Presenter:	ICB Committee Chairs

Paper Type:							
For Assurance:	✓	For Decision:		For Discussion:		For Information:	

Summary:

This report presents an overview of the work of the Board's committees since the last Board meeting in November 2024. The report aims to provide assurance that the committees are effectively discharging their delegated duties and to highlight key messages for the Board's attention. The report includes the committees' assessments of the levels of assurance they have gained from the items received and any actions instigated to address any areas where low levels of assurance have been provided.

Also included is a summary of the high-level operational risks currently being oversighted by the committees, which enables the Board to consider if its agenda is reflective of the high-level risk areas. All committees of the Board have a responsibility to oversee risks relating to their remit and ensure that robust and timely management actions are being taken in mitigation. As such, all committee meetings have risk as a standing agenda item.

Recommendation(s):

The Board is asked to **receive** the report for assurance.

How does this paper support	the ICB's core aims to:
Improve outcomes in population health and healthcare	The Board's committee structure has been designed to provide assurance to the Board that statutory duties and responsibilities in line with the core aims are being effectively discharged.
Tackle inequalities in outcomes, experience and access	As above.
Enhance productivity and value for money	As above.
Help the NHS support broader social and economic development	As above.

Appendices:

A: Highlight Report from the Strategic Planning and Integration Committee
B: Highlight Report from the Quality and People Committee
C: Highlight Report from the Finance and Performance Committee
D: Highlight Report from the Audit and Risk Committee
E: Current high-level operational risks being oversighted by the Board's committees

Board Assurance Framework:
The Board's committees scrutinise assurances in relation to the strategic risks for which they are the 'lead' committee and escalate levels of assurance to the Board via this consolidated highlight report.

Levels of assurance:	
Full Assurance	The report provides clear evidence that: • Desired outcomes are being achieved; and/or • Required levels of compliance with duties is in place; and/or • Robust controls are in place, which are being consistently applied. Highly unlikely that the achievement of strategic objectives and system priorities will be impaired. No action is required.
Adequate Assurance	The report demonstrates that: • Desired outcomes are either being achieved or on track to be achieved; and/or • Required levels of compliance with duties will be achieved; and/or • There are minor weaknesses in control and risks identified can be managed effectively. Unlikely that the achievement of strategic objectives and system priorities will be impaired. Minor remedial and/or developmental action is required.
Partial Assurance	The report highlights that: • Achievement of some outcomes are off-track or mechanisms for monitoring achievement in some areas have yet to be established/fully embedded; and/or • Compliance with duties will only be partially achieved; and/or • There are some moderate weaknesses that present risks requiring management. Possible that the achievement of strategic objectives and system priorities will be impaired. Some moderate remedial and/or developmental action is required.
Limited Assurance	The report highlights that: • Achievement of outcomes will not be achieved or are significantly off-track for achievement; and/or • Compliance with duties will not be achieved; and/or • There are significant material weaknesses in control and/or material risks requiring management. Achievement of strategic objectives and system priorities will be impaired. Immediate and fundamental remedial and/or developmental action is required.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Appendix A: Strategic Planning and Integration Committee Highlight Report

Meeting Date(s):	**05 December 2024**
Committee Chair:	**Jon Towler, Non-Executive Director**

Decisions made:

a) The Committee approved the continuation of the current level of investment for Children and Young People Neurodevelopmental Support Services (Autism and Attention Deficit Hyperactivity Disorder) and the associated award of contracts with Nottingham City Council, Nottinghamshire County Council and A Place To Call Our Own Bassetlaw, to commence in 2025/26.

b) The Committee approved the continuation of the current level of investment into the Children and Young People's Emotional Health and Wellbeing Early Support Services, recognising that there were efficiencies to be made through service improvements, and the implementation of an open book accounting approach across some Child and Adolescent Mental Health Services (CAMHS) contracts for 2025/26. The award/extension of associated contracts with the following providers was also approved to commence in April 2025:

- Nottingham City Council to provide Targeted CAMHS and Mental Health Support Teams (Nottingham City).
- Kooth (Bassetlaw).
- Talkzone (Bassetlaw).
- ABL (Nottingham City, Mid- and South Nottinghamshire)

c) The Committee approved the commission of a system-wide service for common mental health needs across the Integrated Care System to commence in January 2025.

d) The Committee approved the procurement of a revised system-wide Long-Term Wheelchair Service to commence in October 2026, and the award of a contract to Ross Care Ltd (the provider of the existing community wheelchair service in Mid Nottinghamshire) to enable continuation of existing services until the new service commenced.

e) The Committee approved the Complex Care, High-Cost and Quality Assurance Panel's terms of reference, subject to minor amendments. The Panel would meet on a weekly basis to consider all new, or changes to, high cost or contentious packages of care for adults and children that had been identified through continuing care, section 117 or transforming care.

f) The Committee approved the Children and Young Peoples Continuing Care Commissioning Policy, subject to minor amendments.

g) The Committee approved the award of a contract to Derbyshire Health United for the Bassetlaw Urgent Care Service, to commence in April 2025.

h) The Committee approved the removal of £104k of short-term service development funding for Local Area Co-Ordination.

i) The Committee approved a section 256 funding agreement with Nottingham City Council for the 'Changing Futures' project, which was an approved Health Inequalities, Innovation, Investment Fund project.

Information items and matters of interest:

a) Members received the outcome of the Strategic Planning and Integration Committee Annual Work Programme (AWP) stocktake and the priorities for the upcoming schedule of Transformation Programme Delivery Reports were agreed.

b) The Committee received the Nottinghamshire County Council Draft Adult Social Care Prevention Framework for information. A joint item on preventative care and the Nottinghamshire County Council Draft Adult Social Care Prevention Framework would be presented to the February 2025 meeting outlining opportunities to maximise collaboration and alignment.

c) Members received a comprehensive update on the risks relating to the Committee's remit and requested that a briefing on the impact of changes to National Insurance contributions and the National Living Wage on providers, and the ICB's response to this, to be presented to a future meeting of the Finance and Performance Committee. The high scoring risks are provided for the Board's information at Appendix E.

d) The Committee received the Log of Investment, Disinvestment, Procurement and Contract Award Decisions (Healthcare) 2024/25 for information.

Appendix B: Quality and People Committee Highlight Report

Meeting Date(s):	**20 November 2024**
Committee Chair:	**Marios Adamou, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance	Previous level of assurance
1. The Impact of Smoking on Health Inequalities	The Committee received an overview of the areas of focus for the Integrated Care System (ICS) in relation to smoking cessation. Smoking was noted as one of the largest preventable drivers for ill health in Nottingham and Nottinghamshire and across England and whilst smoking rates had declined over recent years, rates across the ICS remained higher than the England average, with a widening gap between smokers in the most and least deprived areas. The Nottingham and Nottinghamshire Tobacco Alliance has an ambition to reach a five per cent prevalence target by 2035. Whilst the ICS is currently off-trajectory, the system was in a good position to impact on smoking prevalence following investment into tobacco dependency services and the target was expected to be met. As some of the benefits of smoking cessation could take time to demonstrate, members noted the importance of ensuring that the return on investment was modelled in a meaningful way and the need to focus on both the short and long term benefits. The overall assurance rating of adequate related to the ICB's contribution to smoking cessation services.	**Adequate**	*Not applicable*

Item	Summary	Level of assurance	Previous level of assurance
2. Care Homes and Home Care Update	Building on the previous report that was presented to the Committee in June 2024, the paper provided additional information around the contractual quality oversight of the current care homes and home care market, risks and next steps. Members noted that that it was not a contractual requirement for care home and home care providers to provide the ICB with details of their workforce. Recruitment was underway, from an ICB quality team perspective, to provide additional resource to support and maintain good quality care homes.	**Adequate**	**Limited** *(awarded at the meeting held on 19 June 2024)*
3. Healthcare Associated Infection Update	The Committee received an update on ICB performance against the national 2024/25 Healthcare Associated Infection (HCAI) thresholds, assurance around the actions taken to reduce the risk of acquiring HCAIs, the additional measures required to improve the current position, gaps and wider system support needed. Members tested the level of confidence around HCAI thresholds being met in the foreseeable future and noted that the number of cases seen across Nottingham and Nottinghamshire was reflective of other pressures within the system. Cases were scrutinised and the system was as assured as it could be regarding the actions being taken to work towards the thresholds. The ICB was performing well in comparison to its peers and the HCAI thresholds were expected to be revised significantly in 2025/26. The overall assurance rating recognised that whilst there was a high level of confidence in the ICB's IPC team and the management of HCAIs, members could not be assured that the actions set out within the report would lead to a decrease in the number of cases.	**Adequate**	*Not applicable*

Item	Summary	Level of assurance	Previous level of assurance
4. Quality Oversight Report	Members received the Quality Oversight Report and concluded that the assurance provided was limited. Members noted that performance around statutory responsibilities for Education, Health and Care assessment and annual reviews was a challenge nationally and a national review was being undertaken. Conversations were also taking place nationally around the increase in self referrals and late referrals to adult neurodevelopmental specialist services. The next report would include the outputs of a system-wide quality deep dive into the breadth of community services to ensure they were ready for the shift to community over the coming years.	**Limited**	**Limited** *(awarded at the meeting held on 16 October 2024)*
5. People and Culture Operational Delivery Report	Members received an overview of the month six workforce operational delivery plan with enhanced narrative about the relationship between turnover and wholetime equivalent (WTE) reductions and opportunities to drive workforce efficiencies and additional focus around primary and social care workforce. Acknowledging that it had been helpful to reflect the workforce impact on quality throughout the meeting, consideration would be given to ways in which the connections around workforce and quality could be better reflected within the Integrated Performance Report (IPR) going forward. An overall assurance rating of partial recognised that future delivery of the operational workforce plan would be challenging.	**Partial**	**Adequate** *(awarded at the meeting held on 16 October 2024)*

Other considerations:

Decisions made:	
a)	The Committee approved the updated Equality, Diversity and Inclusion Policy, which had been reviewed in line with the ICB's policy management framework.

Information items and matters of interest:	
a)	Members received the outcome of the Quality and People Committee Annual Work Programme (AWP) stocktake, noting that the Committee was demonstrating good progress in discharging its full range of duties and was on track to be able to clearly evidence this in year-end reporting requirements.
b)	The 45 operational risks relating to the Committee's responsibilities were reviewed; 14 of which were rated as high operational risks. Members noted that an analysis of the risk profile since November 2023 demonstrated a fluid risk management process. The high scoring risks are provided for the Board's information at Appendix E.
c)	The Committee considered recent changes to the Equality and Quality Impact Assessment (EQIA) Procedure and it was noted that these would enable a greater focus on the effective and timely review of EQIAs and accelerate the EQIA review process.
d)	Members received a summary of the process that would be undertaken to deliver on the requirements of the Equality Delivery System (EDS) following a stocktake. A further report outlining the outcome of the EDS assessment process and the proposed new equality objectives and equality improvement plan for April 2025 onwards would be presented to the Committee in February 2025.
e)	The Bassetlaw Clinical Commissioning Group Serious Incident Management Closure Plan was received for information.
f)	The Quality Integrated Performance Report was received for information.

