NHS
Nottingham and Nottinghamshire

Integrated Care Board Meeting Agenda (Open Session)
Wednesday 10 September 2025 09:00-11:40
Mansfield Civic Centre, Chesterfield Road, Mansfield NG19 7BH

"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 09 July 2025	Kathy McLean	Decision	✓	-
5.	Action log and matters arising from the meeting held on 09 July 2025	Kathy McLean	Discussion	✓	-
	Leadership and operating context				
6.	Citizen Story: Volunteering at Killisick Friendship Group	Maria Principe	Discussion	✓	09:05
7.	Chair's Report	Kathy McLean	Information	✓	09:15
8.	Chief Executive's Report	Amanda Sullivan	Information	✓	09:25
	Strategy and partnerships				
9.	Response to the Ten-Year Plan and Joint Forward Plan Update	Victoria McGregor-Riley	Discussion	✓	09:40
10.	Report from Nottingham and Nottinghamshire VCSE Alliance	Daniel King	Discussion	✓	10:00
	Delivery and system oversight				
11.	Finance Report	Bill Shields	Assurance	✓	10:20

	Item	Presenter	Type *(For Assurance, Decision, Discussion or Information)*	Enc.	Time
12.	Quality Report	Rosa Waddingham	Assurance	✓	10:35
13.	Service Delivery Performance Report	Maria Principe	Assurance	✓	10:50
14.	Population Health Management Report: Special Educational Needs and Disabilities	Maria Principe	Assurance	✓	11:05
	Governance				
15.	Committee Highlight Reports: • Strategic Planning and Integration Committee • Quality and People Committee • Finance and Performance Committee • Remuneration and Human Resources Committee • ICB Transition Joint Committee	Committee Chairs	Assurance	✓	11:20
	Information items *The following items are for information and will not be individually presented. Questions will be taken by exception.*				
16.	Board Assurance Framework	-	-	✓	-
17.	2025/26 Board Work Programme	-	-	✓	-
	Closing items				
18.	Risks identified during the course of the meeting	Kathy McLean	-	-	11:35
19.	Questions from the public relating to items on the agenda	Kathy McLean	-	-	-
20.	Any other business	Kathy McLean	-	-	-
	Meeting close	-	-	-	**11:40**

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)

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	10/09/2025
Paper Title:	**Declaration and management of interests**
Paper Reference:	ICB 25 050
Report Author:	Jo Simmonds, Assistant Director of Corporate Affairs
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?
Yes: members have an inherent interest in any matters being discussed relating to the ICB transition process during the course of the meeting; however, due to the nature of the transition process and the role of the Board in assuring its delivery, all members can participate in the discussions and any decisions.

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.

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	Leeds Becket University	Visiting Professor		✓			16/01/2025	Present	This interest will be kept under review and specific actions determined as required.
ADAMOU, Marios	Non-Executive Director	Medical Professionals Tribunal Service	Tribunal Member	✓				26/02/2025	Present	This interest will be kept under review and specific actions determined as required.
ADAMOU, Marios	Non-Executive Director	UKAAN (training organisation currently unincorporated and in process of registering as a charity)	Director		✓			20/05/2025	Present	This interest will be kept under review and specific actions determined as required.
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.
BROWN, Gary	Non-Executive Director	Westinghouse LLC (nuclear energy provider)	Employed as Chief Privacy Officer	✓				01/03/2025	Present	This interest will be kept under review and specific actions determined as required.
BROWN, Gary	Non-Executive Director	Westinghouse UK Holdings Limited (UK subsidiary of Westinghouse LLC - nuclear	Named Director		✓			01/03/2025	Present	This interest will be kept under review and specific actions determined as required.
BROWN, Gary	Non-Executive Director	Venturezen Limited (UK consultancy company)	Named Director		✓			01/03/2025	Present	This interest will be kept under review and specific actions determined as required.
BROWN, Gary	Non-Executive Director	Venturezen Consulting Limited (UK consultancy company)	Named Director		✓			01/03/2025	Present	This interest will be kept under review and specific actions determined as required.
BROWN, Gary	Non-Executive Director	Saralistair Limited (UK consultancy company)	Named Director	✓				01/03/2025	Present	This interest will be kept under review and specific actions determined as required.
BROWN, Gary	Non-Executive Director	Community Academies Trust (multi academy trust governing schools)	Appointed as a Non-Executive Director			✓		01/03/2025	16/05/2025	This interest will be kept under review and specific actions determined as required.
BROWN, Gary	Non-Executive Director	Triumph Learning Trust (multi academy trust governing schools)	Appointed as a Non-Executive Director			✓		01/03/2025	Present	This interest will be kept under review and specific actions determined as required.

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
BROWN, Gary	Non-Executive Director	Frolesworth Parochial Church Council	Appointed as a Trustee			✓		01/03/2025	Present	This interest will be kept under review and specific actions determined as required.
BROWN, Gary	Non-Executive Director	Frolesworth Parish Meeting	Appointed as Responsible Financial Officer			✓		01/03/2025	Present	This interest will be kept under review and specific actions determined as required.
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	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

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
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.
JACKSON, Stephen	Non-Executive Director	Futures Housing Group	Non-Executive Director	✓				01/02/2025	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.

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
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 (including procurement activities) relating to services that could be provided by Sara (Leicester) LTD.
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 decision-making.
LIM, Dr Kelvin	Primary Care Partner Member	Primary Integrated Community Service (PICS) - provider of local health services in the Nottinghamshire area	Clinical Lead for a number of projects	✓				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 Primary Integrated Community Services.
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.

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
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.
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.
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

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
MCLEAN, Kathy	ICB Chair	NHS Employers	Member of the Workforce Policy Board		✓			01/07/2022	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.
MCLEAN, Kathy	ICB Chair	The Public Service Consultants Ltd (Public Sector Consultancy)	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.
MCLEAN, Kathy	ICB Chair	Oxehealth Ltd (vision-based patient monitoring and management)	Advisor	✓				01/11/2024	Present	There is no contract in place with this organisation. To be excluded from all commissioning discussions and decisions (including procurement activities)

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
MCLEAN, Kathy	ICB Chair	ICS Network Board, NHS Confederation	Chair	✓				01/04/2024	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	ICB Chair	NHS Confederation	Trustee		✓			01/06/2025	Present	This interest will be kept under review and specific actions determined as required.
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 arrangements) relating to
PRINCIPE, Maria	Acting Director of Delivery and Operations	Boho Beauty	Owner	✓				01/10/2024	Present	This interest will be kept under review and specific actions determined as required.
SHIELDS, Bill	Chief Finance Officer	HFMA Financial Recovery Group	Chair		✓			01/04/2025	Present	This interest will be kept under review and specific actions determined as required.
SHIELDS, Bill	Chief Finance Officer	HFMA ICB CFO Forum	Vice Chair		✓			01/04/2025	Present	This interest will be kept under review and specific actions determined as required.
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.

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
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.
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.
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.
WADDINGHAM, Rosa	Director of Nursing	GirlGuiding Lincolnshire South	Division Commissioner for Grantham and the villages / Charity Trustee			✓		01/08/2025	Present	This interest will be kept under review and specific actions determined as required.

The following individuals will be in attendance at the meeting but are not part of the Board's membership:

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
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
HUNT, Philippa	Chief People Officer	NHS Staff Council	ICB Representative		✓			01/09/2023	Present	This interest will be kept under review and specific actions determined as required.
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.
VAN DICHELE, Guy	Local Authority Partner Member	Nottinghamshire County Council	Executive Director - Adult Social Care and Health	✓				01/09/2025	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.
VAN DICHELE, Guy	Local Authority Partner Member	United Response (national charity)	Vice Chair	✓				01/09/2025	Present	This interest will be kept under review and specific actions determined as required.

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
09/07/2025 09:00-12.00
Arnold Civic Centre

Members present:

Dr Kathy McLean	Chair
Professor Marios Adamou	Non-Executive Director
Dr Dave Briggs	Medical Director
Gary Brown	Non-Executive Director
Stephen Jackson	Non-Executive Director
Mehrunnisa Lalani	Non-Executive Director
Ifti Majid	NHS Trust/Foundation Trust Partner Member
Victoria McGregor-Riley	Acting Director of Strategy and System Development
Maria Principe	Acting Director of Delivery and Operations
Bill Shields	Director of Finance
Amanda Sullivan	Chief Executive
Rosa Waddingham	Director of Nursing
Melanie Williams	Local Authority Partner Member

In attendance:

Alex Ball	Director of Communications and Engagement (for item ICB 25 037)
Lucy Branson	Director of Corporate Affairs
Lucy Hubber	Director of Public Health, Nottingham City Council
Philippa Hunt	Chief People Officer
Daniel King	Voluntary, Community and Social Enterprise Alliance Chair (from item ICB 25 031)
Sue Wass	Corporate Governance Officer (minutes)

Apologies:

Dr Kelvin Lim	Primary Care Partner Member
Vicky Murphy	Local Authority Partner Member
Jon Towler	Non-Executive Director

Cumulative Record of Members' Attendance (2025/26)

Name	Possible	Actual	Name	Possible	Actual
Kathy McLean	2	2	Victoria McGregor-Riley	2	2
Marios Adamou	2	2	Vicky Murphy	2	0

Name	Possible	Actual	Name	Possible	Actual
Dave Briggs	2	2	Maria Principe	2	2
Gary Brown	2	2	Bill Shields	2	2
Stephen Jackson	2	2	Amanda Sullivan	2	2
Mehrunnisa Lalani	2	2	Jon Towler	2	1
Kelvin Lim	2	0	Rosa Waddingham	2	2
Ifti Majid	2	1	Melanie Williams	2	2

Introductory items

ICB 25 026 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.

The Chair reminded members of the principles and core values that the Board should seek to uphold during the course of the meeting.

ICB 25 027 Confirmation of quoracy

The meeting was confirmed as quorate.

ICB 25 028 Declaration and management of interests

It was noted that all members had an inherent interest in relation to the ICB transition process; however, due to the role of the Board in providing strategic direction and assuring delivery, it was noted that all members could participate in the discussions and any decisions.

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

ICB 25 029 Minutes from the meeting held on: 14 May 2025

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

ICB 25 030 Action log and matters arising from the meeting held on: 14 May 2025

One action was open and on track for completion by the end of the month. All other actions were complete, and no other matters were raised.

Leadership and operating context

ICB 25 031 Citizen Story: Talking Therapies

Board members were shown a short video that presented the citizen story that was the subject of the paper. Maria Principe went on to highlight the following points:

a) The paper set out Jackie's story, along with other service users who had used the Talking Therapies service, a confidential service designed to support adults experiencing common mental health challenges such as stress, anxiety, depression, Post Traumatic Stress Disorder, and low mood.

b) The benefits of the service were highlighted; and its flexibility and accessibility were noted. It offered a range of therapeutic interventions, including support for coping with long term conditions and employment support, as the relationship between work and mental health was closely intertwined.

At this point Daniel King joined the meeting

The following points were made in discussion:

c) With reference to employment placement and support services to help individuals address work-related issues, Board members noted the synergies with the fourth aim of the Integrated Care Strategy, to support broader social and economic development.

d) In response to a query regarding whether there was sufficient uptake among males to the service, it was noted that historically there had been a stigma against accessing mental health services, but this was changing. Nevertheless, given the relatively high incidence of male suicide rates in the County, there was a need to continue to promote services.

e) Noting that the Nottingham and Nottinghamshire Talking Therapies service was performing well, the need to ensure that future commissioning of services was based on evidence-based outcomes was highlighted.

The Board **noted** the report, and on behalf of the Board, the Chair thanked Jackie and the other participants shown on the video for sharing their stories.

ICB 25 032 Chair's Report

Kathy McLean highlighted the following points from her report:

a) Welcoming the publication of the Government's 'Ten Year Health Plan for England', the structural changes for ICBs were noted.

b) The ICB's ambition for Integrated Neighbourhood Teams, as discussed at the June Board development session, was reflected in the Ten-Year Health Plan and was welcomed.

c) As agreed at the last Board meeting, the three ICBs across Nottingham and Nottinghamshire, Derby and Derbyshire, and Lincolnshire would 'cluster' to develop shared teams and a single operating model, including thinking through what functions should be delivered at a local level, at a cluster level and at an East Midlands or Midlands level. Governance arrangements had been established to facilitate the transition to the future operating model and terms of reference for the Joint ICB Transition Committee had been appended to the report for approval.

d) Asking the Board to note that this would be Melanie Williams' last Board meeting before she took up a new post, on behalf of the Board the Chair thanked Melanie for her valuable contribution and support over the past years.

