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Sent via email

Dr Kathy McLean OBE
Chair of Nottingham and Nottinghamshire
Integrated Care Board

3 August 2026

Dear Kathy,

Annual assessment of Nottingham and Nottinghamshire Integrated Care Board's performance in 2025/26

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

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

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

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

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

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

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

Yours sincerely

Rebecca Farmer
Director of System Co-ordination and Oversight, Midlands, NHS England

Cc. Dale Bywater, Regional Director, Midlands, NHS England
Amanda Sullivan, Chief Executive of the NHS Derby and Derbyshire, Lincolnshire and Nottingham and Nottinghamshire ICB cluster
Diane Gamble, Deputy Director of System Co-ordination and Oversight, Midlands, NHS England

Section 1: ICB performance assessment

The ICB and its providers have faced challenges this year in meeting the 2025/26 Operating Plan targets, particularly in Urgent and Emergency Care and Cancer, although there were also some notable areas of good performance in Primary Care and Mental Health performance.

Primary care services were an area where the ICB delivered some improvements. The three ‘Health Insights Survey’ metrics, which include ‘ease of contact’ and ‘preferred clinician’ targets, were marginally below the national average. The ICB also had notable achievements in relation to general practice digital improvements, achieving 100% for several of the targets.

Although several key improvement initiatives were implemented during the year, for example expanded Same Day Emergency Care and Urgent Treatment Centre capacity, A&E 4-hour and 12-hour performance was considerably lower than target, at 67.2% (against the 78% target) and 12.6% (against a target of 10%) respectively in March 2026. This is an area where some performance improvement was seen in the last quarter of the year, but much more progress is required in 2026/27.

Some improvements were made in elective care and RTT performance exceeded its target, achieving 64.0% in March 2026. However, there were 49 patients waiting over 65 weeks and the proportion of the waiting list over 52 weeks was 1.7% (against a 1% target).

Cancer 62-day performance was below the 75% target at 66.0%, and little improvement has been demonstrated from the previous year, despite the receipt of cancer recovery funding. It was also concerning to see the decline in the Faster Diagnosis Standard during the year, which is an area where performance has always been strong previously. Significant improvement is required in 2026/27.

The ICB delivered between 100% and 108% of planned activity for all of its mental health targets, and some key areas of performance improvement are acknowledged. The key areas of underperformance relate to average length of stay and out-of-area placements. The ICB also faced challenges in meeting its planned reduction in the number of adult inpatients with learning disabilities and autism and ended the year 18% above plan, with 39 inpatients against a plan of 32, which is a similar position to last year.

SEND continues to be an area of challenge for all parties, and both Nottingham City and Nottinghamshire have developed annual delivery plans aligned to their respective SEND strategies and refreshed governance arrangements. Significant improvement work has taken place, and the ICB is undertaking a system-wide review of neurodevelopmental pathways in 2026/27 to address access, variation and long-term sustainability challenges.

The ICB has a well-developed approach to population health data intelligence and analysis and this has enabled a focus on preventative programmes targeted at people at greater risk of poor health outcomes through place-based and neighbourhood models of care, including increasing access to diabetes prevention and remission programmes, targeted cardiovascular and respiratory case-finding, smoking cessation outreach, and community-based checks for blood pressure, cholesterol and frailty. Performance improvement has also been noted in health checks for people with severe mental illness and learning disabilities, obesity management, and early cancer diagnosis. However, the gap in early cancer diagnosis between the most and least deprived populations is 10.7% and the percentage of children under 5 who receive two doses of the MMR vaccine is in the lowest quartile of ICBs nationally.

The system was in the lowest performing quartile nationally in Quarter 4 2025/26 for financial performance. The ICB delivered a balanced plan and its efficiency plan was also delivered in full. However, it was not able to ensure that the system plan was delivered, and it was disappointing that the overall system deficit at year-end was £208.8m, which was £138.8m above the plan, including deficit support funding. A key contributor to the deficit position was a shortfall of £57.7m against a system efficiency plan of £278.9m. System productivity improved by 1.5%, which was below the regional average of 2.4%.

The ICB has strong arrangements in place to oversee improvements in the quality and safety of the services it commissions, and a formal system quality architecture aligned to National Quality Board guidance supports oversight, assurance and escalation. The Quality and Service Improvement Committee ensures statutory requirements regarding continuous quality improvement and reducing health inequalities are met. Complaints and patient experience are embedded within the ICB's quality assurance framework, with oversight led through the Quality Directorate and routinely scrutinised through Board and committee structures. Complaints are triangulated alongside incidents, patient feedback and regulatory intelligence to inform system-wide risk identification and escalation.