Appendix C: Finance and Performance Committee Highlight Report

Meeting Date(s):	**27 November 2024**
Committee Chair:	**Jon Towler, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance	Previous level of assurance
1. 2024/25 System and ICB Finance Report (Month 7)	The system had reported an £11.3 million year to date deficit position against a £1.6 million deficit plan, resulting in an adverse year-to-date variance of £9.8 million. The system remained on forecast to deliver the revised break-even position. Efficiency delivery was £5.3 million ahead of plan at month seven. The ICB's overall financial position remained breakeven/on plan for both year-to-date and forecast outturn. There continued to be unmitigated risk against the forecast breakeven position of £11.1 million and the ICB continued to look for financial mitigations to ensure delivery of the breakeven target. Members noted a focus on pay and non-pay spend, particularly the reasons why the reduction in the number of whole-time equivalents was not translating into pay bill savings, and the commitment from providers to reduce the unmitigated risk position. The overall partial assurance rating recognised that good progress continued to be made but acknowledged the risks and challenges that remained in achieving both system's and the ICB's financial plans.	**Partial**	**Partial** *(awarded at the meeting held on 30 October 2024)*
2. 2025/26 NHS Operational Planning	An update on progress to develop the 2025/26 NHS Operational Plan was provided. Local guidance had been produced to support proactive planning in	*Not applied*	*Not applicable*

Item	Summary	Level of assurance	Previous level of assurance
	advance of national guidance. This included 2025/26 operational planning context, ambitions, process, timeline and initial assumptions. Members were supportive of the approach outlined and asked for monthly progress updates to the brought to the Committee ahead of submission deadlines.		
3. System Cash Report	The cumulative impact of the use of non-recurrent mitigations to achieve financial targets had impacted on the system's cash/liquidity position and the achievement of the Better Payment Code in some providers. A total of £146 million cash support was needed by 31 March 2025, of which £80 million cash had yet to be confirmed/received. Members raised concern on potential impact on the NHS supply chain and on the ICS' reputation and discussed possible solutions. It was agreed that the risk relating to cash flow shortages would be reviewed.	*Not applied*	*Not applicable*
4. Operational Plan 2024/25 Delivery and Service Delivery report	Members received reports highlighting areas of improvement and challenges. Continued improvement in planned care cancer, planned care diagnostics, hospital flow, mental health out of area placements and community 52-week waits was noted. Areas of concern included the achievement of the 65-week waits target by 31 December 2024, cancer waiting times, four and 12-hour ambulance performance, and two-week appointments within primary care. Moreover, immense urgent and emergency care pressures were currently being experienced and the system had been asked to take a command-and-control approach by NHS England. The importance of maintaining elective capacity over the Winter period was discussed, with the Committee noting that the Financial Recovery Group was exploring all options. Noting the rise in activity in urgent and emergency care, the Committee endorsed further actions to increase flu and covid vaccination	**Partial**	**Partial** *(awarded at the meeting held on 30 October 2024)*

Item	Summary	Level of assurance	Previous level of assurance
	uptake. The Committee asked for a focus on diagnostic services to be discussed at its January meeting. The overall assurance rating remained at partial, recognising good progress to date but acknowledging the risks and challenges that remained in achieving the operational plan.		
5. Thematic Review: Continuing Healthcare, Joint Funding, NHS Funded Nursing Care and Childrens Continuing Care	The ICB had a budget of £220.5 million for the delivery of all Continuing Healthcare (CHC) related areas in 2024/25 and an efficiency target of £23 million had been set against this budget. £18.3 million of savings opportunities had been identified, and the in-year projection had been risk adjusted to £14.5 million. To date the focus had been on reviewing existing packages of care, which had yielded significant savings. Members acknowledged the difficult discussions with partners over joint funded packages, nevertheless emphasised that appropriate governance processes needed to be established to maintain spend controls, as the ICB remained an outlier in terms of CHC spend, and members welcomed work to identify capacity and commissioning gaps and alternative cost-effective models of commissioning to reduce the need for CHC packages.	*Not applied*	*Not applicable*

Other considerations:

Decisions made:
a) Members approved the Gamston Medical Centre's request to expand its premises.

Information items and matters of interest:
a) An update was provided on the development of a capital investment plan for primary care to support Primary Care Networks.
b) An overview for the refresh of the Green Plan was provided.
c) An extract from the Operational Risk Register relevant to the Committee's remit was reviewed, which included 13 risks, with seven rated as high risks. The high scoring risks are provided for the Board's information at Appendix E.

Appendix D: Audit and Risk Committee Highlight Report

Meeting Date(s):	**11 December 2024**
Committee Chair:	**Stephen Jackson, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance	Previous level of assurance
1. EPRR Annual Assurance Report and Operational Pressures Handbook	The report provided an overview of work undertaken to manage incidents over the past year and how key risks were being managed. Following a national assurance process carried out annually against the core standards, the ICB has been rated as partially compliant by NHS England and the Committee sought assurance that those areas of partial compliance were being addressed. The annual assurance report was endorsed for Board approval. The Committee applied an assurance rating of partial, noting that although robust action plans were in place to address areas of partial compliance, further assurance would be received following a review of progress in six months' time.	**Partial**	**Adequate** *(awarded at the meetings held on 3 January and 19 June 2024)*
2. Board Assurance Framework Target Risk Reports – Nursing and Quality Directorate and Medical Directorate	Members had an in-depth discussion with the Director of Nursing and Medical Director regarding the strategic risks 'owned' in their areas, which included assurance on the control environment and the work being undertaken to address any gaps in control or assurance. Noting that the control environment continued to improve and the number of external assurances had increased for the risks relating to quality and workforce, members explored why the risks remained some way from their target scores. The lack of movement was largely due to continuous new and emerging challenges.	**Full**	*Not applicable*

Item	Summary	Level of assurance	Previous level of assurance
	An assurance rating of full was provided, reflecting the robust management processes within the ICB for the identification, mapping and reporting of strategic risks.		
3. Internal Audit Report: Delivering the People Plan	The conclusion of the Internal Audit review had provided a 'moderate' opinion, because strategic and operational delivery plans did not clearly articulate responsibilities, measures and expected completion dates. Noting the findings of the report as reflective of many of the conversations at the Quality and People Committee, the Committee acknowledged that this was a complex area, with an almost constant churn of governance arrangements and key people. However agreed actions were being progressed and the future agreement of a five-year plan would provide additional focus in this area.	**Adequate**	*Not applicable*
4. Statutory and Mandatory Training Compliance	The Committee reviewed ICB's current statutory and mandatory training compliance figures and the processes in place to monitor and improve compliance rates. Overall, compliance rates remained high, which was reflected in the full assurance level applied by the Committee.	**Full**	**Adequate** *(awarded at the meeting held on 19 June 2024)*
5. Financial Stewardship	The report provided an update on the ICB's key financial arrangements. The Committee noted that procurement card usage and agency spend continued to be proactively managed. The Committee was also assured that the actions identified from the review of third-party user entity controls had been completed or were on track for completion. Members felt fully assured, due to the level of control demonstrated.	**Full**	**Adequate** *(awarded at the meeting held on 16 May 2024)*

Other considerations:

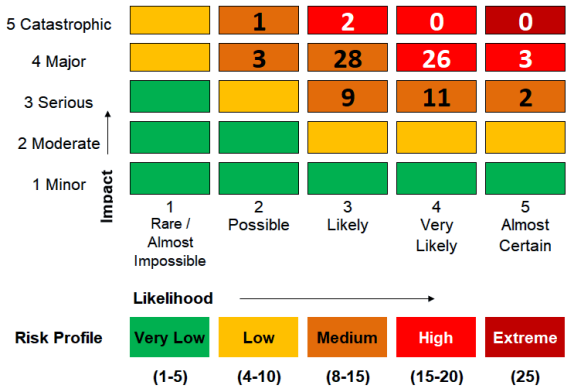
Decisions made:	
a)	Members approved an Operational Pressures Handbook, which will be appended to the ICB's Incident Response Plan.
b)	The Committee approved a write off of £24,254.30, a debt incurred from continuing healthcare payments to several care homes that had ceased trading, noting that improved controls had since been implemented to minimise the risk of re-occurrence.
c)	The Committee endorsed a number of minor revisions to the ICB's Standing Financial Instructions for the Board's approval.
d)	The Committee approved the External Audit Plan for 2024/25.

Information items and matters of interest:	
a)	A briefing on the new Cyber Assurance Framework aligned Data Security and Protection Toolkit was received. This was a significant change and a description of the actions being undertaken to meet the new requirements was provided.
b)	Members received an update on the progress of the 2024/25 Internal Audit Plan and had sought confirmation that the plan could be delivered by the end of the financial year.
c)	A risk report on the two risks overseen by the Committee was discussed. The one high scoring risk is provided for the Board's information at Appendix E.

Appendix E: Current high-level operational risks being oversighted by the Board's committees

Risk Profile

At the time of writing, there are 85 'live' risks within the Operational Risk Register (including both ICB and system risks). 31[1] of the 85 risks are scored at a high-level (16+), which accounts for 36% of the total risks. The risk profile is shown below.



Risk Movement

Movement in the high-level risks since the last meeting is described below:

- Two new risks have been identified; these relate to the potential over medicalising of emotional well-being needs (risk 230) and a rise in the complexity and volume of people requiring mental health services (risk 232).
- A risk relating to services not being accessed appropriately (risk 221) has now been included in this paper, as it is no longer classed as confidential.
- The score for risk 92 has decreased to 12 (I4 x L3) following improvements in diagnostics, and as such, no longer meets the threshold for reporting to the Board.
- Risk 179, relating to the potential implications on financial stability of GP Practices, has been archived and replaced by a new risk.

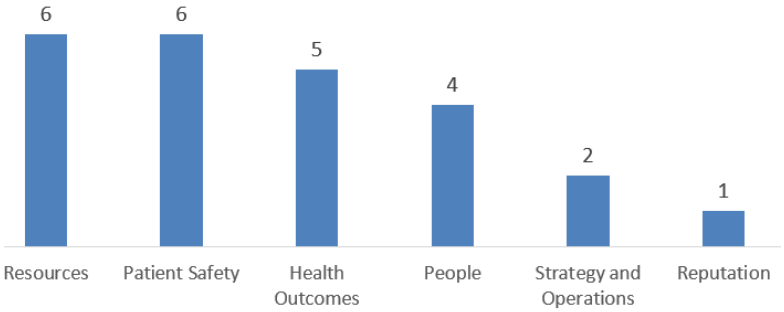
[1] The 31 high-level operational risks include seven risks classed as confidential, due to the nature of these risks. Risk may be classed as confidential if they are commercially sensitive or at draft stage. The confidential risks are reported separately and excluded from the analysis and detail of this report.

Risk Appetite

Due to being high-level, all risks reported to the Board are above the organisation's agreed risk appetite levels. Furthermore, Board members should note that 99% of all the operational risks in the ORR are above agreed risk appetite levels.

Risk Domains

As a reminder, there are nine risk domains used when classifying operational risks. There are no high-level risks within the risk domains of health inequalities, legal, and social and economic development. The graph below illustrates how many high-level risks sit which each of the remaining domains.