The Board **noted** the report and **approved** the Joint ICB Transition Committee terms of reference.

ICB 25 033 Chief Executive's Report

Amanda Sullivan highlighted the following points from her report:

a) Noting that the ICB's Annual Report and Accounts for 2024/25 had been published, staff were thanked for their hard work over the past year for the positive progress detailed in the report.

b) Updated guidance had been published regarding the ICB assessment process for 2024/25, and the results of this for the ICB were anticipated by the end of the month. In light of the transition to a future operating model in 2025/26, ICBs would not be segmented.

c) Planning for winter was underway in line with the national Urgent and Emergency Care Plan, which focused on strengthening key areas of operational delivery, including category two ambulance times; 45-minute handover performance; four- and twelve-hour waiting times, including access to mental health services in Emergency Departments; and flow through hospitals. ICBs were expected to have a system co-ordination role. The Plan had emphasised that all parts of the NHS system had a role in delivering the Plan.

d) Noting that the National Review of Maternity Services was due to report by the end of the calendar year, the involvement of families in Nottinghamshire in the Review was highlighted and it was noted that learning would be taken from existing reviews.

e) The ICB had recently strengthened its emergency response processes to combine its System Coordination Centre and Emergency Preparedness, Resilience and Response (EPRR)

functions to enable the ICB to deliver a robust and consistent seven-day EPRR provision. As a result, documentation had been updated, and the Board was asked to ratify the Business Continuity Policy and non-material changes to the EPRR Policy.

f) The report also provided a year one update on the three year Integrated Mental Health Pathway Strategic Plan. This was a good example of whole system working to improve service delivery in this area and it had demonstrated the benefits of the involvement of people with lived experience playing an integral role in the development of pathways.

g) With reference to the discussion at item ICB 25 032 regarding the prevalence of suicide among men, the development of the Nottingham and Nottinghamshire Suicide Prevention Charter was welcomed as an area in need of a local co-ordinated and concerted approach to suicide prevention; and the Board was asked to endorse its signing.

The following points were made in discussion:

h) In response to a query regarding governance arrangements for the development of the Winter Plan, it was noted that the Finance and Performance Committee would scrutinise its content and provide a recommendation to the Board.

i) Discussing the Integrated Mental Health Pathway Strategic Plan, Ifti Majid asked the Board to note that this work had marked a clear cultural shift towards people with lived experience driving the conversations. This had been a welcome challenge to standard practice.

j) Further to this point there was a query relating to whether the Winter Plan had been co-designed. It was noted that it had not, as it was a technical, prescribed document. However, it did focus on issues where patients had voiced poor experiences, such as ambulance and trolley waits and avoidable admissions. Urgent and emergency care pathways were also examined through a quality lens by people with lived experience.

The Board **noted** the Chief Executive's Report for information, **endorsed** the signing of the Nottinghamshire Suicide Prevention Charter and **ratified** the ICB's EPRR and Business Continuity Policies.

Strategy and partnerships

ICB 25 034 Joint Forward Plan Outcomes Framework

Victoria McGregor Riley presented the item, highlighting the following points:

a) The report provided an annual progress update on population outcomes to demonstrate the impact that the delivery of the Joint Forward Plan (JFP) had on the overall health and wellbeing of the ICB's population.

b) Although this was an NHS plan, the achievement of the outcomes could not be realised without actions taken by other organisations within the Nottinghamshire system, including public health and social care partners. It was also noted that socio economic factors outside of partners' control also impacted on the achievement of outcomes.

c) Discussing the data, it was a mixed picture. Early diagnosis of cancer had improved, more people with a learning disability were receiving regular health checks and smoking prevalence had reduced. However, prevalence of obesity had increased, avoidable deaths in males had increased and patient satisfaction levels of General Practice had fallen.

d) Although a number of areas followed a national trend, a focus on certain interventions, such as early diagnosis of cancer, had made a demonstrable improvement in outcomes within Nottingham and Nottinghamshire.

e) Looking ahead, it was noted that the JFP would need to be reviewed in light of the Ten-Year Health Plan. Future oversight arrangements to scrutinise population outcomes would need to be put in place and further work to refine outcome measurements, including the contribution of partners to delivery, would need to be considered; and a further update was planned for discussion at the September Board meeting.

The following points were made in discussion:

f) Members queried whether additional actions could be taken on indicators that had worsened. Noting that the impact of many indicators may not be seen over the short term, the complexity of measuring some indicators was discussed. Nevertheless, data had highlighted areas for future focus, such as liver disease and obesity; and the work undertaken on early cancer diagnosis was expected to impact on life expectancy rates over the longer term.

g) The key role of the Outcomes Framework in future strategic commissioning arrangements was discussed, highlighting the need to

work with public health colleagues to help prioritise future areas of focus.

The Board **noted** the current performance of the system in relation to reported outcomes.

ICB 25 035 Integrated Care System People and Workforce Plan

Rosa Waddingham presented the item, highlighting the following points:

a) The report provided a progress update on the delivery of the Integrated Care System (ICS) People and Workforce Plan, as requested at the Board meeting in March 2025, recognising that a further iteration would be required to reflect the recently published Ten-Year Health Plan.

b) An update on delivery was provided. Whilst several activities had been completed to date, the most advanced programme of work was the plan to develop Integrated Neighbourhood Teams, and a focussed update had been included within the report.

c) Partners remained committed to reducing the workforce to affordable levels, whilst also ensuring the right workforce was in the right place. To support this objective, organisations were producing revised workforce plans and trajectories that improved alignment to the finance and efficiency plans and delivery of 2025/26 targets.

d) The ICB now had access to data on the social care workforce, which would support future planning.

The following points were made in discussion:

e) Welcoming the inclusion of social care workforce data, Board members noted its value in the development of Integrated Neighbourhood Teams and the move towards the aim of ‘one workforce’.

f) Stephen Jackson, Chair of the Finance and Performance Committee, asked the Board to note continuing challenges with the reconciliation of the financial elements of the providers’ workforce plans. It was noted that work was being taken forward to resolve the issues, which were noted as primarily being a symptom of immature transformation plans, which would be resolved in future years. The Board requested an update on progress at the September Board meeting.

g) Members went on to challenge the realism of achieving the pace of change required, both in the short term, given the competing priorities of achieving constitutional standards and the transition to ICB

clustering arrangements; and, with reference to the roadmap in the report, the timeline to drive workforce transformation over the longer term. Following discussion, it was agreed that further assurance on these two issues would be provided to the Quality and People Committee.

The Board **received** the report for assurance.

Action: Rosa Waddingham to provide further assurance to the Quality and People Committee regarding the validity of the workforce transformation timeline set out within the People and Workforce Plan.

ICB 25 036 ICS Quality Strategy

Rosa Waddingham presented the item, highlighting the following points:

a) The ICS Quality Strategy (Framework Model) 2025-2028 had been refreshed in line with the Nottingham and Nottinghamshire Integrated Care Strategy and Joint Forward Plan and was fully aligned with NHS England's National Quality Guidance for Integrated Care Systems and Boards.

b) The refreshed Strategy had been co-produced with system partners across health and care and linked to the six system quality priorities, which were deliberately broad in their description to ensure they were relevant to health, care and primary care sectors.

c) The quality priorities would be incorporated into system partners' plans as they were refreshed.

The following points were made in discussion:

d) Board members supported the aims of the Strategy and welcomed the emphasis on learning within its narrative.

The Board **approved** the refreshed Integrated Care System Quality Strategy and System Quality Priorities 2025-2028.

ICB 25 037 Working with People and Communities Annual Report 2024/25

Alex Ball presented the item, highlighting the following points:

a) The report aimed to provide assurance on how the ICB had discharged its legal duties on public involvement and consultation,

setting out the ways the ICB had worked with people and communities from 1 April 2024 to 31 March 2025.

b) In response to feedback from the Board to the previous report, this report included sections that demonstrated how the ICB had sought the views of people and communities that the ICB was not hearing from, the positive difference that hearing the citizen's voice had made during the reporting period, details of the engagement work being undertaken to support the prevention agenda and examples of service changes that had resulted from co-production activities.

c) There had been increased participation in the Voluntary, Community and Social Enterprise Alliance over the reporting period and the Citizens Panel had been rolled out across the whole of Nottingham and Nottinghamshire.

d) The ICB's Coproduction Strategy had been refreshed and was undergoing consultation, the Coproduction Toolkit continued to evolve, with a noted increase in user engagement.

e) As the role of the ICB was evolving, engagement expectations would be at a higher level going forward and new approaches would be introduced, including deliberative dialogue and user-led design.

The following points were made in discussion:

f) There was agreement that the capability and capacity of the ICB in this area would need careful consideration in order to meet the future role of a strategic commissioner.

g) It was also noted that there needed to be resources at a neighbourhood level to build capacity to engage, which was a much more iterative process that required long term dedicated effort. Concern had already been expressed by some parties on the implications of the ICB working in a much larger geographical footprint in the future. Board members noted resource implications; however, emphasised the importance of continuing to prioritise listening to the voices of communities.

The Board **received** the 2024/25 Working with People and Communities Annual Report for assurance that the ICB was discharging its legal duties on public involvement and consultation.

Delivery and system oversight

ICB 25 038 2024/25 Statement on Health Inequalities

Dave Briggs presented the item, highlighting the following points:

a) The ICB's Statement on Health Inequalities was published alongside the ICB's Annual Report. The indicators had been set by NHS England and related to national health inequalities priorities.

b) The ICB's 2024/25 statement was the only one in the Midlands region that covered all the indicators due to the strength of the System Analytics Intelligence Unit (SAIU).

c) The ICB had a health inequalities plan that had been incorporated into the Integrated Care Strategy and Joint Forward Plan. The report outlined the key components of the plan and the link to the impact on the statement indicators.

d) The improvements in smoking cessation, cardiovascular disease management, diabetes management, and cancer care were outlined.

e) There were several areas that had not shown noticeable improvement, and a set of priorities had been agreed with public health colleagues on targeted prevention activities at Primary Care Network and neighbourhood levels.

f) The data had also provided an indicator of where to focus future preventative activity in terms of disease prevalence, such as liver disease.

The following points were made in discussion:

g) In response to a query on ethnicity data collection, it was noted that although SAIU analysis on ethnicity was supported by robust data in general practice systems, there would be a dedicated drive to increase ethnicity recording within secondary care providers.

h) With regard to the data table on Primary Care Networks, a point was raised regarding the interpretation of data sets. Using red and green colours may lead to a misreading of the data, when the important message from the data was variance between geographical areas. Board members asked Maria Principe to reflect on whether a different model could be used.

The Board **received** the Health Inequalities Statement for assurance.

Action: Maria Principe to reflect on whether a different model could be used in the presentation of the Primary Care Network data sets.

ICB 25 039 Population Health Management Report: Dementia Care

Maria Principe presented the item, highlighting the following points:

a) The report was the second of a series of reviews into areas where population health management data and intelligence was being used to inform and drive key transformational activities.

b) The report highlighted that prevalence of Dementia was expected to increase by 50 per cent in the next two decades, a faster rate than any other long-term condition. The impact on the wellbeing of the individuals and family members affected was discussed, as was the financial impact to the health and care system.

c) The outputs of the analysis had been discussed at a recent Clinical Design Authority Senate on Dementia and the recommendations proposed aligned with the NHS Dementia Well Pathway.

d) The pathway would support integrated and outcomes-driven care, ensuring dementia remained a priority within system transformation and within the development of the integrated neighbourhood health model, supporting the strategic shift from hospital to community.

The following points were made in discussion:

e) Board members supported the recommendations. In discussion it was noted that the preventative activities undertaken within this pathway could have a beneficial impact on other long-term conditions and it was suggested that a set of generic preventative activities could be developed and triangulated with other long term condition management pathways.

f) A progress update to the Strategic Planning and Integration Committee regarding implementation of the pathway was requested for six months' time.

The Board **noted** the report, having discussed its content for assurance purposes.

Action: Lucy Branson to add a progress update to the Strategic Planning and Integration Committee's Annual Work Programme regarding implementation of the Dementia Well Pathway.