The most significant quality concerns have remained focused on Nottinghamshire Healthcare NHS Foundation Trust in relation to the issues raised in the Nottingham Inquiry and Nottingham University Hospitals NHS Trust in relation to the issues raised as part of the Independent Maternity Review. Significant progress has been made in relation to the quality issues raised, but both trusts remain in escalated oversight with NHS England.

The ICB has continued to deliver its five-year research strategy, which was approved by its Board in July 2024. The ICB and Nottingham University Hospitals delivered the first Research Conference in June 2025, which brought together colleagues from health, social care, academia, the National Institute for Health and Care Research (NIHR) and research volunteers to promote research and innovation across the

system. Research in primary care is a key focus, and the percentage of GP practices that are part of the NIHR East Midlands Regional Research Delivery Network Research Site Initiative Scheme increased from 44% in the previous year to 60% last year.

The ICB continues to focus on delivery of its Green Plan 2025–28. However, improvement against key metrics has not progressed as much as in some other areas, and the ICB is in the bottom quartile relative to other ICBs, leading to a rating of “improvement needed” from NHS England.

The ICB actively considers the government’s health and work ambitions in its commissioning and partnership decisions. The ‘Get East Midlands Working’ plan has been developed by the East Midlands Combined County Authority (EMCCA) in partnership with the Department for Work and Pensions (DWP) and the Derbyshire and Nottinghamshire ICBs. During 2025/26, the ICB supported the piloting of an integrated health and work triage service within a PCN, and learning from the pilot is informing the ICB’s approach to the development of health and work support in 2026/27, aligning with the national WorkWell programme.

Section 2: ICB Capability assessment

During 2025/26, Nottingham and Nottinghamshire ICB entered formal partnership arrangements with Derby and Derbyshire ICB and Lincolnshire ICB. These are known as ICB ‘cluster’ arrangements, which aim to support a more consistent and sustainable approach to strategic commissioning, while ensuring that each ICB remains focused on meeting the needs of its local population. The ICB cluster Board has provided strong system leadership during a challenging year, in which there have been significant financial, operational and quality issues to address, as well as ensuring that staff are well supported through organisational change.

The ICB has met its duty to have due regard to the wider effects of decisions, its duty to obtain appropriate advice and its duty to involve local people in decisions. The ICB has a decision-making framework that is applied to all service change and resource allocation proposals, to ensure that the ‘triple aim’ is embedded in decision-making and evaluation processes. An example of this is the decision to invest in a Community Diagnostics Centre in Mansfield to improve waiting times and address health needs in an area of deprivation.

The ICB has maintained its commitment to involving the public in decisions about the services it commissions and has actively sought input through a variety of methods, such as its ‘Citizens’ Panel’, targeted outreach, and partnerships with voluntary organisations, ensuring that diverse voices, including those from underserved communities, are heard and considered in planning and service improvement. An example of this is the implementation of the Integrated Mental Health Pathway

Strategic Plan, which was developed jointly with system partners and people with lived experience.

Feedback from the Health Overview and Scrutiny Committees confirms that there are effective working relationships and generally good engagement with the ICB, but that greater transparency and more consistent and timely communication are required from the ICB to support effective scrutiny.

The ICB has an established ICS Clinical and Care Professional Leadership Group, which is responsible for the development of clinical policy and ensuring that clinical transformation plans lead to desired outcomes. The Group is supported by a Clinical Design Authority which provides expertise to support clinical transformation, commissioning and ICB decision-making arrangements.

Section 3: Support and intervention

In May 2024, NHS England accepted enforcement undertakings from the ICB with regard to the achievement of ICB financial duties and joint financial objectives between the ICB and its partner NHS organisations. These undertakings remained in place during 2025/26. The ICB and its partners continued to face another financially challenging year during 2025/26. Although the ICB maintained its robust governance arrangements through an executive Financial Sustainability Board to oversee the system-wide plans and mitigate risks collectively, the system financial position worsened during the year. Consequently, NHS England has increased its level of scrutiny of the ICB and partner financial delivery.
The ICB and NHS England have jointly supported Nottinghamshire Healthcare NHS Foundation Trust and Nottingham University Hospitals NHS Trust, which were in NHS England's Recovery Support Programme during the year due to significant financial and quality challenges.

Conclusion

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

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

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