Details of high-scoring risks

Operational risk reports continue to be routinely presented to the Board's committees, enabling the ongoing review and scrutiny of all risks. At present, 58% of all high-level risks are reported to the Quality and People Committee.

Risk Ref.	Risk Description	Score	Responsible Committee
ORR084	If organisations within the ICS are unable to access IT systems (i.e. unexpected system outage, successful cyber-attacks or issues with the availability of products and services) they may not be able to conduct core business as usual functions. This may result in patients not receiving timely diagnosis or treatment due to necessary equipment not functioning or patient records being unavailable.	**High** 20 (I4 x L5)	Audit and Risk Committee

Risk Ref.	Risk Description	Score	Responsible Committee
ORR090	If the Nottingham and Nottinghamshire system does not have sufficient system partner 'buy in' and capacity (digital workforce and operational workforce) to engage with and deliver digital transformation schemes alongside business-as-usual delivery it may not be possible to progress the System, Primary Care and ICB digital transformation agenda.	**High** 16 (I4 x L4)	Finance and Performance Committee
ORR195	If NHS Nottingham and Nottinghamshire ICB is unable to identify and implement sustainable recurrent financial efficiency solutions, at pace, there is a risk the ICB's underlying position (UDL) will continue to worsen with impact to the ability to deliver within the ICB's financial resources.	**High** 16 (I4 x L4)	Finance and Performance Committee
ORR196	If the Nottingham/shire NHS system, as a collective, does not meet its agreed 2024/25 year-end financial position, there is a risk to the extent to which the system will be able to create financial 'headroom' to invest in services. This may lead to reputational issues and increasing levels of regional and national intervention by NHS England.	**High** 16 (I4 x L4)	Finance and Performance Committee
ORR197	If the Nottingham/shire NHS system, as a collective is unable to identify and implement sustainable recurrent financial efficiency solutions, at pace, there is a risk the collective underlying position (UDL) will continue to worsen, which may significantly impact Nottingham/shire's ability to become a financially sustainable system.	**High** 16 (I4 x L4)	Finance and Performance Committee
ORR210	As a result of ongoing operational and financial pressures, there is a risk to further deterioration in staff health, wellbeing and morale. This may impact on staff productivity and lead to staff feeling disconnected or disengaged with the ICB. This may, in turn, result in further increases to levels of sickness and vacancies within the organisation.	**High** 16 (I4 x L4)	Remuneration and HR Committee
ORR191	If Nottinghamshire Healthcare NHS Foundation Trust (NHCT) do not have the capability to make the required quality improvements identified as a result of current quality, staffing and performance concerns and exacerbated by regional and national reviews, there is a risk the quality of services provided may not meet optimal care standards. This may lead to potential risk of harm and poor health outcomes to the population of Nottingham/shire.	**High** 20 (I4 x L5)	Quality and People Committee
ORR077	If current challenges in the health and social care system continue there is a risk of sustained levels of significant workforce pressures which may lead to sickness, exhaustion, 'burn out' and inability to maintain psychological safety of workforce.	**High** 16 (I4 x L4)	Quality and People Committee

Risk Ref.	Risk Description	Score	Responsible Committee
ORR083	If discharges from learning disability and autism inpatient settings are delayed due to lack of available capacity in community-based settings, there is a risk patients may stay in inpatient settings longer than necessary or be cared for in a more restrictive environment than required. This may lead to poor patient experience and adverse health outcomes for the population of Nottingham/shire.	**High** 16 (I4 x L4)	Quality and People Committee
ORR166	If ambulance handover times at acute trusts increase and cause delayed ambulance arrival in the community, there is a risk of potential harm to citizens who are waiting for an ambulance, which may lead to further deterioration of their condition. *The risk score for this risk has increased from 16 (I4 x L4) at the time of last reporting.*	**High** 20 (I4 x L5)	Quality and People Committee
ORR170	If there continues to be insufficient availability of ongoing appropriate mental health placements (inpatient and community) there is a risk that adults may experience delayed or inadequate treatment or be transferred to out-of-area facilities or inappropriate settings. This could lead to increased distress, potential harm to individuals or others, and a higher likelihood of crisis situations, putting additional strain on both health and social care services.	**High** 16 (I4 x L4)	Quality and People Committee
ORR171	If the ICS Nottingham and Nottinghamshire system cannot facilitate timely discharge of adults requiring ongoing mental health support once their medical or physical issues have resolved there is a risk of delayed discharges. This may exacerbate current challenges across the urgent and emergency care pathway.	**High** 16 (I4 x L4)	Quality and People Committee
ORR177	If system workforce planning remains short-term, due to operational and financial challenges, there is risk that it may not address medium to longer term strategic education and planning needs. This may lead to issues with initial workforce supply and ineffective use of workforce. This risk is exacerbated by challenges experienced in getting system data into a single place to support ICS workforce planning and projections.	**High** 16 (I4 x L4)	Quality and People Committee
ORR199	As a result of General Practice (GP) participation in collective action, there may be a risk to primary care and community pharmacy service delivery. This may lead to the potential for harm to citizens in terms of management of chronic conditions and urgent medical concerns. Furthermore, this may lead to increased activity at other providers.	**High** 16 (I4 x L4)	Quality and People Committee

Risk Ref.	Risk Description	Score	Responsible Committee
ORR207	If challenges in the provision and delivery of community mental health services persist, there is risk that these services may not be accessed, or accessed promptly, and/or meet the current and future needs of the population. This may result in worsening health outcomes for adults and children across Nottingham/shire. This risk may also result in increased demand on other services as activity may be displaced to other partners within the system.	**High** 16 (I4 x L4)	Quality and People Committee
ORR221	If ongoing adverse reports in national and local media continue, there is a growing risk of declining public confidence, which may lead to citizens failing to access appropriate services in a timely manner. This could result in delayed interventions, reduced service effectiveness, and further strain on public resources.	**High** 16 (I4 x L4)	Quality and People Committee
ORR224	If Nottingham University Hospitals NHS Trust (NUH) fail to sustain improvements made to date following CQC and external recommendations, there is a risk quality of services may decline. This may lead to compromised patient safety and quality of care which could result in poor patient experience and adverse health outcomes for the population of Nottingham/shire.	**High** 16 (I4 x L4)	Quality and People Committee
ORR230 (NEW)	If societal expectations and pressures for formal mental health diagnoses continue to increase, there is a risk of over-medicalisation of emotional well-being needs. This may result in additional demands on already pressured services. For the individual this may also contribute to stigmatisation, ultimately affecting the well-being of individuals and reducing the effectiveness of mental health services.	**High** 16 (I4 x L4)	Quality and People Committee
ORR232 (NEW)	If the rise in the complexity, comorbidities and volume of people requiring mental health services continues the ICS Nottingham and Nottinghamshire system may struggle to meet the needs of the population. This could lead to delayed treatment, worsening mental health outcomes, and an increased burden on already overstretched health and social care resources.	**High** 16 (I4 x L4)	Quality and People Committee
ORR208	If the quality of maternity services does not improve, services provided may not meet optimal care standards. This may result in potential risk of harm (i.e. physical and psychological) and poor patient experience for women, birthing people, their babies, and families.	**High** 15 (I5 x L3)	Quality and People Committee
ORR155	If the transformation of urgent and emergency care services is not prioritised and delivered, there is a risk that limited health and social care resources may not be used most efficiently. This may lead to an inability to meet demand: today and in the future.	**High** 16 (I4 x L4)	Strategic Planning and Integration Committee

Risk Ref.	Risk Description	Score	Responsible Committee
ORR159	If General Practices, Primary Care Networks, community pharmacy and the ICB do not have appropriate capacity, capability and resources to deliver actions in relation to delivery of ICS Primary Care Strategy and Primary Care Access Recovery Plan (PCARP), expected transformation may not be delivered. This may, in turn, impact on the ability to meet the needs of our population.	**High** 16 (I4 x L4)	Strategic Planning and Integration Committee
ORR182	If GP collective action impacts on partnership working, there may be a risk to primary care engagement which may impact delivery of ICS strategic and transformation programmes.	**High** 16 (I4 x L4)	Strategic Planning and Integration Committee
ORR192	If resources at Nottinghamshire Healthcare NHS Foundation Trust (NHCT) are primarily focused on addressing immediate quality, staffing and performance concerns, there is risk that there may not be sufficient capacity or 'headspace' to deliver mental health and community service transformation. This may result in future population needs not being made and/or anticipated efficiencies not materialising.	**High** 16 (I4 x L4)	Strategic Planning and Integration Committee

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/01/2025
Paper Title:	**ICB Standing Financial Instructions**
Paper Reference:	ICB 24 0XX
Report Author:	Lucy Branson, Director of Corporate Affairs
Executive Lead:	-
Presenter:	-

Paper Type:							
For Assurance:		For Decision:		For Discussion:		For Information:	✓

Summary:

As referenced in paragraph 5 of the Chief Executive's Report on this agenda.

Recommendation(s):

The Board is asked to **note** this item in support of the approval requested by the Chief Executive's Report.

How does this paper support	**the ICB's core aims to:**
Improve outcomes in population health and healthcare	The ICB's governance arrangements ensure appropriate oversight and decision-making with regard to achievement of the core aims.
Tackle inequalities in outcomes, experience and access	As above.
Enhance productivity and value for money	As above.
Help the NHS support broader social and economic development	As above.

Appendices:

None.

Board Assurance Framework:

Not applicable.

Report Previously Received By:

Proposed changes endorsed by the Audit and Risk Committee.

Are there any conflicts of interest requiring management?

No.

Is this item confidential?

No.

NHS
Nottingham and Nottinghamshire
Integrated Care Board

Annex A: Standing Financial Instructions

Version	Effective Date	Changes
1.0	1 July 2022	First version Standing Financial Instructions on establishment of the ICB.
1.1	16 January 2024	Amendments to sections 9.2 and 9.3 to address requirements of the NHS Provider Selection Regime.
1.2	9 January 2025	Addition of new paragraphs 4.1.7 and 12.4.3 to make explicit reference to the ICB's Fraud, Bribery and Corruption Policy and to make clear the approval requirements for instances where write-off action (for losses and special payments) is deemed necessary. Further additional detail to paragraph 12.3.3 to clarify approval routes for special payments. Amendments to paragraphs 5.4.3, 6.1.5, 8.2.2, 8.3.1 to remove unnecessary cross-reference to the Scheme of Reservation and Delegation and clarifying approval requirements. Amendments to paragraph 9.2.2 to further clarify the role and responsibilities of the Audit and Risk Committee in relation to overseeing the ICB's compliance with the Provider Selection Regime, including monitoring and publication arrangements. Other minor housekeeping amendments to paragraphs 8.1.1, 8.1.2, 8.5.10, 9.2.4, 12.3.4 and 12.4.1.

Contents

1. Introduction

1.1 General

1.1.1 These Standing Financial Instructions are part of the ICB's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration; lessen the risk of irregularities, and support commissioning and delivery of effective, efficient and economical services. They also help the Chief Executive (as the ICB's Accountable Officer) and Director of Finance to effectively perform their responsibilities. They should be used in conjunction with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation.