ICB 25 040 Service Delivery Report

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) Urgent and emergency care continued to encounter significant challenges, particularly in meeting the four- and twelve-hour performance targets; although some progress had been observed and the system expected to deliver to the June planned target for four-hour waiting times. Whilst ambulance handover times and hospital patient flow had improved, the system remained under strain due to rising emergency department attendances and ongoing staffing shortages.

c) The system was focusing on eradicating 65-week waiting times by the end of July, with the Chief Executive of Nottingham University Hospitals NHS Trust (NUH) leading efforts to improve the position through collaboration and increased utilisation of the independent sector.

d) Cancer services were achieving the Faster Diagnosis Standards in the majority of specialities and recovery plans were in place in areas of underperformance.

e) Mental health services had demonstrated continued positive performance, with improvements across various service areas. Reducing the number of inappropriate Out of Area Placement observed bed days continued to be a focus.

f) Primary care performance had improved compared to the previous year, particularly in dental provision. The proportion of GP appointments offered within two weeks was increasing; however, it remained just below planned levels. Targeted support to practices continued.

g) It was highlighted that, although over the past year, there had been a positive move towards working as a system to resolve long-standing operational issues, and robust oversight and governance arrangements had been put in place, there was an increasing potential conflict between the competing priorities of financial efficiencies and performance improvement.

The following points were made in discussion:

h) Board members queried why mitigating actions to address the long-standing underperformance of several standards, for example in 65 week waiting times, were not resulting in improved performance. It was noted that certain factors were outside of the ICB's control. It was agreed that the narrative should provide further detail on the barriers to meeting key targets.

i) Noting that the target for GP appointments offered within two weeks had been narrowly missed, members discussed the need to continue to focus on supporting practices that habitually failed to meet the

target and to be cognisant of whether patient experience in this area was improving as a result.

j) Querying consequences of the continued use of the independent sector for the provision of mental health out of area patient beds, members sought to understand actions to reduce numbers. It was noted as a complex area. Limited beds were available, and continuity of care was an important factor for this patient cohort. This was a national issue; however, options continued to be reviewed.

The Board **noted** the report, having discussed its content for assurance purposes.

Action: Maria Principe to include further narrative within the Service Delivery Report regarding the barriers to achieving constitutional standards.

ICB 25 041 Quality Report

Rosa Waddingham presented the item and highlighted the following points:

a) The report provided a summary of compliance against quality improvement requirements and the actions and recovery timeframes for those targets that were currently off track.

b) Reports on five Care Quality Commission (CQC) inspections of Nottinghamshire Healthcare NHS Foundation Trust's (NHT) core services undertaken earlier in the year had been published. Three services were rated as 'requires improvement', one was rated as 'good', and one gained an 'outstanding' rating. Intense oversight continued to improve the overall quality of services.

c) A new Single Door Assessment Area and secondary assessment processes had been introduced to NUH's Emergency Department as part of its commitment to improve patient experience and ensure that no patients received care on a corridor.

d) A decision to remove Nottingham Citycare Partnership from 'enhanced surveillance' for quality concerns was expected to be taken by the System Quality Group at its next meeting following improved management of demand at its Urgent Treatment Centre.

e) Confirmation had been received that both Sherwood Forest Hospitals NHS foundation Trust and NUH had achieved full compliance with all ten safety actions outlined in Year Six of the NHS Resolution Maternity Incentive Scheme, which was noted as a significant

achievement. The outcome of a recent inspection of NUH maternity services by the CQC was awaited.

The following points were made in discussion:

f) Discussing the inspections by the CQC at NHT, it was noted the inspections were just the latest of several inspections to have taken place. No inspection to date had highlighted any deterioration on the quality of services.

g) With reference to the updating of the Perinatal Equity Strategy, the systemwide approach was welcomed, noting that the key to success was to ensure how services were accessible to, and met the needs of all communities.

The Board **noted** the report, having discussed its content for assurance purposes.

ICB 25 042 Finance Report

Bill Shields presented the item and highlighted the following points:

a) At month two, the NHS system was reporting a £6.7 million deficit position driven by mental health bed costs, temporary staffing, and efficiency shortfalls.

b) A potential implication of the month two off-plan position would be the withdrawal of deficit support funding across the system for quarter two, which would add to financial pressures.

c) Early indications for month three signalled that the financial position at NHT had deteriorated. The ICB and NHS England were supporting the Trust to develop a financial recovery plan.

d) As the risk to full delivery of the Efficiency Plan remained high, the ICB's Finance and Performance Committee had approved in principle a business case to contract additional capacity and capability support.

e) There would need to be a significant improvement in the identification of recurrent efficiency savings and an intense focus on workforce costs if the financial plan for 2025/26 was to be achieved.

The following points were made in discussion:

f) In response to a query regarding the ICB's financial position, it was noted that the overall financial position was on plan.

g) Stephen Jackson, Chair of the Finance and Performance Committee, asked the Board to note that the Committee had supported the concerted action being taken early in the financial year to address the financial position, but that the challenge was not to be underestimated.

h) In response to a query on the level of engagement of system partners, it was noted as strengthening, with regular system meetings of Chief Executives, Chief People Officers and Finance Directors to co-ordinate actions.

The Board **noted** the report, having discussed its content for assurance purposes.

Governance

ICB 25 043 **Committee Highlight Reports**

The report presented an overview of the work of the Board's committees since its last meeting in May 2025; 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 25 040, ICB 25 041 and ICB 25 042. Further updates from the Committee Chairs were invited by exception and no other points were highlighted.

The Board **noted** the reports.

Information items

ICB 25 044 **2025/26 Board Work Programme**

This item was received for information.

Closing items

ICB 25 045 **Risks identified during the course of the meeting**

No new risks were highlighted.

ICB 25 046 Questions from the public relating to items on the agenda

No questions had been received.

ICB 25 047 Any other business

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

Date and time of next Board meeting held in public: 10 September 2025 at 9:00 (Mansfield Civic Centre)

NHS
Nottingham and Nottinghamshire

ACTION LOG from the Integrated Care Board meeting held on 09/07/2025

Status	Meeting Date	Agenda Item	Action	Lead	Date to be Completed	Comment
Closed – Action completed	14.05.2025	ICB 25 008: Chief Executive's Report	To circulate details of the local population needs long term modelling to Board members.	Maria Principe	31.07.2025	Circulated on 1 September 2025.
Open – On track	09.07.2025	ICB 25 035: Integrated Care System People and Workforce Plan	To provide further assurance to the Quality and People Committee regarding the validity of the workforce transformation timeline set out within the People and Workforce Plan.	Rosa Waddingham	17.09.2025	Added to the Quality and People Committee's agenda for its 17 September meeting.
Open – On track	09.07.2025	ICB 25 038: 2024/25 Statement on Health Inequalities	To reflect on whether a different model could be used in the presentation of the Primary Care Network data sets.	Maria Principe	12.11.2025	Discussions have been taken forward by the ICS Outcomes Group, and a number of options considered. Feedback from City and County public health colleagues is anticipated by mid-September, and the Dashboard will be updated accordingly.

Status	Meeting Date	Agenda Item	Action	Lead	Date to be Completed	Comment
Closed – Action completed	09.07.2025	ICB 25 039: PHM Report: Dementia Care	To add a progress update to the Strategic Planning and Integration Committee's Annual Work Programme regarding implementation of the Dementia Well Pathway.	Lucy Branson	10.09.2025	Added to the Strategic Planning and Integration Committee's Annual Work Programme for February 2026.
Closed – Action completed	09.07.2025	ICB 25 040: Service Delivery Report	To include further narrative within the Service Delivery Report regarding the barriers to achieving constitutional standards.	Maria Principe	10.09.2025	See agenda item 12.

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:	10/09/2025
Paper Title:	**Citizen Story: Volunteering at Killisick Friendship Group**
Paper Reference:	ICB 25 053
Report Author:	Julie Cuthbert, Head of Communications
Executive Lead:	Maria Principe, Acting Director of Delivery and Operations
Presenter:	Maria Principe, Acting Director of Delivery and Operations

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

Summary:

This paper provides a citizen's story demonstrating the positive impact of volunteering on both volunteers and the communities they support. It focuses on the experience of a volunteer at the Killisick Friendship Group in Arnold. With the support of volunteers, the Group is helping to reduce health inequalities, reduce social isolation and improve health outcomes. The paper also describes the support provided to the voluntary, community and social enterprise sector to enable volunteer recruitment.

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	Volunteers are supporting the running of Killisick Friendship Group, which is helping to improve health outcomes for older people who previously experienced social isolation. This includes information about social prescribing, exercise programmes and information to help keep older people safe and well. Volunteers also report better mental health, reduced loneliness, and a stronger sense of purpose.
Tackle inequalities in outcomes, experience and access	Killisick Friendship Group is free and open to everyone. It is helping to reduce barriers for underserved populations.
Enhance productivity and value for money	Volunteering gives something back to local communities, delivering value for money. It also helps to improve confidence and skills for volunteers and can support them to move onto paid employment. Volunteers enable the group to function and deliver programmes that are aimed at reducing hospital admissions, such as exercise and reducing social isolation.
Help the NHS support broader social and economic development	Volunteering gives something back to local communities. It also helps to improve confidence and skills for volunteers and can support them to move onto paid employment.

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: Volunteering at Killisick Friendship Group

Julie's story

1. Julie's journey into volunteering began with a visit to a Killisick Friendship Group with her mother, who has dementia. "I came across this particular group that I came to with my mum and took the opportunity to ask about volunteering whilst I was here."
2. Faced with her mother's dementia diagnosis and being her main carer, Julie was suffering from depression and was very low on confidence. She was keen to get involved with the Group. Your CVS (council for voluntary service), who runs Killisick Friendship Group, organised a Disclosure and Barring Service check and training for Julie so she could volunteer.
3. Julie has barely missed a session since. She enjoys spending time talking to the service users and was also keen to help serve refreshments, as she had a background in the catering industry.
4. Organisers often discuss the Group and Julie gives valuable feedback and makes suggestions on how the Group could be even better.
5. Julie was signed up to the Futures Programme to support people who are economically inactive to become closer to the job market. And recently she has started back at work on a part-time basis. She also attended several courses on dementia to support her in caring for her mother.
6. Volunteering became a source of joy and fulfilment. She said: "I have loved being a volunteer at the friendship group and I also do a dementia cafe once a month as well, and I get such a lot back from that group."
7. "I am also looking at doing the digital training so that I can be a digital champion." She was also invited to become a health and wellbeing champion for Nottinghamshire County Council.
8. Her passion for supporting others is evident. "I am really into helping people find what they need with regards to health, wellbeing, support and it just encourages me from doing all this just to help people who are in need and react accordingly where I can.
9. "It has been a great experience, and it has really become a big part of my life and my own health and wellbeing.
10. "I feel like I have made massive progress. My confidence and self-esteem have been boosted though volunteering and the courses I have attended, and I now feel like I am in a great place to give back and support other people with their health concerns."

Killisick Friendship Group

11. The Killisick Friendship Group was set up in November 2023 by Newark and Sherwood CVS (now Your CVS). It began following engagement with the local community, which highlighted that there were very few community assets in the area. There were also few opportunities for agencies to talk to the residents.
12. The Group relies on the support of volunteers who spend time with attendees and support with activities and refreshments.
13. There are now around 15 regular attendees with a wide variety of health conditions. The oldest is a 98 year old World War Two veteran who served as the morse code operator on HMS Belfast.
14. The Group is regularly attended by social prescribers and guest speakers, including GPs and police talking about scams. The Group also plays indoor boccia, goes on trips and has a seated exercise programme.

Benefits of volunteering

15. Volunteering offers a wide range of personal and community benefits:
    a) **Improved wellbeing**: Volunteers often report better mental health, reduced loneliness, and a stronger sense of purpose.
    b) **Skill development**: Opportunities to gain new skills, experience, and confidence – especially valuable for young people and job seekers.
    c) **Community impact**: Volunteers help deliver vital services, support vulnerable groups, and strengthen local networks.
    d) **Social connection**: Builds friendships and community ties, especially among older adults and carers.

Volunteering statistics (England-wide, 2023/24)

16. 28% of adults volunteered formally at least once in the past year – around 12.9 million people.
17. 16% volunteered monthly, with the highest participation among those aged 65-74 (23%).
18. Participation has declined over the past decade, from 45% in 2013/14 to 28% in 2023/24, partly due to the pandemic.

Volunteer recruitment

19. The voluntary, community and social enterprise (VCSE) sector plays a vital role in the health and care system in Nottingham and Nottinghamshire. The ICB

supports the VCSE sector with volunteer recruitment including reviewing volunteer role descriptions and participating in interview panels.

20. The ICB's networks, including the ICS Engagement Practitioners Forum and the VCSE Alliance, provide valuable platforms for the VCSE sector to share information about volunteering opportunities.

21. In addition, the ICB delivered a Patient Leadership Programme for volunteers and patient representatives across Nottingham and Nottinghamshire, in partnership with Health Innovation East Midlands (formerly East Midlands Academic Health Science Network). This programme provided participants with knowledge and skills in engagement and involvement, enabling them to better support system partners in their work.