1.1.2 These Standing Financial Instructions identify the financial responsibilities which apply to members of the ICB's Board, its committees and sub-committees, and the ICB's employees and other workers. It is a duty of the Chief Executive to ensure that these individuals are notified of, and put in a position to understand, their responsibilities within these Standing Financial Instructions.

1.1.3 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions, then the advice of the Director of Finance must be sought before acting.

1.2 Non-compliance with Standing Financial Instructions

1.2.1 Failure to comply with these Standing Financial Instructions may be regarded as a disciplinary matter that could result in dismissal.

1.2.2 If for any reason these Standing Financial Instructions are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit and Risk Committee for referring action or ratification. All individuals as defined at SFI 1.1.2 have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance as soon as possible. If the Director of Finance is responsible for the non-compliance, then this should instead be reported to the Chief Executive.

1.3 Review and amendment of Standing Financial Instructions

1.3.1 To ensure that these Standing Financial Instructions remain up-to-date and relevant, the Director of Finance will review them at least annually, reporting the outcome of the review to the Audit and Risk Committee.

1.3.2 Following consultation with the Chief Executive and scrutiny by the Audit and Risk Committee, the Director of Finance will recommend amendments, as necessary, to the Board for approval.

2. Roles and responsibilities

2.1 The Board

2.1.1 The Board exercises financial supervision and control by:

(a) Setting financial plans and budgets to meet its statutory responsibilities.

(b) Holding the executive to account for monitoring performance against core financial objectives.

(c) Setting these Standing Financial Instructions and defining specific responsibilities placed on members of the Board and other individuals as indicated in the Scheme of Reservation and Delegation.

(d) Establishing an Audit and Risk Committee to provide it with proactive support by:

(i) Advising on the effectiveness of risk management arrangements and systems of internal control.

(ii) Advising on the process for reviewing the accounts prior to submission for audit, management's letter of representation to the external auditors; and the planned activity and results of both internal and external audit.

(iii) Approving the accounting policies, the accounts, and the annual report of the ICB, including the governance statement.

(e) Establishing a Finance and Performance Committee to provide oversight and assurance on the discharge of the ICB's financial duties, including its joint financial planning duties with NHS Trust and NHS Foundation Trust partners.

(f) Shaping a healthy culture for the organisation and its Integrated Care System partners.

2.2 The Chief Executive

2.2.1 The Chief Executive (as Accountable Officer) is ultimately accountable to the Board and to the Secretary of State for Health and Social Care for ensuring that the ICB meets its obligation to perform its functions within the available financial resources.

2.2.2 The Chief Executive has overall executive responsibility for the ICB's activities; is responsible to the Chair and the Board for ensuring that its financial obligations and targets are met; and has overall responsibility for the ICB's system of internal control.

2.3 The Director of Finance

2.3.1 The Director of Finance is responsible for ensuring that the ICB meets the financial targets set for it by NHS England, including living within the overall revenue and capital allocation, and the administration costs limit.

2.3.2 Jointly with the ICB's NHS Trust and NHS Foundation Trust partners, the Director of Finance has responsibility for ensuring that any joint financial objectives set by NHS England are achieved.

2.3.3 The Director of Finance is also responsible for maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these Standing Financial Instructions.

2.4 Delegation and accountability

2.4.1 The Chief Executive and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

3. Internal and external audit

3.1 Internal audit

3.1.1 Internal audit is an independent and objective appraisal service within an organisation, which provides:

(a) An independent and objective opinion to the Chief Executive, the Board, and the Audit and Risk Committee on the degree to which risk management, control and governance, support the achievement of the organisation's agreed objectives.

(b) An independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements.

3.1.2 The Chief Executive, as the accountable officer, is responsible for ensuring there is appropriate internal audit provision for the ICB. For operational purposes, this responsibility is delegated to the Director of Finance. All internal audit services are provided under arrangements proposed by the Director of Finance and approved by the Audit and Risk Committee, on behalf of the Board.

3.1.3 Only the Director of Finance may commission the procurement of internal audit services, having sought the approval of the Audit and Risk Committee.

3.1.4 The Director of Finance is responsible for ensuring that the internal audit function complies with the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit and Risk Committee and the Chief Executive.

3.1.5 Internal audit will review, appraise and report upon policies, procedures and operations in place to:

(a) Establish and monitor the achievement of the organisation's objectives.

(b) Identify, assess and manage the risks to achieving the organisation's objectives.

(c) Ensure the economical, effective and efficient use of resources.

(d) Ensure compliance with established policies (including behavioural and ethical expectations), procedures, laws and regulations.

(e) Safeguard the organisation's assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption.

(f) Ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes.

3.1.6 The Head of Internal Audit will provide to the Audit and Risk Committee:

(a) A risk-based plan of internal audit work, agreed with management and approved by the Audit and Risk Committee, that will enable the internal auditors to collect sufficient evidence to give an opinion on the adequacy and effective operation of the organisation.

(b) Regular updates on the progress against plan.

(c) Reports of management's progress on the implementation of action agreed as a result of internal audit findings.

(d) An annual opinion based upon and limited to the work performed on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This opinion is used by the Chief Executive to inform their annual Governance Statement and by NHS England as part of its performance management role.

(e) Additional reports as requested by the Audit and Risk Committee.

3.1.7 Whenever any matter arises during the course of internal audit work, which involves, or is thought to involve, irregularities in the exercise of any function of a pecuniary nature, the Director of Finance must be notified immediately. If the Director of Finance is thought to be involved in an irregularity, then this should instead be reported to the Chief Executive.

3.1.8 The Head of Internal Audit will normally attend Audit and Risk Committee meetings and has a right of access to the Chair of the Audit and Risk Committee and the ICB Chair and Chief Executive.

3.1.9 The Head of Internal Audit reports to the Audit and Risk Committee and is accountable to the Director of Finance. The reporting system for internal audit will be agreed between the Director of Finance, the Audit and Risk Committee and the Head of Internal Audit and will comply with the guidance on reporting contained in the Public Sector Internal Audit Standards.

3.2 External audit

3.2.1 The ICB must comply with the Local Audit and Accountability Act 2014 when procuring an external audit service. The Director of Finance is responsible for ensuring that the ICB procures external audit services in accordance with this legislation and relevant national guidance.

3.2.2 The Board is ultimately responsible for appointing the ICB's external auditor, but it will establish an Auditor Panel to advise on the selection and appointment process.

3.2.3 The Auditor Panel will:

(a) Provide assurance that procurement and contracting arrangements are appropriate and that any conflicts of interests have been effectively dealt with.

(b) Consider how the quality of the external audit service will be measured and monitored, and how that will be incorporated in the service requirements.

(c) Advise on an appropriate length of contract, noting that the ICB must appoint an external auditor at least once every five years.

(d) Advise on the maintenance of an independent relationship with the appointed external auditor.

3.2.4 The ICB must appoint an external auditor to audit its accounts for a financial year not later than 31 December in the preceding financial year. An exception to this will be the ICB's first year of establishment, when national guidance on requirements will be followed.

3.2.5 Within 28 days of an appointment being made, the ICB must publish a notice to name its external auditor and the length of the appointment.

3.2.6 The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. The main responsibility of the ICB's appointed auditors is to meet the requirements of the National Audit Office's Code of Audit Practice.

3.2.7 The external auditors are required to provide an opinion on the ICB's financial statements. This confirms whether the Auditors believe the financial statements give a true and fair view of the financial affairs of the ICB and the income and expenditure recorded during the year.

3.2.8 The External Auditors are also required to:

(a) Form a view on the regularity of the ICB's income and expenditure i.e. that the expenditure and income included in the ICB's financial statements has been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them.

(b) Report by exception if the ICB has not complied with the requirements of NHS England in the preparation of its Governance Statement.

(c) Examine and report on the consistency of the schedules or returns prepared by the ICB for consolidation into the Whole of Government Accounts.

3.2.9 The External Auditors will also consider the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the ICB's use of resources.

3.2.10 The Audit and Risk Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the external auditor these should

be raised with the external auditor and referred to the Audit and Risk Committee if they cannot be resolved.

3.2.11 The External Auditor will normally attend Audit and Risk Committee meetings and has a right of access to the Chair of the Audit and Risk Committee and the ICB Chair and Chief Executive.

4. Fraud, bribery and corruption (economic crime)

4.1 General

4.1.1 The ICB is committed to identifying, investigating and preventing economic crime.

4.1.2 The Director of Finance is responsible for ensuring appropriate arrangements are in place to provide adequate counter fraud provision which should include reporting requirements to the Audit and Risk Committee. These arrangements should comply with the NHS Requirements the Government Functional Standard 013 Counter Fraud as issued by NHS Counter Fraud Authority and any guidance issued by NHS England.

4.1.3 Only the Director of Finance may commission the procurement of counter fraud, bribery and corruption services, having sought the approval of the Audit and Risk Committee.

4.1.4 All members of the ICB Board, its committees and sub-committees, and the ICB's employees and other workers, severally and collectively, are responsible for ensuring ICB resources are appropriately protected from fraud, bribery and corruption.

4.1.5 Any individual that has evidence of, or reason to suspect, fraud, bribery or corruption has a duty to report these suspicions to the ICB's nominated Counter Fraud Specialist or via the NHS Counter Fraud Authority's confidential fraud, bribery and corruption reporting line.

4.1.6 Under no circumstances should any individual commence an investigation into suspected or alleged crime, as this may compromise any further investigation.

~~4.1.6~~4.1.7 The ICB's Fraud, Bribery and Corruption Policy sets out arrangements for eliminating fraud, bribery and corruption and provides a framework for responding to suspicions of fraud.

5. Resource limits and allocations, financial planning, budgetary control and grants

5.1 Funding allocations and resource limits

5.1.1 NHS England will make funding allocations to the ICB to support the delivery of its functions. Allocations will be based on a national needs-based formula and national policy on target allocations, which reflects the 'fair share' of NHS resources for the ICB. Allocations will:

(a) Include funding for acute, ambulance, community and mental health services.

(b) Include funding for the delivery of any functions delegated to the ICB by NHS England.

(c) Include a running cost allowance to cover management costs and costs of commissioning support.

5.1.2 The Director of Finance will:

(a) Periodically review the basis and assumptions used by NHS England for distributing allocations to the ICB and ensure that these are reasonable and realistic and secure the ICB's entitlement to funds.

(b) Regularly update the Board on significant changes to any initial allocations and the uses of such funds.

5.1.3 The Chief Executive has overall responsibility for ensuring that the ICB complies with its statutory obligations, including its financial and accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

5.1.4 The Director of Finance is responsible for ensuring appropriate arrangements are in place to enable the ICB to meet the following statutory financial duties:

(a) Ensuring that the ICB's expenditure in each financial year does not exceed the aggregate of any sums received within that financial year, and that the ICB complies with any descriptions set out by NHS England of income and expenditure that should or should not be counted for the purposes of reaching financial balance, or the financial year in which they are to be counted.

(b) Ensuring that monies designated for integration are used for that purpose (i.e. Better Care Fund).

(c) Ensuring that the ICB, in conjunction with its partner NHS trusts and NHS foundation trusts, exercises its functions with a view to ensuring that, in respect of each financial year:

(i) Local capital resource use does not exceed the limit specified in a direction by NHS England.