Volunteering opportunities in Nottingham and Nottinghamshire

22. There are a number of routes into volunteering in Nottingham and Nottinghamshire:

    a) Notts Help Yourself (Nottinghamshire County Council): https://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/advice.page?id=oQSnyvhIh44.

    b) Ask Lion (Nottingham City Council): https://nottinghamcity.goassemble.com/opportunities.

    c) Local voluntary and community sector:

    - Nottingham CVS: https://www.nottinghamcvs.co.uk/volunteering.
    - Your CVS: https://www.yourcvsnotts.org/volunteer-centre.
    - Get Volunteering (national website): https://getvolunteering.co.uk/places/nottinghamshire/nottingham.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	10/09/2025
Paper Title:	**Chair's Report**
Paper Reference:	ICB 25 054
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 summary of the NHS Reform process, alongside 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.

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.

Report Previously Received By:
Not applicable.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Chair's Report

NHS Reform

1. The work to implement the Government's reform of the leadership of the NHS continues, and since this Board last met, colleagues across the three clustering ICBs have been working hard to make as much progress as possible. However, there remains a number of elements of the change programme where we are still waiting for national decisions or updates. This includes the anticipated publication of the 'Model Region' document, which will sit alongside the Model ICB document I referred to last time. We also await any update on the approval of a national voluntary redundancy scheme.

2. Following an appointment process over the summer, I am delighted to have been confirmed as the Chair designate of the three clustered ICBs: Derby and Derbyshire, Lincolnshire and Nottingham and Nottinghamshire.

3. Linked to this, I wanted to note that Dr Gerry McSorley, Chair of Lincolnshire ICB, will retire as planned at the end of September. Those of you fortunate enough to know or have met Gerry will understand what a loss his retirement will be. I know that his leadership and support to the Lincolnshire Executive and Board as well as ICB staff and colleagues across the wider NHS has been outstanding and Lincolnshire colleagues will miss his wisdom and dedication.

4. I also want to personally add my thanks to Gerry for his support and collaborative approach to working together during this transitional period and wish him all the best for his retirement.

5. The three ICBs' Board will start to meet in common during quarter three of 2025/26 and work is underway to make the relevant changes to each ICB's governance arrangement to facilitate this. This will include joint appointments of a number of executive and non-executive Board members.

6. Despite these steps forward, this change programme remains protracted and slow to progress, and I expressed some of the frustrations with this situation in a recent article in the Health Service Journal, written in my role as Chair of the NHS Confederation ICS Network. You can see this article here: https://www.hsj.co.uk/finance-and-efficiency/something-has-to-give-on-icb-redundancies/7039863.article.

7. Finally, it should be noted that just prior to the last Board meeting the 'Review of patient safety across the health and care landscape' by Dr Penny Dash was published and can be seen here: https://www.gov.uk/government/publications/review-of-patient-safety-across-the-health-and-care-landscape. We discussed this in headline terms at the last Board meeting and the recommendations are being reflected in our thinking for the future design and operating model of the clustered ICBs.

Key areas of focus

8. Away from structural change, we are making strong progress with our 'Neighbourhood Health Service' approach, including the ongoing roll-out of Integrated Neighbourhood Teams. We will have a full rollout of Integrated Neighbourhood Teams this financial year in Nottingham and Nottinghamshire and have put forward two of our most advanced areas for consideration as part of NHS England's Pioneer programme.

9. Delivering on the Government's ambitions for a Neighbourhood Health Service is a key priority for the year ahead, so I am pleased that we have an item on this on today's agenda for the Board to discuss.

10. Making sure that the ICB and the wider system delivers on the financial commitments we have made remains another key focus and I am grateful for all colleagues who are working on the many aspects of this plan. As a system we are still forecasting to deliver the balanced plan required but there is a degree of risk in those plans which needs to be managed. We are now in the sixth month of the year and so time will start to run out to take any remedial actions required.

Developing our system

11. I was delighted to see so many shortlisted entries from our system for the forthcoming Health Service Journal Awards. Firstly, a service that I have visited several times, the Nottingham City Place Based Partnership programme to support people experiencing severe and multiple disadvantage (SMD) has been shortlisted for the Integrated Care Initiative of the Year. This is recognition of the exceptional work and innovation demonstrated by all partners to support people experiencing SMD. The partnership approach continues to grow from strength to strength, now with 15 statutory and voluntary sector organisations across primary, secondary, community and mental health NHS services, adult social care, housing and criminal justice involved in our place-based delivery model.

12. Secondly, the Nottingham West Primary Care Network Mental Health Team has been shortlisted in two categories: Mental Health Innovation of the Year and Primary and Community Care Innovation of the Year. This service offers so much within primary care and communities. It really demonstrates the value in delivering care in a personalised and local way through having skilled mental health colleagues on hand to support both practice teams and patients. Good luck to all those nominated – the winners will be announced on 20 November 2025.

13. Also, for awards season, the System Analytics and Intelligence Unit has been shortlisted for the Health Service Journal Digital Awards for their work

developing a data dashboard for Special Educational Needs and Disability (SEND) – with the winner announced on 15 September.

14. In July I visited the newly opened Neonatal Intensive Care Unit at Queen's Medical Centre. I saw some really excellent improvements including calming reception sky lighting and sound proofed flooring across the unit. I would like to thank everyone for taking the time to show me around the unit. It is obviously a very busy unit, but there is still that calm atmosphere that prevails, and I think that is so important in a unit like this that is caring for such tiny babies. It was great to speak to staff and hear their different accounts of how the unit works and the benefits for both staff and patients. It is clear that the unit has been really well thought out to consider everything that may be needed for the families that need to use it.

15. In August I was also grateful to be hosted by Nottingham CityCare Partnership to see behind the scenes of the London Road Urgent Treatment Centre (UTC). I was incredibly impressed by the UTC. It is a brilliant example of integrated care in action – from the partnership with Nottingham University Hospitals NHS Trust for x-ray services to the seamless use of patient records. CityCare's work here is not only compassionate and responsive, but also innovative and connected to our neighbourhood health priorities.

16. I have continued my engagement with the Mayor of the East Midlands, Claire Ward and East Midlands Combined County Authority (EMCCA) colleagues, including most recently meeting at the start of September. It was great to see Mayor Claire and her team and discuss our joint work on Integrated Neighbourhood Teams and also the forthcoming Inclusive Growth Plan and Get Britain Working Plan amongst other things. The ICB (alongside Derby and Derbyshire ICB) has been an active partner on these initiatives and more widely in terms of working with EMCCA and the Mayor on their mission to make the East Midlands the best place to live, to work and to learn.

17. Board members will be aware of the Government's programme of Local Government Reform, which is being responded to by the Councils in our area. It is not for the ICB to comment on the specific proposals being put forward by the various councils, but I am pleased that we have submitted a response in general terms to the public consultation that ran over the summer. This response confirms our longstanding and ongoing support for partnership working with local authorities and also indicates a number of areas where it will be important to ensure that these relationships are protected and improved during a period of change – including safeguarding, SEND and adult social care.

Looking forward

18. Later today we have our Annual Public Meeting where I am delighted to see so many people registered to attend and already a wide-ranging set of questions that have been submitted. Our desire to remain accountable to our local population remains undimmed, even as we move to operating over a larger footprint as a cluster. Indeed, as we transform into a strategic commissioning organisation, working with and listening to our population, stakeholders and partners will be even more important to prioritise.

19. Finally, I should express my thanks and that of the whole Board to ICB staff who continue to work extremely hard in the face of considerable uncertainty and ambiguity. I am grateful for the resilience and fortitude shown – it is not going unnoticed.

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	10/09/2025
Paper Title:	**Chief Executive's Report**
Paper Reference:	ICB 25 055
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.
- **Endorse** the Board Assurance Statement regarding the 2025/26 Winter Plan.
- **Delegate** approval of the ICS Green Plan to the Finance and Performance Committee.

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:

1: Winter Plan – ICB Board Assurance Statement
2: Quarter One 2025/26 Achievements
3: Summary of the East Midlands Joint Committee Meeting: June 2025

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

Outcome of NHS England's annual assessment of ICB performance 2024/25

1. NHS England has completed its annual performance assessment of the ICB against a range of specific objectives set for 2024/25 and against our statutory duties, alongside an assessment of our wider role within the Integrated Care System.
2. The assessment for 2024/25 has concluded that we have continued to demonstrate effective leadership, with a strong collaborative approach and good engagement with partners and stakeholders. Addressing health inequalities was noted as an area of strength, and the ICB was commended for making good progress on the prevention agenda.
3. Even though some targets were not achieved for the year, the assessment noted that the ICB had continued to strengthen its operational performance oversight function, and several targets were only narrowly missed. Of particular concern was the Accident and Emergency four-hour target, although actions put in place to achieve sustainable improvement were commended.
4. Commenting on the complex quality challenges within the system, the assessment noted that a continued focus was needed to ensure full implementation of improvement plans, and that the ICB should make this a priority for the coming year.
5. The assessment noted that although our financial position remained a challenge, robust governance systems were in place and good progress had been made against key elements of NHS England's enforcement undertakings, which had been accepted by the ICB following the last annual assessment.
6. The full assessment outcome can be found here: https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/2024_25-ICB-Annual-Assessment-Letter-Notts.pdf.

Winter planning

7. The Nottingham and Nottinghamshire Integrated Care System's winter planning process commenced in April 2025 following a detailed review of last winter. All system partners and NHS providers were requested to consider and review what would be required to ensure that patients receive the right care, first time, in the right place and thus deliver a safe and effective winter for 2025/26.
8. Intelligence was shared regarding the Southern Hemisphere tracing of winter influenza to predict the expected impact of winter diseases on the system, and we have developed an ambitious system vaccination and immunisation plan to match the expected demand.

9. The system has an accurate demand and capacity bed model, which has been developed again for 2025/26 using agreed assumptions in relation to winter demand. The system does have a residual bed gap going into winter and focus now remains on reducing this, with further mitigations from across the system.

10. The Plan also documents the key risks around staffing, finance, and industrial action together with risks around the urgent and emergency care and elective pathways. There is a clear understanding of the financial challenges the system faces in 2025/26, together with assurance that the system has explored all opportunities within the financial envelope to enable safe care of patients during winter 2025.

11. At the end of July, the draft Winter Plan was presented to Finance and Performance Committee to review work to date prior to its submission to NHS England by 1 August 2025. This year NHS England requested that all systems should stress test their plan using three winter scenarios by participating in an NHS England-hosted exercise during August and to submit Board Assurance Statements by the end of September 2025. The ICB's Board Assurance Statement can be found at Appendix 1.

12. NHS England has subsequently provided the system with detailed feedback on the draft Winter Plan against a number of key lines of enquires, the headlines of these include:

    a) Nottingham and Nottinghamshire presents a well-structured and operationally mature approach to winter planning for 2025/26.

    b) The system demonstrates strong leadership, with named executive and clinical leads, and a proactive planning rhythm that includes early mobilisation of the Winter Planning Group, fortnightly demand and capacity reviews, and testing of escalation protocols.

    c) Learning from the past three winters has been embedded into planning and the system is clearly focused on continuous improvement.

    d) The System Control Centre is a central strength, functioning as a real-time operational hub with tactical and strategic representation. It supports dynamic decision-making through live dashboards, structured escalation triggers, and embedded clinical and quality leadership.

    e) The system's use of OPEL-aligned action cards, mutual aid frameworks, and collaborative planning forums reflects a high level of integration across acute, community, mental health, and social care partners.

    f) Discharge, urgent and emergency care, neighbourhoods, and children and young people planning are well-articulated, with full or appropriate assurance received.

g) The system is leveraging population health tools to identify and support high-risk cohorts, and there is evidence of proactive care planning and interface optimisation in primary care.

13. The system's Winter Plan received partial assurance for the mental health section, with additional information currently being drafted by Nottinghamshire Healthcare NHS Foundation Trust. There were some additional information requests for both the primary care and infection prevention and control sections of the Plan, which have since been completed.

14. From 1 September 2025, the system moved into the delivery phase of the Winter Plan via fortnightly system wide meetings to ensure all actions remain on track. Progress will be reviewed by the Finance and Performance Committee at its meeting on 29 October 2025.

Board Assurance Framework

15. The ICB's full Board Assurance Framework (BAF) is ordinarily presented to the Board in May and November of each year; however, in light of the move to ICB Clustering arrangements later this calendar year, the latest position of the BAF is included within the Board's papers for this meeting (at agenda item 16).

16. Work will soon commence to develop a joint BAF for the Derby and Derbyshire, Lincolnshire and Nottingham and Nottinghamshire ICBs, which will replace each ICB's current BAF. This will include consideration of a new set of strategic risks for the ICB Cluster in line with its evolving operating model, and a full assessment of the controls and assurances required. Comprehensive mapping from existing BAFs will also be undertaken to ensure any ongoing gaps/actions are not lost.

Nottingham and Nottinghamshire Integrated Care System Green Plan

17. In 2020, the NHS became the world's first health system to commit to reaching net zero emissions. Trusts and ICBs are expected to meet the duties set out in The Health and Care Act 2022 and in the 'Delivering a Net Zero National Health Services' report through the delivery of Green Plans.

18. Existing plans now need to be refreshed for the next three-year cycle (2025/26 to 2027/28) in line with updated statutory guidance. Refreshed plans are required to be approved by the Board, published in an accessible location on the organisation's website and shared with NHS England.

19. Key changes since the last guidance include greater legal obligations. NHS bodies are to integrate environmental targets into all decisions. Stronger governance and oversight will be implemented, and NHS England and the Care Quality Commission will assess and report progress. There will also be sector-

wide priority actions in areas including travel, procurement, energy, and clinical transformation.

20. The refreshed ICS Green Plan will contain progress to 2024 and include strategies and actions to reduce the NHS carbon footprint, improve air quality, and promote sustainable practices across its operations.

21. To ensure that the submission deadline of 31 October 2025 is met, it is requested that approval of the refreshed ICS Green Plan be delegated from the Board to the Finance and Performance Committee.

ICB achievements quarter one 2025/26

22. We are continuing to see a number of areas of positive progress in our system and Appendix 2 provides details of achievements for quarter one of 2025/26. These include the development of a new local enhanced service to support GP practice engagement; mobilisation of an extra 24,360 urgent dental appointments; and the launch of a new Dementia Wellbeing Service. I would like to express my thanks to all teams who are working hard to deliver these positive outcomes.

Industrial action

12. A new round of industrial action was taken by junior doctors from 25 to 30 July 2025. As with previous periods of planned disruption, a warning of potential disruption was issued to the public, asking for their support by using services appropriately. Our system response structure, which brings operational and emergency preparedness resilience and response leads together into a System Control Centre, was also used to ensure that essential services were maintained.

13. Acknowledging that whilst pay is a matter for Government, Sir James Mackey, Chief Executive of NHS England, has asked Professor Meghana Pandit, National Medical Director (Secondary Care), to lead on a ten point plan to improve resident doctors' working lives, committing to address several of their long-standing concerns regarding issues such as poor rota management, lack of access to rest facilities and hot meals, and the unnecessary repetition of mandatory training.

East Midlands Joint Commissioning Committee

14. The East Midlands Joint Commissioning Committee met on 17 June 2025 and received assurance reports on primary care finance and on specialised commissioning services, a report on dental commissioning plans, an update on

the National Rehabilitation Centre and a deep dive report into mechanical thrombectomy.

15. A Highlight Report from the meeting can be found at Appendix 3.

'Test, Learn and Grow' programme

16. Nottingham is one of ten areas across the country set to benefit from better public services as part of a £100 million 'Test, Learn and Grow' programme to deliver the Government's Plan for Change.

17. The ten areas will get 'innovation squads' sent in to back community ideas and work with local services, testing solutions directly in local areas with frontline workers and communities who know best.

18. The teams from central government include tech specialists and other experts who will work alongside the council and service users to tackle some of the biggest challenges directly affecting local communities and people.

19. Nationally, the programme aims to focus on challenges including increasing the uptake of Best Start Family Hubs to support parents and young children, establishing neighbourhood health services, better support for children with special needs, getting more people into work, rolling out breakfast clubs, and tackling violence against women and girls.

20. The specific areas of focus for Nottingham will be determined in conjunction with the other areas across the country. This approach has already been trialled successfully in four areas across England.

Recent leadership updates

21. David Selwyn, the Acting Chief Executive of Sherwood Forest Hospitals NHS Foundation Trust has announced he is stepping down from the role in November 2025. Jon Melbourne, currently Deputy Chief Executive and Chief Operating Officer at the University Hospitals of Leicester NHS Trust will join as the Trust's new Chief Executive in October, allowing for a short handover period. Jon has also worked at University College London Hospitals NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust, and Imperial College Healthcare NHS Trust.

22. Anne Coyle has been appointed as Nottinghamshire County Council's new Executive Director of Children and Families and will start in post during September. Anne has worked across the country including with the City of York and Oxfordshire County Council and the Isles of Scilly, where she was the interim Director of People (Children and Adults Services).

Appendix 1 – Board Assurance Statement for ICBs

Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the ICB Winter Plan for 2025/26.	Yes	At the Board's 9 July meeting, it tasked its Finance and Performance Committee to undertake a detailed review of the Winter Plan on the Board's behalf. The Finance and Performance Committee discharged this responsibility at its 30 July meeting.
A robust quality and equality impact assessment (QEIA) informed development of the ICB's plan and this has been reviewed by the Board.	Yes	The Winter Plan has been informed by quality and equality considerations (as demonstrated in section B below), which will continue to be oversighted by the Quality and People Committee throughout the winter period. Any additional commissioning decisions will be subject to a full EQIA to inform decision-making.
The ICB's plan was developed with appropriate levels of engagement across all system partners, including primary care, 111 providers, community, acute and specialist trusts, mental health, ambulance services, local authorities and social care provider colleagues.	Yes	The Plan has been developed collaboratively with all system partners. A fortnightly system wide group is in place to review progress, gaps, barriers and make recommendations to the ICS UEC Programme Board.
The Board has tested the plan during a regionally led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	A local stress testing exercise was undertaken on 14 August, involving representatives from 33 system

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
		partners. Lessons learnt from the testing process have been incorporated within the Winter Plan.
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Yes	Maria Principe, Interim Director of Delivery and Operations is the executive lead with accountability for the winter period. The System Winter Director is Gemma Whysall, Deputy Chief Delivery Officer. All local NHS Trusts/Foundation Trusts have nominated Winter Directors who will work collaboratively.
Plan content and delivery		
The Board is assured that the ICB's plan addresses the key actions outlined in Section B.	Yes	Confirmed by the Finance and Performance Committee as part of its review of the Plan.
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Yes	Risks have been developed with all system partners. We still currently have a bed gap at NUH of which additional mitigations are being worked through with system partners.
The Board is assured there will be an appropriately skilled and resourced system control centre in place over the winter period to enable the sharing of intelligence and risk balance to ensure this is appropriately managed across all partners.	Yes	We have recently launched our new System Coordination Centre with live in house dashboards, led by our System Winter Director.

ICB CEO/AO name: Amanda Sullivan	**Date:**	**ICB Chair name:** Kathy McLean	**Date:**

Section B: 2025/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
Vaccination programmes across all of the priority areas are designed to reduce complacency, build confidence, and maximise convenience. Priority programmes include childhood vaccinations, RSV vaccination for pregnant women and older adults (with all of those in the 75-79 cohort to be offered a vaccination by 31 August 2025) and the annual winter flu and covid vaccination campaigns.	Yes	Detailed vaccination plan and delivery model in place together with clear system governance arrangements. The plan meets all the national objectives for priority programmes including childhood vaccinations and Respiratory Syncytial Virus (RSV) vaccination for pregnant women and older adults (with all of those in the 75-79 cohort offered a vaccination by 31 August 2025). The system communication plan commenced on 1 September 2025 and vaccination uptakes will be monitored accordingly.
In addition to the above, patients under the age of 65 with co-morbidities that leave them susceptible to hospital admission as a result of winter viruses should receive targeted care to encourage them to have their vaccinations, along with a pre-winter health check, and access to antivirals to ensure continuing care in the community.	Yes	The following plans are in place for patients under the age of 65 with co-morbidities that leave them susceptible to hospital admission: • Text service for patients attending outpatient appointments who are eligible and have not been vaccinated and includes trained vaccinators working in outpatient departments offering flu vaccinations. • Proactive engagement, vaccination promotion and information provisions with groups covering chronic

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
		respiratory disease, cardiovascular disease, diabetes, and asthma. • Expanded outreach service to improve seasonal flu vaccination uptake.
Patients at high risk of admission have plans in place to support their urgent care needs at home or in the community, whenever possible.	Yes	The Winter Plan identifies the disproportionate impact on high-need, high-risk or underserved populations, including those with mental health needs, learning disabilities, or from minoritised communities to minimise admission. Annual health checks for people with learning disabilities identify underlying health conditions ensuring timely interventions to avoid admission. Dynamic support register for children, young people and adults identify those at risk of admission with community support to avoid an admission. System-wide improvements in respiratory care by increasing the completion of self-management plans and access to rescue packs. These tools help people stay well and at home, reducing avoidable admissions. Community providers have a range of community-based services including the urgent care response service and virtual wards that provide additional urgent / timely support and assessment to enable

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
		patients to be cared for in their own homes / normal place of residence.
Capacity		
The profile of likely winter-related patient demand across the system is modelled and understood, and individual organisations have plans that connect together to ensure patients' needs are met, including at times of peak pressure.	Yes	The system has a well-developed and accurate winter demand and capacity bed model. The system bed model reflects the current bed models of the acute providers and incorporates expected winter demand together with appropriate system and provider demand and capacity mitigations. Fortnightly system wide demand and capacity meetings take place where bed forecasts are revised and updated using the southern hemisphere influenza data and national information from the UK Health Security Agency. Historical local trends are also considered in developing and refining the model. Both acute trusts bed models are discussed with their respective Trust Boards and signed off accordingly.
Seven-day discharge profiles have been shared with local authorities and social care providers, and standards agreed for P1 and P3 discharges.	Yes	The system has six-day discharge hubs which ensure continuous discharges over a week. Front door discharge teams work seven days and there are discharge targets for each pathway which are monitored via the system dashboard.

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
		Daily discharges are shared retrospectively with local authorities with a daily discharge operational escalation call and the monthly ICS discharge governance meeting chaired by the ICB.
Action has been taken in response to the Elective Care Demand Management letter, issued in May 2025, and ongoing monitoring is in place.	Yes	Advice and Guidance Enhanced Service sign up currently stands at 100% across the system. The ICS Planned Care Programme Board oversees the monitoring of Advice and Guidance performance.
Leadership		
On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes	Gold and silver (senior management) rotas in place, with medical and nurse leaders participating. Improved and strengthened System Co-Ordination Centre against the national specifications to ensure the system has a high quality consistent seven day offer with additional recruitment over winter.
Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes	The 2024/25 OPEL framework has been implemented across system partners and OPEL action cards have been refreshed and tested as part of local stress testing of winter plans. Surge and escalation plans have also been reviewed and refreshed, and form part of the over-arching Nottinghamshire 2025/26 Winter Plan. All health and social care organisations within Nottinghamshire have developed individual escalation

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
		plans with clear escalation/de-escalation processes and on-call arrangements.

Appendix 2: Quarter One Achievements 2025/26

Primary care and community pharmacy:

1. The ICB agreed a revised local enhanced services offer, which has maintained GP practice engagement in service delivery. This has resulted in practices that had previously withdrawn from providing enhanced diabetes care signing up to deliver the enhanced service.
2. The ICB is developing a new local enhanced service that will support GP practice engagement in integrated neighbourhood teams and pro-actively supporting individuals most of risk through avoidable hospital admissions.
3. Community Pharmacy independent prescriber pathfinder consultations continue to grow and by June 2025, more than 1,300 consultations for on the day illness have taken place from three live sites.
4. The Community Pharmacy bowel cleansing pilot has been shortlisted for a PrescQIPP award. The pilot is trialling a new approach to bowel preparation, which is reducing failed procedures and ‘did not attends’ and will potentially save £1 million a year.
5. Approximately 5,000 consultations are being delivered through the Pharmacy First scheme, which is improving patient access for seven common conditions. Pharmacies may be able to offer treatment and some prescription medicine without a person needing to see their GP. GP referrals to Pharmacy First are also on the increase following some task force work.
6. About 90% of community pharmacies in the ICB area are now signed up for oral contraception services and around 1,500 consultations take place a month. This exceeds the 5% target increase compared to the same month the previous year.

Dental access:

7. The ICB has mobilised Nottingham and Nottinghamshire's share (24,360 appointments) of the Government’s promise to deliver 700,000 additional urgent care appointments. This has involved a multi-stage process that has garnered a fantastic spread of providers across the region. This has also involved regular dialogue with the NHS 111 service to ensure patients can access services where they need them.
8. Routine access has continued to increase, with over 30,000 additional units of dental activity delivered to date in year, which considering the removal nationally of New Patient Premium, is a great achievement.