(ii) Local revenue resource use does not exceed the limit specified in a direction by NHS England.

(iii) Any joint financial objectives set by NHS England for the ICB and its partner NHS trusts and NHS foundation trusts are achieved.

5.2 Preparation and approval of financial plans

5.2.1 Before the start of each financial year, the ICB and its partner NHS trusts and NHS foundation trusts must prepare a joint forward plan to set out how it will exercise its functions over the next five years. The joint forward plan must explain how the ICB proposes to meet its statutory financial duties.

5.2.2 Before the start of each financial year, the ICB and its partner NHS trusts and NHS foundation trusts must prepare a joint capital resource use plan. The plan must be produced in line with any directions or guidance issued by NHS England.

5.2.3 The five-year joint forward plan and joint capital resource use plan will be approved by the Board and must be published.

5.2.4 The plans must also be provided to the Integrated Care Partnership, each relevant Health and Wellbeing Board and NHS England.

5.2.5 The plans can be revised, subject to approval by the Board. Any revised plans must be published, and copies provided to the Integrated Care Partnership, each relevant Health and Wellbeing Board and NHS England.

5.2.6 The Director of Finance will provide regular reports to the Board and the Finance and Performance Committee regarding delivery of the plans.

5.3 Preparation and approval of budgets

5.3.1 Before the start of each financial year, the Director of Finance will, on behalf of the Chief Executive, prepare and submit annual budgets for approval by the Board. The annual budgets will be prepared within the limits of available funds and will identify any sums to be held in reserve and any potential risks.

5.4 Budgetary delegation

5.4.1 The Chief Executive may delegate the management of individual budgets to designated Budget Holders to enable the delivery of a defined range of activities.

5.4.2 Budget Holders may onward delegate the management of budgets within their areas of responsibility to designated Budget Managers.

5.4.3 A list of Budget Holder and Budget Manager designations ~~are set out in the Scheme of Reservation and Delegation~~is maintained by the ICB's Finance Directorate.

5.4.4 All Budget Holders and Budget Managers will be required to agree their allocated budgets at the commencement of each financial year.

5.4.5 The Director of Finance is responsible for ensuring that adequate training is delivered to Budget Holders and Budget Managers to support the successful management of their budgets.

5.5 Budgetary control and reporting

5.5.1 The Director of Finance will devise and maintain systems of budgetary control. These will include:

(a) The issue of timely, accurate and comprehensible advice and financial reports to each Budget Holder and Budget Manager, covering the areas for which they are responsible.

(b) Investigation and reporting of variances from budgets and monitoring of management action to correct variances.

(c) Arrangements for the approval of budget virements.

(d) Regular budgetary reports to the Board and the Finance and Performance Committee detailing:

(i) Income and expenditure, showing the year to date actual and forecast positions.

(ii) Explanations of any material variances from budget.

(iii) Details of any corrective action where necessary and whether such actions are sufficient to correct the variance.

5.5.2 Each Budget Holder and Budget Manager is responsible for ensuring that:

(a) Any likely overspend or reduction of income which cannot be met by virement is not incurred without the prior consent of the Director of Finance or nominated officer.

(b) They review their budget reports on a monthly basis and report any anomalies.

(c) The amount provided in the agreed budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement.

5.5.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

5.5.4 Non-recurring budgets should not be used to finance recurring expenditure without approval from the Chief Executive or Director of Finance.

5.6 Capital expenditure

5.6.1 The general rules applying to budget preparation, delegation, control and reporting will also apply to capital expenditure.

5.7 Grants

5.7.1 The Director of Finance is responsible for providing robust management, governance and assurance to the ICB with regards to the use of specific powers under which it can make capital or revenue grants available to:

(a) Any of its partner NHS trusts or NHS foundation trusts.

(b) A voluntary organisation, by way of a grant or loan.

5.7.2 All revenue grant applications should be regarded as competed as a default position unless there are justifiable reasons why the classification should be amended to non-competed.

6. Banking arrangements and cash management

6.1 General

6.1.1 The Director of Finance will approve the ICB's banking arrangements and is responsible for advising the Audit and Risk Committee on the provision of banking services and operation of accounts, including the provision and use of procurement or other card services. This advice will consider any guidance and/or directions issued by NHS England on the use of specified banking facilities for any specified purposes.

6.1.2 The ICB will use the Government Banking Service as its supplier for all banking services.

6.1.3 The ICB will hold the minimum number of bank accounts required to run the organisation effectively.

6.1.4 The Director of Finance will report any new bank accounts or changes to existing bank accounts to the next meeting of the Audit and Risk Committee.

6.1.5 ~~Designated~~ The Director of Finance will approve all designated bank account signatories ~~are set out in the Scheme of Reservation and Delegation~~ and a list of approved signatories will be maintained by the ICB's Finance Directorate.

6.1.6 The Director of Finance will ensure that the ICB has effective cash management procedures in place. This will include:

(a) Ensuring money drawn from NHS England against cash forecasts is required for approved expenditure only, and is drawn only at the time of need, following best practice as set out in Managing Public Money.

(b) Ensuring payments made from the ICB's bank accounts do not exceed the amount credited to the account except where arrangements have been made.

(c) Reporting to the Audit and Risk Committee all arrangements made with the ICB's bankers for accounts to be overdrawn.

(d) Monitoring of compliance with NHS England guidance on the level of funds held at the end of each month.

6.2 Procurement and other card services

6.2.1 The Director of Finance is responsible for recommending to the Audit and Risk Committee, for approval:

(a) Whether procurement or other card services should be allowed.

(b) The types of card services that should be allowed on each account (debit, procurement, etc.).

(c) The types of transactions that should be permitted on each card.

(d) The individuals who should be issued with a card.

(e) The overall credit and individual transaction limits to be associated with each card.

6.2.2 The Director of Finance will report on the actual use of card services against authorised uses to the Audit and Risk Committee.

6.3 Payable orders, petty cash and other negotiable instruments

6.3.1 The Director of Finance is responsible for prescribing systems and procedures for the secure handling of payable orders, petty cash and other negotiable instruments should these be used or received by the ICB.

7. Income and debt recovery

7.1 Income

7.1.1 The ICB will utilise its relevant statutory powers to maximise its potential to make additional income available for improving the health service only to the extent that it does not interfere with the performance of the ICB or its functions.

7.1.2 The Director of Finance is responsible for ensuring systems are in place for the proper recording, invoicing, and collection and coding of all monies due.

7.1.3 All employees and other workers must inform the Finance Team, in accordance with notified procedures, promptly of money due arising from transactions that they initiate/deal with, including all contracts, leases, tenancy agreements and other transactions.

7.1.4 The Director of Finance will arrange to register with HM Revenue and Customs if required under money laundering legislation.

7.2 Debt management

7.2.1 The Director of Finance is responsible for ensuring systems are in place for the timely recovery of all outstanding debts. This will include:

(a) Ensuring that arrangements cover end-to-end debt management from debt creation to collection or write-off in accordance with the losses and special payment procedures.

(b) Assigning responsibility to a senior officer within the Finance Team for the operational management of debt.

(c) Reporting to the Audit and Risk Committee that debt is being managed effectively.

7.2.2 Where it is necessary to use the services of a professional debt recovery agency and/or the courts to recover an outstanding debt, the ICB will seek to recover the associated costs from the debtor concerned.

7.2.3 Income not received should be dealt with in accordance with losses procedures.

7.2.4 Overpayments should be detected (or preferably prevented) and recovery initiated.

8. Terms of service and payment of senior managers and employees

8.1 Remuneration and terms of service

8.1.1 The Board has established a Remuneration and Human Resources Committee to determine the remuneration and allowances for:

(a) Members of the Board, except for the Chair and non-executive members.

(b) Any members of the Board's committees and sub-committees that are not members of the Board or employees.

(c) Other very senior managers.

8.1.2 The Remuneration and Human Resources Committee has clearly defined terms of reference approved by the Board, specifying which roles fall within its area of responsibility.

8.2 Funded establishment

8.2.1 The workforce plan incorporated within the annual budget will form the funded establishment.

8.2.2 The funded establishment of any Directorate may not be varied without the approval of the ~~Chief Executive or nominated officers as defined within the Scheme of Reservation and Delegation~~relevant Budget Holder.

8.3 Staff appointments and contracts of employment

8.3.1 No Executive Director or employee may appoint employees, either on a permanent or temporary basis, or agree to changes to any aspect of remuneration, unless within the limit of their approved budget and funded establishment ~~as defined in the Scheme of Reservation and Delegation~~.

8.3.2 The NHS Agenda for Change terms and conditions of service will apply in full to all staff directly employed by the ICB, except for Executive Directors and other very senior managers.

8.3.3 All employees will be issued with contracts of employment in a form and timeframe that complies with employment legislation.

8.3.4 All requests for evaluations of pay bandings for new or existing posts must be approved by the relevant Budget Holder.

8.4 Processing of payroll

8.4.1 The Director of Finance is responsible for ensuring appropriate arrangements are established for:

(a) Submission of properly authorised payroll records and notifications in line with agreed timetables.

(b) Making payments on agreed dates and agreeing methods of payments.

(c) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay.

(d) Checks to be applied to completed payroll before and after payment.

(e) Procedures for the recall of bank credits.

(f) Pay advances and their recovery.

(g) Recovery of overpayments or sums of money owed by employees or individuals leaving the employment of the ICB.

8.4.2 Officers authorised to approve payroll transactions, including new starters (and salary justifications where relevant), changes in circumstances and terminations, are set out in the Scheme of Reservation and Delegation.

8.4.3 Regardless of the arrangements for providing the payroll service, the Director of Finance will ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures, and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

8.5 Consultancy spend and off-payroll and agency workers

8.5.1 It is recognised that there may be a business need to engage with specialist skills and knowledge for temporary or substantive posts. The need for specialist knowledge and skills varies dependent upon the work and focus of the ICB at any given time, and there are a range of different types of individuals that the ICB may wish to engage with.

8.5.2 All recruiting managers will give due consideration to the costs associated with the use of consultancy, agency or off-payroll workers.

8.5.3 Appropriate business cases must be completed by the recruiting manager prior to any decision being made. Approval requirements for consultancy spend and appointment of off-payroll and agency workers are set out in the ICB's Scheme of Reservation and Delegation.

8.5.4 The ICB's Human Resources function will be responsible for providing support and advice to recruiting managers to ensure the appropriate checks are completed for all off-payroll and agency engagements. This will include, but is not limited to, the

HM Revenue and Customs (HMRC) employment status test and Status Determination Statement.

8.5.5 The ICB's Finance Directorate will be responsible for providing support and advice to recruiting managers to determine whether off-payroll working rules apply and to ensure compliance with IR35 legislation and guidance, including Understanding off-payroll working (IR35) - GOV.UK (www.gov.uk). The person providing services through their own intermediary will need to provide information to the ICB to help make this decision. If the rules apply, the ICB must deduct tax and Class 1 NICs and pay and report them to HMRC.

8.5.6 The ICB's Human Resources function will be responsible for issuing contracts in line with the outcome of the HMRC employment status test and maintaining a record of all completed employment status tests.

8.5.7 Business cases for consultancy spend and off-payroll/agency workers require prospective approval. The national business case template should be used in all instances, which will set out the:

(a) Explanation of the business need.

(b) Demonstration of the value for money of proposed engagement.

(c) Rationale for the proposed engagement.

(d) Reason for use of an off-payroll appointment as opposed to employment status.

(e) Framework compliance (i.e. the recruitment route).

(f) Recruitment strategy.

(g) Anticipated delivery.

8.5.8 Consultancy spend is defined as where an individual or team of consultants are appointed by the ICB to deliver a pre-defined project or output.

8.5.9 Off-payroll and agency workers are individuals engaged by the ICB to deliver time inputs (e.g. to cover a vacant post or a fixed term role) but not a defined output.

8.5.10 The ICB's human resources policies will be applied, as relevant, when an off-payroll or agency appointment is made. This includes, but is not limited to, policies relating to ~~recruitment and selection,~~ mandatory training and acceptable behaviours.

8.5.11 Where off-payroll workers are engaged through agencies, recruiting managers will seek to utilise agencies which are approved through a procurement framework and have adopted terms and conditions approved by NHS organisations.

8.5.12 The Director of Finance will be responsible for ensuring appropriate processes are in place to respond to any disagreements, or complaints, that are raised by off-

payroll workers or agencies. Records should be maintained by the ICB of any such instances.

9. Revenue expenditure and payment of accounts

9.1 Revenue expenditure

9.1.1 For all revenue expenditure, Budget Holders and Budget Managers must ensure that they have approval to commit ICB resources before undertaking procurement. The approval routes differ according to the value and type of expenditure and the relevant delegated financial limits are set out in the Scheme of Reservation and Delegation.

9.1.2 Retrospective approval to commit revenue expenditure is not permitted, and any such breaches must be reported to the Audit and Risk Committee.

9.2 Procurement and provider selection requirements

9.2.1 The ICB's Procurement and Provider Selection Policy sets out requirements for ensuring that the ICB has a legally compliant, consistent, transparent and effective approach to the procurement, commissioning and contract management of goods, services and works.

9.2.2 The required approach to the selection of providers of healthcare services is set out in the Procurement and Provider Selection Policy, which complies with the Health Care Services (Provider Selection Regime) Regulations 2023 and associated statutory guidance. ~~All provider representations received in relation to procurement and contract award decisions for healthcare services are required to be reported retrospectively to the Audit and Risk Committee for review.~~ The Audit and Risk Committee will oversee compliance with the ICB's annual reporting requirements (as set out in regulation 25 of the Prover Selection regime) and the ICB's monitoring and publication arrangements (in line with Regulation 26 of the Provider Selection Regime). This will include retrospective reporting of all provider representations received in relation to procurement and contract award decisions for healthcare services.

9.2.3 Quotation and tendering limits for non-healthcare goods, services and works are set out in the Procurement and Provider Selection Policy.

9.2.4 The waiving of competitive tendering procedures for non-healthcare goods, services and works should be avoided and only utilised in line with the exemptions provided for in the Procurement and Provider Selection Policy. Approval of requests for Competition Waivers for non-healthcare goods, services and works shall be in accordance with the Scheme of Reservation and Delegation. All competition waivers are required to be reported retrospectively to the Audit and Risk Committee for review.

9.3 Contract modifications

9.3.1 Service continuations and contract modifications for healthcare services must comply with the ICB's Procurement and Provider Selection Policy.

9.3.2 All extensions and variations to existing non-healthcare contracts must be reviewed to confirm that they are legally possible they represent best value for money, including financial and non-financial aspects, and they are not being instigated solely to avoid or delay the requirement to conduct procurement.

9.3.3 Extensions to existing non-healthcare contracts can only be approved where the terms and conditions of the contract make provision for an extension and contract performance is satisfactory.

9.4 Payment of accounts

9.4.1 The Director of Finance is responsible for ensuring systems are in place for the verification, recording and payment of all accounts payable by the ICB. Systems will provide for certification that:

(a) Goods have been duly received, examined, are in accordance with specification and order, are satisfactory and that the prices are correct.

(b) Work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used were of the requisite standard and that the charges are correct.

(c) In the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, that the rates of labour are in accordance with appropriate rates, and that the materials have been checked regarding quantity, quality and price.

(d) Where appropriate, the expenditure is in accordance with regulations and that all necessary authorisations have been obtained.

(e) The account is arithmetically correct.

9.4.2 The Director of Finance will ensure that appropriate segregation of duties controls are established in relation to revenue and non-pay expenditure.

9.4.3 Officers authorised to approve requisitions and invoices are set out in the Scheme of Reservation and Delegation.

9.4.4 Payments should normally be made by bank credit transfer. Payment by other methods should only occur with the approval of the Director of Finance or nominated officer.

9.4.5 Payment of contract invoices should be in accordance with contract terms. All payments should comply with the Government's policy on prompt payment.

9.5 Prepayments

9.5.1 Prepayments which fall outside of normal business practice (advance payments) are only permitted in exceptional circumstances and require the approval of the Director of Finance. In such instances:

(a) The financial advantages must outweigh the disadvantages.

(b) The appropriate Budget Holder must provide a case setting out all relevant circumstances of the purchase. This must set out the effects on the ICB if the supplier is, at some time during the course of the advance payment agreement, unable to meet their commitments.

(c) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed.

(d) The Budget Holder is responsible for ensuring that all items due under an advance payment contract are received and must immediately inform the Director of Finance if problems are encountered.

10. Capital investments, asset management and property leases

10.1 Capital investment

10.1.1 For any capital investments made by the ICB, the Director of Finance is responsible for:

(a) Ensuring that there is an effective appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans.

(b) Ensuring that processes require a business case to be produced for every capital expenditure proposal, which includes evidence of availability of resources to finance all revenue consequences.

(c) Ensuring that there are processes in place for the management of all stages of capital schemes to ensure that schemes are delivered on time and to cost.

10.1.2 Capital commitments typically cover land, buildings, equipment, capital grants to third parties and IT, including:

(a) Authority to spend capital or make a capital grant.

(b) Authority to enter leasing arrangements.

10.1.3 Advice should be sought from the Director of Finance or nominated officer if there is any doubt as to whether any proposal is a capital commitment requiring formal approval.

10.1.4 Approval requirements regarding capital investments are set out within the ICB's Scheme of Reservation and Delegation.

10.2 Asset management

10.2.1 The Director of Finance is responsible for ensuring the ICB has effective procedures in place regarding the management of assets.

10.2.2 Any capital assets held by the ICB will be recorded on an asset register, with physical checks of assets against the register to be conducted periodically.

10.2.3 Disposals of any surplus assets should be:

(a) Supported by an appraisal of the options and benefits of the disposal in the context of the wider public sector and to secure value for money.

(b) Made in line with any relevant published guidance.

10.3 Property leases

10.3.1 The Director of Finance is responsible for ensuring that the ICB has effective procedures in place regarding property leases.

10.3.2 Approval requirements regarding lease matters are set out within the ICB's Scheme of Reservation and Delegation.

11. Financial systems

11.1 General

11.1.1 The Director of Finance will ensure the ICB has suitable financial and other software to enable the production of management and financial accounts and to meet the consolidation requirements of NHS England.

11.1.2 NHS Shared Business Services provides and operates the ICB's financial ledger, known as the Integrated Single Financial Environment (ISFE). This is the required accounting system for use by ICBs. Access is based on single access log on to enable users to perform core accounting functions such as to transacting and coding of expenditure/income in fulfilment of their roles.

11.1.3 The Director of Finance will:

(a) Satisfy themselves that access to financial systems is strictly controlled and delegated authorities within system approved limits are appropriately assigned.

(b) Ensure that transacting is carried out efficiently in line with current best practice (e.g. e-invoicing).

(c) Ensure that contracts for computer services for financial applications with another health organisation or any other agency clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. Contracts will also ensure rights of access for audit purposes.

(d) Periodically seek assurances that adequate controls are in operation where another health organisation or any other agency provides a computer service for financial applications.

12. Losses and special payments

12.1 General

12.1.1 The requirements set out within these Standing Financial Instructions reflect ICB Losses and Special Payments Guidance issued by NHS England, which contains further detailed operational guidance on losses and special payments.

12.1.2 Losses and special payments are items that parliament would not have contemplated when it agreed funds for NHS bodies or passed legislation. By their nature, they are items that ideally should not arise. They are, therefore, subject to special control procedures compared to the generality of payments and require special notation in the accounts to bring them to the attention of parliament.

12.1.3 HM Treasury retains the authority to approve losses and special payments which are classified as being either:

(a) Novel or contentious.

(b) Contains lessons that could be of interest to the wider community.

(c) Involves important questions of principle.

(d) Might create a precedent.

(e) Highlights the ineffectiveness of the existing control systems.

12.1.4 Therefore, HM Treasury approval is required if a transaction exceeds the delegated authority, or if transactions will set a precedent, are novel, contentious or could cause repercussions elsewhere in the public sector.

12.1.5 Therefore, all cases relating to ICB losses and special payments must be submitted to NHS England for approval if the proposed transaction values exceed the delegated limits set out below or satisfy the conditions in section 12.1.2:

Expenditure type	ICB delegated limit
All losses	Up to £300,000
Special payments, including extra contractual / statutory / regulatory / compensation and ex-gratia	Up to £95,000
Special severance and retention payments	£0
Consolatory payments	£500

12.1.6 NHS England has the statutory power to require an ICB to provide NHS England with information. The information, is not limited to losses and special payments, must be provided in such form, and at such time or within such period, as NHS England may require.

12.1.7 The Director of Finance will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and processes are in place to minimise risks from losses and special payments. All losses and special payments should be reported to the Director of Finance.

12.2 Losses

12.2.1 Losses refer to any case where full value has not been obtained for money or spent or committed. Managing Public Money defines losses as including, but not limited to:

(a) Cash losses (physical loss of cash and its equivalents, e.g. credit cards, electronic transfers).

(b) Bookkeeping losses (including missing items or inexplicable or erroneous debit balances).

(c) Exchange rate fluctuations.

(d) Losses of pay, allowances and superannuation benefits paid to employees (including overpayments due to miscalculation, misinterpretation or missing information; unauthorised issue; and other causes).

(e) Losses arising from overpayments.

(f) Losses from failure to make adequate charges.

(g) Losses of accountable stores (through fraud, theft, arson, other deliberate act or other cause).

(h) Fruitless payments and constructive losses.

(i) Claims waived or abandoned (including bad debts).

12.2.2 Losses that are subject to insurance cover should be accounted for on a net basis (i.e. after any insurance pay out).

12.2.3 Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their Director, who must immediately inform the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or Chief Executive. Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies, which may indicate fraud or corruption, the Director of Finance must inform the ICB's Local Counter Fraud Specialist.

12.2.4 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must immediately notify the Board and the external auditor.

12.2.5 The Director of Finance is authorised to take any necessary steps to safeguard the ICB's interests in bankruptcies and company liquidations.