9. The ICB has increased engagement with the Local Dental Committee, Healthwatch and other partners such as the local authorities, to have a more joined up approach to commissioning.

Medicines optimisation:

10. The launch of the ICS system-wide direction to administer process has involved the development of a standardised, robust, and aligned process for all providers across Nottingham and Nottinghamshire Integrated Care System to provide and receive the authority that is required for community nursing teams to administer medicines in a timely manner. This initiative improves patient safety, reduces delays in care and frees up time for our healthcare workforce.
11. The ICB's Medicine Optimisation interface team has supported the development of the weight loss medication primary care service, produced and disseminated a summary bulletin, a podcast and delivered a lunch and learn webinar. These are all important for patient safety, best use of evidence-based medicines, equity of access to medicines, prescriber support, antimicrobial stewardship, NICE compliance and cost management.

Mental health:

12. The ICB launched the new Dementia Wellbeing Service, commissioned jointly with Nottingham City Council and Nottinghamshire County Council and provided by Alzheimer's Society. The service provides one to one support for the person living with Dementia and / or carer alongside providing carer training and cognitive stimulation therapy to help those living with Dementia to live well. The new element of the service has seen the commencement of a Community Development Coordinator in each place to increase awareness, tackle stigma and encourage early diagnosis within underrepresented groups.
13. The ICB launched an early intervention eating disorder service provided by First Steps (South Notts and City) and Freed Beeches (Mid Notts and Bassetlaw). The service supports those with a mild to moderate eating disorder or disordered eating, working closely with secondary care eating disorder services.
14. As discussed at the last Board meeting, the ICB has signed up to the Suicide Prevention Charter, which commits to encourage staff to complete the Zero Suicide Alliance training, encourage commissioned services to complete the training and encourage partner organisations to sign up to the charter.
15. The ICB delivered a Dementia Deep Dive and Dementia Senate. The Senate brought together over 70 health and social care professionals to review data and develop recommendations for Dementia care in the future. This was

followed by the subsequent approval of a Dementia Joint Strategic Needs Assessment.

16. The ICB established the Mental Health Partnership Board priorities and associated delivery groups: Local Mental Health Offer; Housing; and Coproduction. Each delivery group is co-chaired by a system leader to ensure system leadership and ownership.
17. The ICB exceeded the national access rate for children and young people accessing mental health support within Nottingham and Nottinghamshire.
18. The ICB achieved the quarter one target for Annual Health Checks for people with learning disabilities, ensuring that health conditions are identified, and support can be put in place to improve health.
19. The ICB submitted a successful bid to develop bespoke housing and support provision for people with learning disabilities and autistic people, in order that they can leave hospital and live fulfilling lives in the community.

Data:

20. The ICB's System Analytics and Intelligence Unit launched the first phase of the Mental Health Systems Data Dashboard to enable strategic system oversight of performance across the whole mental health pathway. This is helping to understand areas of progress and challenge and support strategic decision making within system partnership working.
21. The System Analytics and Intelligence Unit has been shortlisted for a Health Service Journal award for the innovative work on the Special Educational Needs and Disabilities (SEND) data dashboard. The dashboard brings together health and education data to better understand gaps in services and target improvement work.

Communications and engagement:

22. The ICB led the communications approach for additional urgent dental appointments for the East Midlands, including creating assets for alternative languages and in easy read format. This has increased awareness with the public about accessing urgent dental care.
23. The ICB's engagement team ran a listening exercise about community grants for the Voluntary, Community and Social Enterprise sector in Bassetlaw. Feedback from the 400 people who participated is helping to shape future funding to focus on those services that improve health and wellbeing.
24. The ICB celebrated the first birthday of the Nottingham and Nottinghamshire Public and Patient Insights Hub. The Hub database now holds over 210 entries, 134 of which focus on the Nottingham and Nottinghamshire system locally, with

others coming from national studies and charity reports. The Hub is providing insights to support commissioning and reducing health inequalities.

Cancer:

25. A Pancreatic Cancer Case-Finding Pilot was launched in June 2025 in Sherwood Primary Care Network (PCN). This innovative project targets individuals aged 60+ with new-onset diabetes and unexplained weight loss, which are key indicators of potential pancreatic cancer. By proactively reviewing patient records and offering timely diagnostic tests such as blood work and CT scans through Sherwood Forest Hospital's non-site-specific pathway, the pilot aims to identify cases earlier and improve treatment outcomes.
26. The ICB's Cancer Team has worked with Sherwood Forest Hospitals and Primary Care colleagues to launch a direct access pathway for GPs to CT Chest scans in Sherwood PCN, marking a major step forward in improving diagnostic access for patients who do not meet the criteria for an urgent suspected cancer referral, but who require investigations. This pilot empowers GPs to refer patients directly for imaging at Sherwood Forest Hospitals, streamlining the diagnostic process and enabling earlier detection of significant pathologies.
27. The Lung Cancer Screening programme has now diagnosed 379 cancers across Nottingham and Nottinghamshire, with 306 being lung cancers and 73 other types of cancers. 65% population rollout of lung cancer screening has been achieved. A new patient case study has been produced showcasing the positive impact of screening and early diagnosis.
28. A promotional campaign for the Lung Cancer Screening Programme in Bassetlaw during quarter one has encouraged 77% of eligible people to present for their 24-month scan. Over 2,500 24-month scans have been completed.

People and workforce:

29. The Integrated Care System has agreed to create a number of Active Bystander trainers across the NHS system. This will be used to support the delivery and rollout of active bystander training across the system NHS organisations.
30. The ICB is the first nationally to develop a Social Care Workforce Dashboard. The dashboard is in partnership with Skills4Care and shows our current workforce in detail, supporting improved information on social care to support planning and transformation.

31. Initial work has been completed to generate a dashboard for piloting that shows NHS vacancies across the system to support staff to find new roles. It also provides analytics on the trends and types of roles that are being recruited to.

Place Based Partnerships:

32. Integrated Neighbourhood Teams were launched in Mid Notts to support the delivery of holistic care in the community, which is focused on co-ordinating care across different services for people to best meet their individual care needs.

33. Healthy Hearts aims to deliver cardiovascular disease outreach clinics at various community locations to offer a range of services to support early diagnosis, prevention and onward referral to healthy living advice services. This partnership approach offers lifestyle advice to patients attending. At a recent event, 64 patients attended, 25% of whom were found to have high cholesterol levels. Results were followed up by a Nurse, GP or Pharmacists at patient's registered practice.

34. Best Years Hubs for older people in Newark and Sherwood continue to thrive. For June 2025, 480 attendances were recorded. There were 251 attendances at falls prevention/chair-based exercise sessions and 108 people received benefits advice. Eight people also accessed digital support from the hubs.

35. Advanced care plans have been piloted across five of the Best Years Hubs, with volunteers doing specialist training to deliver these care plans. Trials in the community have been very successful, and people are comfortable with sitting down and talking with a volunteer.

36. Working with Primary Integrated Care Services Ltd, a number of clinics have been provided to support Primary Care in the diagnosis of respiratory conditions, help diagnose certain lung problems and Chronic Obstructive Pulmonary Disease. From March to June 2025, 35 clinics across the Ashfield North, Ashfield South and Newark PCNs' footprint have been delivered resulting in 190 tests being performed.

37. Nottingham City Place supported the development of culturally specific clinics. 122 at risk patients were invited to a community clinic for screening and behavioural support in a community setting. 21% started on lipid lowering therapy, 7% were diagnosed with hypertension and two people identified as having Atrial Fibrillation.

38. Nottingham City Place set up a diabetes peer support group in Bulwell Top Valley PCN and developed new patient videos for newly diagnosed diabetics, produced in cooperation with Confetti college.

39. South Nottinghamshire Place has provided additional support for people with dementia and their carers. This includes building a comprehensive local bank of

resources that have been offered to the GP Practices and moves from a medical approach to a more holistic model, with the focus on “living well with dementia” with positive impact on carers too. Work is also underway with partners to develop a “Working to become Dementia Friendly” toolkit, now being trialled as a first edition across various organisations.

40. South Nottinghamshire Place has focused on improved management for people with hypertension in Arnold through enhanced case finding within GP practices. This is helping to identify individuals at higher risk of cardiovascular disease earlier, enabling quicker intervention and more timely support. Alongside medical treatment, working in partnership with Gedling Borough Council, patients are being actively signposted to opportunities that promote physical activity and lifestyle improvement, further supporting long-term health and wellbeing. A key element of this collaboration involves offering leisure centre passes to encourage physical activity among patients with high blood pressure. Of the 212 individuals identified with hypertension, 146 (nearly 69%) attended their clinical appointments, and 36 patients have already taken up the offer of a leisure centre pass, reflecting a positive step toward sustained lifestyle changes. To enhance patient outcomes further, Gedling Borough Council’s Fitness Promotions Officer is bi-weekly visits to two practices. These visits provide patients with motivational, personalised support and practical guidance on becoming more active, reinforcing long-term behavioural change.

41. South Notts Place Based Partnership has supported Cotgrave to deliver 400 additional NHS Health Checks for those who may be at risk of developing a long-term condition or diagnosed but currently not on any treatment. This proactive approach has led to 28 new diagnoses of hypertension and two new diagnoses of diabetes. As a result, 40 patients have commenced medication or treatment, and several have been referred to key support programmes, including the National Diabetes Prevention Programme and the Adult Weight Management Programme. These interventions aim to reduce long-term health risks and improve overall outcomes through early and sustained lifestyle change.

42. Bassetlaw Place Based Partnership’s Move More in May campaign engaged 7,448 local people, bringing communities together to access information and services, utilise local green and community spaces, reduce access barriers, raise awareness, and increase movement and physical activity. This included delivery of 120 Health Checks and over 100 community health and wellbeing events.

43. Integrated Neighbourhood Teams in Bassetlaw are making a positive impact for local people. This includes securing over £100,000 in unclaimed benefits; increasing the number of people with a Clinical Frailty Score; delivering Comprehensive Geriatric Assessments and holding outreach events in schools and at food banks.

Appendix 3: Summary of the East Midlands Joint Committee Meeting held on Tuesday 17 June 2025

1. Purpose

1.1. This **ADVISORY** report is presented to provide a summary of the East Midlands Joint Committee meeting held on Tuesday 17 June 2025.

2. Summary of Agenda Items

2.1. Primary Care Finance and Assurance Report

The Committee received the report for **ASSURANCE**. Confirmation was received that:

- A review exercise had been undertaken into the aborted Intermediate Minor Oral Surgery procurement and lesson learnt had been carried forward into the new process, and that a collaborative steering group (inclusive of legal support) is now operating to co-ordinate activity.
- ICBs will be required to purchase additional in year activity for urgent dental appointments, with targeted activity initially focusing on the most pressing areas in Lincolnshire and Northamptonshire.
- It is anticipated the Community Pharmacy Strategy will be agreed by Q3 2025/26, this allowing individual ICB Operational Plans to be developed in response.

2.2. Specialised Commissioning Services Assurance Report

The Committee received the following for **ASSURANCE**:

- Requirements for return to Level 2 LNU (Local Neonatal Unit) had been met at Kettering General Hospital. It was anticipated that this would have a positive effect on other units in the region.
- The regionally commissioned Mental Health and Learning Disability services Operational Plan was agreed at the May meeting of the Tier 2 co-ordination group.

The Committee also:

- **NOTED** concerns regarding the Midlands Diving Chamber service and the external independent review being undertaken
- **DISCUSSED** the transfer of staff associated with delegated services and the challenges this may have with co-ordinated activity/ delivery of outcomes.

- **APPROVED** enacting the contract option to extend the current 2-year NHS Led Specialised MHLDA Provider Collaborative Contract for an additional 1 year, to end 31 March 2027, and **NOTED** the publishing of the Provider Selection Regime Transparency Notice.

2.3. East Midlands 3 Year Dental Commissioning Plans

The Committee received the report for **ASSURANCE** inclusive of the updated financial position, planned year 1 procurements, and potential procurement pipeline capacity concerns, recognising the focus of current activity being urgent dental care appointments, Intermediate minor Oral Surgery, and commissioning Offender Health General Dental Services. Further **DISCUSSION** was had on the potential to balance increase rates for Units of dental Activity whilst recognising the need to demonstrate additional Value for Money, and the available recurrent / non-recurrent in year funding available.