12.2.6 For any loss, the Director of Finance should consider whether any insurance claim could be made.

12.3 Special payments

12.3.1 Managing Public Money defines special payments as:

(a) Extra-contractual payments: payments which, though not legally due under contract, appear to place an obligation on a public sector organisation which the courts might uphold. Typically, these arise from the organisation's action or inaction in relation to a contract. Payments may be extra-contractual even where there is some doubt about the organisation's liability to pay, e.g. where the contract provides for arbitration, but a settlement is reached without it. A payment made as a result of an arbitration award is contractual.

(b) Extra-statutory and extra-regulatory payments: are within the broad intention of the statute or regulation, respectively, but go beyond a strict interpretation of its terms.

(c) Compensation payments: are made to provide redress for personal injuries (except for payments under the Civil Service Injury Benefits Scheme), traffic accidents, and damage to property etc. They include other payments to those in the public service outside statutory schemes or outside contracts.

(d) Special severance payments: are paid to employees, contractors and others outside of normal statutory or contractual requirements when leaving employment in public service whether they resign, are dismissed or reach an agreed termination of contract.

(e) Ex gratia payments: go beyond statutory cover, legal liability, or administrative rules, including payments made to meet hardship caused by official failure or delay; out of court settlements to avoid legal action on grounds of official inadequacy; and payments to contractors outside a binding contract, e.g. on grounds of hardship.

12.3.2 The ICB will work with NHS England to ensure there is assurance over all exit packages, which may include special severance payments.

12.3.3 The ICB has no delegated authority for special severance payments and will refer to the guidance on that to obtain the approval of such payments. All other types of special payments require approval from the Chief Executive or Director of Finance, in line with the ICB's delegated limits.

12.3.4 All special severance payments must be reported to the Remuneration and Human Resources Committee.

12.3.5 The Director of Finance is responsible for ensuring an annual assurance statement is submitted to NHS England that confirms:

(a) Details of all exit packages (including special severance payments) that have been agreed and/or made during the year.

(b) That NHS England and HM Treasury approvals have been obtained (in relation to non-contractual pay elements or amounts that exceed the ICB delegated limits) before any offers, whether verbally or in writing, are made.

(c) Adherence to the special severance payments guidance as published by NHS England.

12.4 Losses and special payments register

12.4.1 The Director of Finance is responsible for ensuring that a losses and special payments register is maintained ~~in which write-off action is recorded~~.

12.4.2 All losses and special payments (including special severance payments) must be reported to the Audit and Risk Committee.

~~12.4.2~~12.4.3 Where write-off action is deemed necessary, this will be approved by the Audit and Risk Committee and recorded in the losses and special payments register.

13. Annual reporting and accounts

13.1 Accounts

13.1.1 The ICB must keep proper records in relation to its accounts.

13.1.2 The Director of Finance, on behalf of the Chief Executive and the Board, will ensure that:

(a) Annual accounts are prepared in respect of each financial year (or for such periods as may be set out in directions issued by NHS England).

(b) The form and content of the annual accounts and the methods and principles for preparing them comply with any directions issued by NHS England.

(c) The unaudited and audited annual accounts are sent to NHS England by the date specified in any directions issued by NHS England.

13.2 Annual report

13.2.1 The ICB must prepare an annual report that describes how it has discharged its functions in the previous financial year. NHS England may give directions to the ICB as to the form and content of the annual report.

13.2.2 The annual report must explain how the ICB has:

(a) Discharged its general duties in relation to improving the quality of services, reducing inequalities, promoting the involvement of patients, enabling patient choice, obtaining appropriate advice, promoting innovation, research, education and training and integration, having regard to the wider effect of decisions and to climate change, public involvement and consultation, and keeping the experience of Board members under review.

(b) Exercised its functions in accordance with its published five-year forward plan and capital resource use plan.

(c) Exercised its functions consistently with NHS England's views set out in the latest statement published under section 13SA(1) (views about how functions relating to inequalities information should be exercised).

(d) Taken steps to implement its joint local health and wellbeing strategies. In producing this section of the annual report, the ICB must consult each relevant Health and Wellbeing Board.

13.2.3 The annual report must also include:

(a) A statement of the amount of expenditure incurred by the ICB during the financial year in relation to mental health.

(b) A calculation of the proportion of the expenditure incurred by the ICB during the financial year that relates to mental health.

(c) An explanation of the statement and calculation.

13.2.4 The ICB must give a copy of its annual report to NHS England by the date specified in a direction by NHS England.

13.3 Approval and publication

13.3.1 The Audit and Risk Committee will approve the annual report and accounts, on behalf of the Board.

13.3.2 The ICB must publish a copy of its annual report and accounts.

14. Legal and insurance

14.1 Legal

14.1.1 The Chief Executive is responsible for ensuring appropriate arrangements are in place for accessing external legal advice on matters relating to the delivery of the organisation's functions and duties or potential litigations.

14.1.2 A procedure will be established to control access to and expenditure on external legal advice, and to ensure that advice is centrally held to ensure its ongoing availability and benefit to the ICB.

14.1.3 Only the Chief Executive and Director of Finance are authorised to commit or spend ICB revenue resources in relation to settling legal matters.

14.1.4 Arrangements regarding the execution of legal documents by signature are set out in the ICB's Standing Orders.

14.2 Insurance

14.2.1 Where the ICB uses the risk pooling schemes administered by NHS Resolution (for clinical, property and/or employers/third party liability), the Director of Finance is responsible for ensuring that the arrangements entered into are appropriate and that appropriate systems are in place regarding the management of claims.

14.2.2 There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, three exceptions when ICBs may enter into insurance arrangements with commercial insurers. The exceptions are:

(a) Commercial arrangements for insuring motor vehicles owned or leased by the ICB including insuring third party liability arising from their use.

(b) Where the CCG is involved with a consortium in a Private Finance Initiative contract and the other consortium members require that commercial insurance arrangements are entered into.

(c) Where income generation activities take place, these should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the ICB for NHS purposes, the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from NHS Resolution. In any case of doubt concerning the ICB's powers to enter into commercial insurance arrangements, the Director of Finance should consult NHS England.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	09/01/2025
Paper Title:	**Board Annual Work Programme 2024/25**
Paper Reference:	ICB 24 098
Report Author:	Lucy Branson, Director of Corporate Affairs
Executive Lead:	Rosa Waddingham, Director of Nursing
Presenter:	-

Paper Type:							
For Assurance:		For Decision:		For Discussion:		For Information:	✓

Summary:

The purpose of this item is to provide the Board's Annual Work Programme 2024/25 for Member's information at each meeting.

Recommendation(s):

The Board is asked to **note** this item for information.

How does this paper support	**the ICB's core aims to:**
Improve outcomes in population health and healthcare	The ICB's governance arrangements ensure appropriate oversight and decision-making with regard to achievement of the core aims.
Tackle inequalities in outcomes, experience and access	As above.
Enhance productivity and value for money	As above.
Help the NHS support broader social and economic development	As above.

Appendices:

Appendix A – Annual Work Programme 2024/25
Appendix B – Purpose and content of agenda items

Board Assurance Framework:

Not applicable.

Report Previously Received By:

Not applicable.

Are there any conflicts of interest requiring management?

No

Is this item confidential?

No

Appendix A

2024/25 Board Work Programme

"Every person enjoying their best possible health and wellbeing"

Our aims: to **improve outcomes** in population health and healthcare; **tackle inequalities** in outcomes, experiences and access; enhance **productivity and value for money**; and support broader **social and economic development**.

Our guiding principles: **prevention** is better than cure; **equity** in everything; and **integration** by default.

Our core values:

- We will be open and honest with each other.
- We will be respectful in working together.
- We will be accountable, doing what we say we will do and following through on agreed actions.
- We will challenge each other if we fall short of upholding our aims and guiding principles.
- We will work with our population and put their needs at the heart of the ICS.

Agenda item (See Annex 1 for purpose and content)	09 May	11 Jul	12 Sep	14 Nov	09 Jan	13 Mar	Link to BAF	Notes
Introductory items	✓	✓	✓	✓	✓	✓	Not applicable	See note 1
Leadership and operating context								
Citizen Story	-	-	-	✓	✓	✓	Not applicable	-
Chair's Report	✓	✓	✓	✓	✓	✓	Strategic risk 10	See note 2
Chief Executive's Report	✓	✓	✓	✓	✓	✓	Strategic risk 9 and 10	See note 3
Strategy and partnerships								
Joint Forward Plan and Outcomes Framework	✓	✓	✓	-	-	✓	Strategic risk 1, 2, 3, 4, 5	See note 4

Agenda item (See Annex 1 for purpose and content)	09 May	11 Jul	12 Sep	14 Nov	09 Jan	13 Mar	Link to BAF	Notes
Joint Capital Resource Use Plan	✓	-	-	-	-	✓	Strategic risk 3 and 8	See note 5
VCSE Alliance Report	✓	-	-	✓	-	-	Strategic risk 9	See note 6
Research Strategy	-	✓	-	-	-	-	Strategic risk 5	See note 7
Infrastructure Strategy	-	✓	-	-	✓	✓	Risk 8	See note 8
Working with People and Communities	-	✓	-	-	-	-	Risk 4, 5 and 9	See note 9
Strategic Commissioning Report	-	-	✓	-	-	✓	Strategic risk 1, 2 and 5	See note 10
Clinical and Care Professional Leadership	-	-	-	✓	-	-	Strategic risk 6, 9 and 10	See note 11
HealthWatch Report	-	-	-	-	✓	-	Risk 4, 5 and 9	See note 12
2025/26 Operational and Financial Plan	-	-	-	-	-	✓	Strategic risk 1, 2, 3, 4, 5	See note 13
2025/26 Opening Budgets	-	-	-	-	-	✓	Risk 3	See note 14
NHS England Delegations	-	-	-	-	-	✓	Strategic risk 9	See note 15
Provider Collaborative at Scale	-	-	-	✓	-	-	Strategic risk 1, 6, 10	See note 28
Delivery and system oversight								
Health Inequalities Statement	✓	-	-	-	-	-	Strategic risk 1, 2, 4 and 5	See note 16
Meeting the Public Sector Equality Duty	-	✓	-	-	-	-	Strategic risk 1, 2, 4, 5 and 6	See note 17
People Plan	-	-	✓	-	-	✓	Risk 6	See note 18
Digital, Data and Technology Strategy	-	-	-	-	✓	✓	Risk 7	See note 19
Green Plan	-	-	-	-	✓	-	Risk 8	See note 20
Quality Report	✓	✓	✓	✓	✓	✓	Risk 4	See note 21
Service Delivery Report	✓	✓	✓	✓	✓	✓	Risk 1 and 2	See note 22
Delivery plan for recovering access to primary care	✓	-	-	✓	-	-	Risk 2	See note 23
Finance Report	✓	✓	✓	✓	✓	✓	Risk 3	See note 24
Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity	-	-	-	-	✓	-	Risk 9	See note 29

Agenda item (See Annex 1 for purpose and content)	09 May	11 Jul	12 Sep	14 Nov	09 Jan	13 Mar	Link to BAF	Notes
Governance								
Committee Highlight Reports	✓	✓	✓	✓	✓	✓	All risks	See note 25
Board Assurance Framework	✓	-	-	✓	-	-	Not applicable	See note 26
Closing items	✓	✓	✓	✓	✓	✓	Not applicable	See note 27

Board Seminars and Development Sessions, and ICS Reference Group Meetings:

Topic	11 Apr	30 May	13 Jun	16 Sep	10 Oct	12 Dec	16 Dec	13 Feb	17 Mar
Development Session: • 2024/25 priorities and strategic risks • Governance self-assessments • Race health inequalities maturity matrix • Development of place-based partnerships	✓	-	-	-	-	-	-	-	-
ICS Reference Group: • 2024/25 operational and financial commitments • ICS People Plan	-	✓	-	-	-	-	-	-	-
Board Seminar: • ICS People Plan • Development of the provider collaborative	-	-	✓	-	-	-	-	-	-
~~**ICS Reference Group:**~~ • ~~Health inequalities and proactive care System risk management and risk appetite~~	-	-	-	✓	-	-	-	-	-
Board Seminar: • Mental health	-	-	-	-	✓	-	-	-	-

Topic	11 Apr	30 May	13 Jun	16 Sep	10 Oct	12 Dec	16 Dec	13 Feb	17 Mar
• ~~Primary care (primary medical services and pharmacy, optometry and dental services)~~									
Board Seminar: • Primary care (primary medical services and pharmacy, optometry and dental services) • ~~Population health management approach to frailty~~ • ~~Working with people and communities~~	-	-	-	-	-	✓	-	-	-
ICS Reference Group: • Planning for 2025/26 (operational and joint forward plans) • ICS Research Strategy	-	-	-	-	-	-	✓	-	-
Development Session: • Board effectiveness/ maturity • Preparing for ICB capability assessment	-	-	-	-	-	-	-	✓	-
ICS Reference Group: • Social and economic development • Population health management approach to frailty • ~~Research~~	-	-	-	-	-	-	-	-	✓

Annex 1: Purpose and content of agenda items

No.	Agenda item	Purpose
1.	Introductory items	This section of the meeting will include: • A copy of members' registered interests for consideration and agreement of how any real or perceived conflicts of interest are required to be managed. • The previous meeting's minutes for agreement (and any matters arising). • The Board's Action Log for review.
2.	Chair's Report	To present a summary briefing for Board members of the Chair's reflections, actions and activities since the previous Board meeting. As appropriate, this will include updates on key governance developments, and on an annual basis this will present the Board's Annual Work Programme and include a review of the skills, knowledge and experience of Board members (when taken together) to ensure the Board can effectively carry out its functions.
3.	Chief Executive's Report	To present a summary briefing on recent local and national developments and areas of interest for Integrated Care Boards (ICBs) and the wider Integrated Care System (ICS), along with key updates from system partners, including the Integrated Care Partnership, Health and Wellbeing Boards and the East Midlands Joint Committee. On a quarterly basis, the reports will include the latest segmentation ratings under the NHS Outcomes Framework. The report will include key updates regarding the ICB's workforce on a periodic basis, including NHS staff survey results, freedom to speak up, equality performance and wider workforce indicators. As appropriate, the report may also include specific items requiring approval or for noting by Board members.
4.	Joint Forward Plan and Outcomes Framework	**May 2024** – To present the ICB's Joint Forward Plan for 2024/25 for approval (prepared with partner NHS trusts and NHS foundation trusts) setting out how the ICB will exercise its functions over the next five years. A draft Strategic Outcomes Framework will also be presented for review. **July 2024** – To present the final proposed Strategic Outcomes Framework for approval (action from May meeting). **September 2024** – To present a mid-year strategic delivery update on the key areas that provide the greatest opportunity to improve population health and achieve the ICS principles of principles of integration, equity and prevention, as defined within the Joint Forward Plan. The final Strategic Outcomes Framework will also be presented. **March 2025** – To present a strategic delivery report for 2024/25, which will consider the steps the ICB has taken to implement the Joint Local Health and Wellbeing Strategies. The annual refresh of the Joint Forward Plan for 2025/26 will also be presented for approval. Development and delivery of the plan will be overseen by the Strategic Planning and Integration Committee. The ~~Director of Integration~~ Director of Strategy and System Development is the executive lead for strategic planning.
5.	Joint Capital Resource Use Plan	To present the Joint Capital Resource Use Plan for approval (prepared with partner NHS trusts and NHS foundation trusts). Development and delivery of the plan will be overseen by the Finance and Performance Committee (delivery reports for the Board included in the routine Finance Reports – see 24 below). The Director of Finance is the executive lead for capital planning.

No.	Agenda item	Purpose
6.	VCSE Alliance Report	**May 2024** – To receive a report summarising the work of the Nottingham and Nottinghamshire VCSE Alliance. ~~**November 2024 –** To receive a brief update on the areas identified for further focus (action from May meeting).~~ Follow-up to now be incorporated within the next annual report, to be scheduled for May 2025.
7.	Research Strategy	To present the ICS Research Strategy for approval. This will include a summary of the key achievements in this area since the ICB's establishment. Development and delivery of the strategy will be overseen by the Strategic Planning and Integration Committee. A further strategic delivery update will be scheduled for the Board in 2025/26. The Medical Director is the executive lead for research.
8.	Infrastructure Strategy	To present the ten-year ICS Infrastructure Strategy for approval. **July 2024** – item deferred, now scheduled to be received at the September Board meeting. Development and delivery of the strategy will be overseen by the Finance and Performance Committee. A further strategic delivery update will be scheduled for the Board in 2025/26. The Director of Finance is the executive lead for estates.
9.	Working with People and Communities	To present an annual report on the ICB's arrangements for working with people and communities. This will be reviewed by the Strategic Planning and Integration Committee prior to presentation to Board. The Chief Executive is the executive lead for working with people and communities.
10.	Strategic Commissioning Report	To present relevant updates to the Board regarding developments and decisions across the ICB's commissioning portfolio, including commissioning functions delegated by NHS England to the ICB. The Strategic Planning and Integration Committee will oversee the ICB's strategic commissioning responsibilities during the year. The ~~Director of Integration~~ Director of Delivery and Operations is the executive lead for commissioning.
11.	Clinical and Care Professional Leadership	To present a report on the clinical and care professional leadership arrangements established across the Integrated Care System. The Medical Director is the executive lead for clinical and care professional leadership.
12.	HealthWatch Report	To receive a report summarising the work of HealthWatch Nottingham and Nottinghamshire.
13.	2025/26 Operational and Financial Plan	To present the ICB's operational and financial plans for 2025/26 for approval. Development of the plans will be overseen by the Finance and Performance Committee. Delivery of the 2024/25 plans will be overseen by the Finance and Performance Committee and the Quality and People Committee (delivery reports for the Board included in the routine Quality, Service Delivery and Finance Reports – see 21, 22 and 24 below). The Director of Finance is the executive lead for operational planning and finance.
14.	2025/26 Opening Budget	To present the ICB's 2025/26 opening budget for approval. This will be reviewed by the Finance and Performance Committee prior to presentation to Board. The Director of Finance is the executive lead for finance.

No.	Agenda item	Purpose
15.	NHS England Delegations	To present a strategic update in relation to NHS England's ongoing programme of delegating commissioning functions. This will include approval of associated governance arrangements, as appropriate. The Strategic Planning and Integration Committee will oversee developments in-year, including pre-delegation assessments and due diligence. The Chief Executive is the executive lead for the delegation programme.
16.	Statement on Health Inequalities	To present an annual statement on health inequalities. This will be reviewed by the Finance and Performance Committee prior to presentation to Board. The Medical Director is the executive lead for health inequalities.
17.	Meeting the Public Sector Equality Duty	To present an annual report on the ICB's arrangements for meeting the Public Sector Equality Duty. This will be reviewed by the Quality and People Committee prior to presentation to Board. The Director of Nursing is the executive lead for equality, diversity and inclusion.
18.	People Plan	To present a strategic update on the delivery of the ICS People Plan. The Quality and People Committee will oversight in-year delivery. The Director of Nursing is the executive lead for people and culture.
19.	Digital, Data and Technology Strategy	To present a strategic update on the delivery of the ICS Digital, Data and Technology Strategy. The Finance and Performance Committee will oversight in-year delivery. The Medical Director is the executive lead for digital and data.
20.	Green Plan	To present a strategic update on the delivery of the ICS Green Plan. The Finance and Performance Committee will oversight in-year delivery. The Director of Finance is the executive lead for environmental sustainability.
21.	Quality Report	To present quality oversight reports, including performance against key quality targets. This will be reviewed by the Quality and People Committee prior to presentation to the Board. The Director of Nursing is the executive lead for quality.
22.	Service Delivery Report	To present performance against the key operational service delivery targets. This will be reviewed by the Finance and Performance Committee prior to presentation to the Board. The Director of Finance and Director is the executive lead for performance management.
23.	Delivery Plan for Recovering Access to Primary Care	To present progress updates against the primary care access recovery plan, including a plan refresh in line with 2024/25 planning guidance. The November paper will also include an update on progress in delivering the ICB's Primary Care Strategy. The Strategic Planning and Integration Committee will oversight in-year delivery. The Medical Director and ~~Director of Integration~~ Director of Delivery and Operations are the executive leads for primary care.
24.	Finance Report	To present the ICB and wider NHS system financial position, covering revenue and capital, and including delivery updates against financial efficiency plans. This will be reviewed by the Finance and Performance Committee prior to presentation to the Board. The Director of Finance is the executive lead for finance.
25.	Highlight Reports from the Finance and Performance	To present an overview of the work of the Board's committees to provide assurance that the committees are effectively discharging their delegated duties

No.	Agenda item	Purpose
	Committee, Quality and People Committee, Strategic Planning and Integration Committee, Audit and Risk Committee, Remuneration Committee	and to highlight key messages for the Board's attention. This includes the committees' assessments of the levels of assurance they have gained from the items received and the actions instigated to address any areas where low levels of assurance have been provided. Also included is a summary of the high-level operational risks currently being oversighted by the committees.
26.	**Board Assurance Framework**	To present themed-year and year-end positions of the Board Assurance Framework. This will include annual approval of the ICB's strategic risks. The Audit and Risk Committee will oversee the strategic risks during the year via focussed updates from each executive director. The Director of Nursing is the executive lead for risk management.
27.	**Closing items**	This section of the agenda at each meeting will be used to share items that are for information only, which will not be individually presented, although questions may be taken by exception at the discretion of the Chair. These will include routine sharing of the Board's Work Programme. The following items will also be shared during the year: • 2024/25 Internal Audit Plan • Senior Information Risk Owner (SIRO) Annual Report • Emergency Accountable Officer (EAO) Annual Report • Learning from the Lives and Deaths of People with Learning Disabilities and Autism (LeDeR) Annual Report This section of the meeting will also include the following verbal items: • Risks identified during the course of the meeting • Questions from the public relating to items on the agenda • Any other business
28.	**Provider Collaborative**	To provide an update on the progress made by the Nottingham and Nottinghamshire Provider Collaborative at Scale.
29.	**Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity**	To provide assurance on the completion of the annual assurance process for 2024/25. The Director of Delivery and Operations is the executive lead for EPRR.