2.4. Specialised Commissioning Strategic Report

The Committee **NOTED** updates on the following:

- Update on the technical delegation process and National Commissioning Review
- Transition programme actions reflecting policy direction, inclusive of service and staff transfers
- NHS contracting assurance and escalations
- Key service issues and actions

2.5. Deep Dive Mechanical Thrombectomy

The Committee **NOTED** the comprehensive update on Mechanical Thrombectomy inclusive of the good progress made on improving collaboration across providers to make the most effective use of workforce / facilities, and the ongoing ask of University Hospitals Birmingham and University Hospitals Coventry & Warwick to develop joint rotas to facilitate 24/7 service coverage.

2.6. National Rehabilitation Centre update

The Committee **NOTED** the update actions inclusive of action taken to establish a rapid review of neurorehabilitation and in consideration of the inpatient bedded provision at the National Rehabilitation Centre.

2.7. AOB - 111/999 Services

The Committee **AGREED** that further progress with collaborative commissioning for 111/999 services should be considered as part of the ICB Transition Programme in response to the Model Blueprint.

2.8. The ICB Chairs and Chief Executives reconvened to have an informal discussion on the NHS Reforms

3. Recommendation

3.1. This briefing summary is provided for information to be noted.

NHS Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	10/09/2025
Paper Title:	**Joint Forward Plan Update**
Paper Reference:	ICB 25 056
Report Author:	Joanna Cooper, Assistant Director of Strategy Sarah Fleming, Programme Director for System Development
Executive Lead:	Victoria McGregor-Riley, Interim Director of Strategy and System Development
Presenter:	Victoria McGregor-Riley, Interim Director of Strategy and System Development

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

Summary:

This paper provides the bi-annual progress update on delivery of the 2025/26 NHS Joint Forward Plan (JFP) including a high-level assessment of risk to ongoing delivery. As a key contributory programme of work supporting delivery of intended JFP outcomes, this paper also provides an update on the development of Integrated Neighbourhood Health Teams. The report recognises that the NHS contribution to the achievement of outcomes does not sit in isolation from actions taken by other system partners including public health and social care, and wider social and economic factors.

The paper also considers the emergent policy environment that will impact on future development of the Joint Forward Plan and/or strategic and operational planning documents. This includes publication of Fit for the Future: The 10 Year Health Plan for England (July), ICB Clustering arrangements, and associated governance arrangements (commencing in quarter three 2025/26) and NHS Planning Framework requirements for a medium term operational and finance plan.

Recommendation(s):

Board is asked to **discuss** the progress with delivery of key milestones in the NHS Joint Forward Plan 2025/26.

How does this paper support	**the ICB's core aims to:**
Improve outcomes in population health and healthcare	The Joint Forward Plan (JFP) sets out a transformed approach to system working based on the key strategic principles of prevention, equity and integration. These principles inform the key programmes/interventions that are expected to drive improved outcomes for the population through a better understanding of local population need, the development of locally sensitive support and services, and through greater collaboration between NHS partners as well as wider system partners.
Tackle inequalities in outcomes, experience and access	The Plan describes the NHS approach to ensuring that local population need is understood, and that support and service provision is tailored to this need.

How does this paper support	the ICB's core aims to:
Enhance productivity and value for money	Key drivers for productivity and value for money are described in the JFP, along with the contribution each programme / initiative will make.
Help the NHS support broader social and economic development	The approach to social economic development is set out the in the JFP.

Appendices:
Appendix 1: Delivery Plan Progress Update Appendix 2: System Outcomes Update Appendix 3: System Outcomes Mapping

Board Assurance Framework:
This paper provides assurance in relation to the management of the following ICB strategic risk(s): • Risk 5: Health inequalities and outcomes – Failure to identify and/or deliver service transformation to address health inequalities and improve outcomes.

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

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No.

Joint Forward Plan Update

Background

1. A light touch refresh of the NHS Joint Forward Plan (JFP) was undertaken for 2025/26 and overseen with engagement from NHS partners and public health colleagues. The final version is published on the Integrated Care System (ICS) website.[1]
2. This paper presents a bi-annual update on progress with delivery of the JFP. A delivery confidence rating is provided against each of the key delivery areas
3. The publication of “Fit for the Future: The 10 Year Health Plan for England” in July, as well as the development of the ICB Clustering arrangements, will require a review of the JFP during 2025/26. The JFP remains a statutory responsibility of the ICB at this time.

Delivery and oversight arrangements

4. The Integrated Care Strategy and JFP Oversight Group has responsibility for overseeing the delivery of the JFP and its contribution to the Integrated Care Strategy. The Group oversees the development of a reporting approach that ensures there is clarity over delivery whilst not replicating existing performance reporting mechanisms.
5. The Group’s membership includes the ICB, NHS provider organisations and Public Health representatives from Nottingham City Council and Nottinghamshire County Council.
6. The Oversight Group is supported by the Integrated Care Strategy Operational Outcomes Group, which brings together analytical expertise from the ICB, Public Health, and more recently NHS providers to identify specific data and metrics that support monitoring of activities and reporting of associated outcomes.

Implementation of the Joint Forward Plan

7. The refreshed JFP for 2025/26 reflects the establishment of eleven Transformation Programmes with the greatest opportunity to support improved care for people and cost effective use of resources. Detailed work within these programmes is outlined within 25 delivery plans. These plans provide more granular information in respect to inputs/activities and timescales for improving outcomes and transforming care across our wider NHS commitments.

[1] https://healthandcarenotts.co.uk/integrated-care-strategy/joint-forward-plan/

8. The Delivery Plan Progress Update (Appendix 1) provides a summary update on delivery of these plans themed across the four clinical priority areas set out in our original JFP. This update therefore provides a cross-cutting population health approach that recognises the interdependencies across multiple programmes of work and their respective supporting initiatives:
    a) Prevention: we will reduce physical and mental illness and disease prevalence.
    b) Proactive management of long-term conditions and frailty to support early identification and avoid unnecessary escalation.
    c) Improve navigation and flow to reduce emergency pressures in physical and mental health settings.
    d) Timely access and early diagnosis for cancer and elective care. four clinical priority areas: prevention; proactive management of long-term conditions and frailty; improving navigation and flow; and timely access and early diagnosis for cancer and elective care.
9. A delivery confidence rating is provided against each of the key delivery areas. Delivery of the plan is broadly on track recognising that this will take time to transact into a demonstrable impact on performance and longer-term population health outcomes.
10. The JFP Delivery Plan Update is not intended to provide a detailed overview of all transformation areas and their related initiatives as this is managed through relevant Programme Boards. It provides an overview of delivery linked to the agreed outcomes framework.
11. The JFP describes three transformational shifts in the way partners work collaboratively with changes beginning in 2025/26. Our focus on these transformational shifts will continue to evolve during 2025/26 and sustained effort by all partners is required if we are to achieve the anticipated benefits of these new ways of working.

Impact on our population outcomes

12. Further to the report shared with Board at the July meeting an updated report on system outcomes aligned to the four core aims of the ICS is included at Appendix 2.
13. Detailed information on outcomes and metrics is available in the July report and System Analytics and Intelligence Unit (SAIU) dashboard. The SAIU is continuing to collaborate closely with ICB commissioners to understand and analyse population health needs and apply these insights to service and pathway planning.

14. The Integrated Care Strategy Operational Outcomes Group has commenced work to articulate the link between transformation initiatives and our agreed population outcomes. The Outcomes Group has provided support to articulate the link between individual transformation programmes and our agreed population outcomes (Appendix 3). This also demonstrates the role each partner organisation has in delivering the JFP.

Risks and issues to delivery of the JFP

15. Delivery of the JFP requires ongoing collaborative working and relationship building across all system partners, which requires both time and capacity. Sustaining collaborative working in the context of reducing management costs in NHS organisations will be challenging.
16. During the transition to a clustered ICB across Derbyshire, Lincolnshire, and Nottinghamshire, there is a need to ensure an ongoing Place focus to deliver a Neighbourhood Health delivery model by bringing partners together at a local level to achieve the JFP.
17. The Local Government Reform agenda and the ongoing maturity of the Mayoral Combined County Authority will bring a significant change to the form and functional focus of local authority organisations. It will remain incumbent on the ICB to retain and develop new working relationships that optimise the opportunities this agenda will bring for improving patient outcomes by adopting collaborative strategic commissioning approaches.
18. The continued and necessary focus on financial sustainability in many of our partner organisations can lead to a focus on transactional activity and divert attention away from more transformational opportunities, as well as potentially impact negatively on working relationships.
19. Transforming our health and care landscape will require a step change in the development of collaborative provider delivery models. Further attention will need to be given in our strategic and operational planning to the development of new contracting approaches, including incentives, to support a healthy market response to future strategic commissioning intentions.

Next steps

20. The 10 Year Health Plan set out a future expectation for a neighbourhood health plan drawn up by local government, the NHS and its partners at single or upper tier authority level under the leadership of the Health and Wellbeing Board. The ICB will bring together these local neighbourhood health plans into a population health improvement plan and use it to inform commissioning decisions.

21. A Draft Planning Framework, published in August, provides more detail on the expectation of a shift towards a rolling five-year planning horizon supporting the three shifts. All organisations are asked to prepare integrated five-year plans demonstrating delivery of financial sustainability. Further medium term operational and financial planning guidance is expected early October. The ICB is required to produce a five-year strategic commissioning plan by the end of December.

22. It is anticipated that this approach will replace the JFP from 2027/28 following revisions to existing legislation.

23. A review of our current planning approach will commence in September. This will reflect the ambitions of the 10 Year Health Plan and the recent NHS England five-year planning guidance. The review will be undertaken in the context of the clustered ICB. This will be subject to any further legislative changes and national guidance.

24. In tandem with this, governance arrangements with partners for the delivery and oversight of five-year plans will also be reviewed.

25. Recent guidance also requires ICBs to develop strategic commissioning intentions and Productivity and Efficiency Opportunities by the end of September. Commissioning Intentions will operationalise the current JFP, setting out the expectations of local providers to achieve explicit performance expectations at a population and patient cohort level. Commissioning Intentions will be followed by more granular Contract Intentions, which will outline the role of individual providers in the delivery of these performance expectations aligned with specific planning and operational delivery targets.

26. To support the transition towards a more population outcomes focussed commissioning approach, it is proposed that the outcomes framework for Nottingham and Nottinghamshire be refreshed, with consideration being given to the following four-tier model reflecting the evolving system architecture:

    a) Tier 1: overarching outcomes that could be consistent across the Cluster reflecting high level population ambitions e.g. improved healthy life expectancy, reduction in avoidable mortality and morbidity.

    b) Tier 2: ambitions to address Health Inequalities and inequity at a Place and Neighbourhood level.

    c) Tier 3: national performance standards for Providers at a Cluster and Place level e.g. access and treatment standards.

    d) Tier 4: measures of cultural change and integration e.g. qualitative feedback on staff feeling part of neighbourhood teams, citizens reporting improved digital literacy and confidence, citizens reporting improved access and satisfaction with services etc.

Mansfield Civic Centre, 09:00-10/09/25

NHS
Nottingham and Nottinghamshire

Appendix 1: NHS Joint Forward Plan Delivery Plan Progress Update

September 2025

Progress summary

NHS
Nottingham and Nottinghamshire

- Deliverables have been updates to reflect the 2025/26 refresh of the JFP. Milestones previously reported as completed have been removed.
- Delivery focus remains on key actions and milestones identified in our 2025/26 NHS Joint Forward Plan.
- Delivery remains on track recognising that this will take time to transact into a demonstrable impact on performance and longer-term population health outcomes.
- Key deliverables that have been identified as off track with recovery plans in place are:
    - Development of targeted case finding specifically focused on population health needs across Places and system priorities, for example, frailty, severe multiple disadvantage, obesity.
    - Smoking, Weight Management, Alcohol, Physical Activity
    - Develop Place-Based Partnership (PBP) focus on tackling the quality of care in frailty that would be supported by the whole system and its partners. Identify the frailty cohort of focus based on data which indicates where resources are being over utilised and where care could be provided more appropriately.
    - Embedded integrated neighbourhood team working across community teams. Prioritise those cohorts/pathway development where data indicates there is greatest opportunity for impact at both Place and system level, for example, frailty, respiratory, hypertension, Cardiovascular disease (CVD).
    - Deliver medically safe for transfer plan target and develop trajectory for years 2 to 5.
    - Transform our Pathway 2 and 3 offer to improve patient flow for patients who are medically safe for transfer and reduce length of stay in Pathway 2 beds.
    - Continued support to eliminate waits of over 65 weeks for elective care.
    - Roll-out personalised care, optimise integrated care pathway and referrals. Maximise productivity and make best use of workforce, for example, shared workforce plans, staff digital passports and Making Every Contact Count.
- Actions previously reported as completed have been removed – new actions have been added.

Priority 01	**Prevention: reduce physical and mental illness and disease prevalence.**	
Outcomes	Increase in life expectancy Increase in multi-morbidity 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

Key Deliverables	Delivery Confidence	Progress Update August 2025	Recovery Actions / Mitigations / Issues / Risks
JFP Prevention Priorities & Health Inequalities (including inclusion health)	**Green**	The HIIF 25/26 has been aligned to the ICB secondary prevention priorities and supporting SMD. Priorities include the development of INTs to optimise secondary prevention in populations of highest need, Making Every Contact Count, CVD and Diabetes, weight management and injectables, proactive care. Specification completed for INTs and secondary prevention priorities – opportunities being considered by Nottingham City. SMD, Diabetes and proactive care LESs have been or are being progressed. Diabetes LES to be reviewed in line with targeting health inequalities – supports effective treatment and management. Spend to be identified and approved for MECC.	• Delivery of prevention priorities being aligned with LCT programme. • To work with Public Health on options to align MECC spend with obesity, building blocks of health and support with weight mgmt.
Development of targeted case finding specifically focused on population health needs across Places and system priorities, for example, frailty, severe multiple disadvantage, obesity.	**Amber**	• Over 600 people have taken part in a Healthy Hearts cardiovascular evening in Hucknall. • Nottingham City community hubs • Nottingham City community cardiac clinics include case finding and management • Nottingham City were successful in a bid for funding for SiSu Health Station which is is an internet-enabled, medical device (Class IIa) that enables individuals to undertake a free, self-service health check. • Nottingham City Public Health implementing new model for funding NHS Health Checks	• Is part of secondary prevention priorities • HIIF funding for INTs for secondary prevention will support proactive case finding and a focus on multi-morbidity as opposed to being disease specific • Focus on risk factors and case finding through prevention plans • Ongoing PBP actions
Based on identified local and system priorities, Place Based Partnerships (PBPs) will develop integrated neighbourhood teams (INTs) to curb demand growth, focusing on keeping people out of hospital wherever possible.	**Green**	• See deep dive slides	

Priority 01	Prevention: reduce physical and mental illness and disease prevalence.	
Outcomes	Increase in life expectancy Increase in multi-morbidity 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

Key Deliverables	Delivery Confidence	Progress Update August 2025	Recovery Actions / Mitigations / Issues / Risks
Smoking, Weight Management, Alcohol, Physical Activity	**Amber**	Figures show a decline in smoking prevalence which can be attributed to the actions taken across the smoking alliance. Trusts continue to provide commissioned services focused on inpatients, maternity and mental health (community and in-patient) as such, smoking cessation is central to their prevention plans. Weight Management – NICE TA for tirzepatide licensed the prescribing of injectables in primary care from the end of June for a small cohort of highest need. Referrals have been accepted from the end of June with the service seeing individuals from September. Numbers being high for the trajectory and in relation to funding allocations. Overall seeing significant numbers through weight management services prescribing injectables. Reviewing CYP weight management services due to nationally funded pilot for specialist weight management services coming to an end. Through HIIF the ICB commission a community CYP weight management programme which has positive outcomes and therefore are considering an integrated pathway. Due to the use of injectables, transition at 18 is also being considered in order to support sustainable weight loss.	• Risk on affordability due to revolutionary change, demand and need for sustainable weight loss • HIIF funding allocated for weight management • To implement integrated local pathway that provides appropriate assessment and access to all interventions • Ensure access to those of highest need i.e. to reduce cardio metabolic weight burden • Manage obesity as a long term condition • Robust education and training on obesity and obesogenic environment, and expanding MECC to focus specifically on interventions • To further develop plans for physical activity with Active Notts and in line with Sport England funding
Vaccinations	**Green**	• As well as focus on adult vaccinations outlined in priority 2, there is a focus on an integrated plan with public health to increase MMR uptake. Nottingham City has the lowest uptake nationally of the second dose of MMR and overall low uptake. Initiatives are supported by the HIIF as well as sources of non-recurrent funding. • Transfer of the commissioning of all vaccinations has been moved from April 2026 to April 2027.	• System wide plan for MMR uptake • Seasonal and adults vaccination plan
Screening	**Green**	• Includes cancer and non cancer screening programmes. Currently are NHSE commissioned programmes with transfer to ICBs now confirmed as April 2027. • £100k non-recurrent funding available to increase uptake of screening and bids are being led by Place Based Partnerships and/or providers	• Reporting of performance issues through POG • Developing cervical cancer elimination plan • Plan to be developed for diabetes eye screening.

Priority 02	Proactive management of long-term conditions and frailty to support early identification and avoid unnecessary escalation.

Outcomes	Increase in life expectancy Increase in multi-morbidity free life expectancy	Reduction in average number of years spent in poor health Reduction in avoidable premature mortality

Key Deliverables	Delivery Confidence	Progress Update August 2025	Recovery Actions / Mitigations / Issues / Risks
Develop Place-Based Partnership (PBP) focus on tackling the quality of care in frailty that would be supported by the whole system and its partners. Identify the frailty cohort of focus based on data which indicates where resources are being over utilised and where care could be provided more appropriately.	**Amber**	• Improve Frailty Management: Increase clinical frailty scoring, establish frailty registers, and enhance personalized care planning for moderate-to-severe frailty and end-of-life care. • Focus on Prevention and Early Intervention: Prioritize falls prevention, early • COPD/hypertension screening, diabetes monitoring, and wellness initiatives addressing isolation, smoking, and healthy lifestyles. • Leverage Technology for Care Delivery: Use digital tools to streamline care processes and enhance system-wide delivery. • Combat Social Isolation: Implement programs like "Best Years Hub" to reduce loneliness and frailty in older adults through social engagement. • Strengthen Integrated Neighbourhood Teams: Set strategic direction for community-focused, coordinated care, emphasizing proactive and preventive approaches.	
Increase seasonal and adult vaccinations inc. flu COVID, pneumonia, shingles, RSV uptake for ‘at risk’ groups.	**Green**	• Spring COVID campaign complete • Comprehensive seasonal plan in place as part of winter planning. Includes RSV vaccination • Targeted work happening through INTs • Vaccination uptake is part of Proactive Care LES	• Delivery of seasonal vaccination plan • LCT programme alignment with respiratory task and finish group • Nottingham received funding for pilot for Health Visitors vaccinating (2-3 year olds are spreaders of flu)
Deliver Primary Care Strategy and integrated approach to Long Term Conditions Management with a focus on the top five health conditions for the population.	**Complete**	• Primary Care Strategy signed off by ICB in June 2025. A Primary Care Transformation Delivery Group has been established to oversee delivery. • Actions aligned to Long Term Condition Management overseen part of Local Care Together programme.	

Priority 02 — Proactive management of long-term conditions and frailty to support early identification and avoid unnecessary escalation.

Outcomes		
	Increase in life expectancy Increase in multi-morbidity free life expectancy	Reduction in average number of years spent in poor health Reduction in avoidable premature mortality

Key Deliverables	Delivery Confidence	Progress Update August 2025	Recovery Actions / Mitigations / Issues / Risks
Continued identification of physical health issues in people with a serious mental illness thorough physical health checks to ensure proactive management in this group who do not routinely access physical health services.	**Green**	• Severe Mental Illness (SMI) healthchecks commissioned via SMI Locally Enhanced Service (LES) and Health Improvement Workers in place. • SMI Physical Health Checks - In 2025/26 the ICS target is 60%, the April 2025 performance remains above target. • System performance is tracked through the ICB trajectory, providing updates on actions and phasing of activity. Some areas of activity are currently not included in Mental Health Services Data Set (MHSDS) returns.	SMI Physical Health Checks - System performance is tracked through the ICB trajectory, providing updates on actions and phasing of activity. Some areas of activity are currently not included in MHSDS returns. Work continues with VCSE Providers and Primary Care to ensure the data can be flowed in the activity count against target as a system (core metric and transformed metric).
Re-launch of the Core Respiratory self-management plans (SMPs), namely COPD, Bronchiectasis and Asthma to further promote self-management and early intervention for respiratory disease management.	**Green**	• Asthma self-management plan (SMP) review completed and the Asthma and Lung UK (ALUK) SMPs endorsed as a system in order to align to AIR (Anti Inflammatory Reliever) and MART (Maintenance and Reliever therapy) regimens as per the new NICE Asthma Guidance. • COPD SMPs continue to be encouraged at system level to support all year round COPD exacerbation related pressures; by promoting early recognition and intervention benefits. • Area Prescribing Committee guidance for COPD exacerbation management reviewed and updated. • Digital development of the COPD SMP in progress, to further develop on the accessibility of this self management support tool. • Collaborative support in discussion with pharma for COPD quality reviews to further enhance SMP uptake. • Performance monitoring in place via the transformation dashboard. Analysis shows that for every 5 SMPs in place 1 non-elective admission is avoided. • Spirometry unmet need under review with future changes to ESDS planned-will directly impact numbers eligible for COPD SMPs and identify those undiagnosed.	CTR dashboard monitoring in place to monitor performance and enable interventions where variances seen. Primary care colleagues instrumental to this as with the General Practice Nurse (GPN) Leads. Spirometry appetite within ESDS for primary care delivery is being reviewed with a view to exploring options for PCN/Federated delivery where the appetite no longer exists. Service specification currently being drafted to be inclusive of Spirometry & FeNo for the above review.

Priority 03	Improve navigation and flow to reduce emergency pressures in physical and mental health settings.

Outcomes	Increase in life expectancy Increase in multi-morbidity 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)

Deliverables	Delivery Confidence	Progress Update March 2025	Recovery Actions / Mitigations / Issues / Risks
Embedded integrated neighbourhood team working across community teams. Prioritise those cohorts/pathway development where data indicates there is greatest opportunity for impact at both Place and system level, for example, frailty, respiratory, hypertension, Cardiovascular disease (CVD).	**Amber**	• Key areas of focus for initiatives to be undertaken across our community landscape (2024-2026) will be frailty prevention, early identification and ongoing management. Actions have been embedded in transformation programmes. • Winter Plan for 2024/25, system approach commended by NHSE. Daily system calls clearly outline all capacity including UCR, Virtual Wards, community beds. 2025/6 Winter Plan following this good practice and in late stages of development.	Robust programme management arrangements are in place to oversee this approach.
Further develop social prescribing model across all Places/care navigation across primary care, aligned with Make Every Contact Count approach.	**Green**	• A multi-level, consistent 'Make Every Contact Count' (MECC) training offer has been co-designed with the Health and Social Care workforce.	
Virtual wards (VW) fully established and meeting target activity levels. Integrated care pathways with social care established for specific cohorts	**Green**	• For June, the ICS reported no change in Virtual Ward bed capacity, with 208 against a plan of 177 and with an increase in occupancy, up to 86.1% (80.3% in May). NHSE expectations are that wards and systems will achieve 80% utilisation of actual capacity. • Latest published data for June shows the ICB places 27th of 42 nationally with 16.2 beds per 100,000 registered population (Aggregate England position is 19.7 per 100,000). VW utilisation benchmarking shows the ICB places 12th of 42 nationally with 86.1% occupancy (Aggregate England position is 77.6%). • Discussions now taking place with LAs re integration with P1 D2A pathway. • Step up activity has increased via community providers	More opportunities in step down respiratory being explored by NUH and NHT
Develop a co-located urgent treatment centre (UTC) at QMC to reduce demand on Accident & Emergency.	**Completed**	• A co-located designated Urgent Treatment Centre is now open at Queens Medical Centre. Phase 1 went live in July 2024 – launching a new expanded inclusion criteria with an aim of increasing the number of patients streamed to the 'UTC'. • Extended opening hours for SDEC, resulting in increased attendances. • Bookable appointments now live • NHSE designation received	An independent quality visit will be completed to the UTC to review impact of the appointment model.
Deliver medically safe for transfer plan target and develop trajectory for years 2 to 5.	**Amber**	• More recent local data shows challenges being faced at both providers. • ICB have commenced P1 re-commissioning • NUH reporting challenges with MSFT, significant deterioration in the pathway to bed (P2) metric due to IPC challenges, rising from 6% to 19% of overall delays compared to last year.	Ongoing discussions with IPC and ICB to find alternative approaches for P2 beds. Governance meetings are being used to hold partners accountable for data and KPIs, with a focus on internal acute actions. Interim P2 commissioning being progressed

Priority 03	Improve navigation and flow to reduce emergency pressures in physical and mental health settings.

Outcomes	Increase in life expectancy Increase in multi-morbidity 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)

Deliverables	Delivery Confidence	Progress Update March 2025	Recovery Actions / Mitigations / Issues / Risks
Expand our same-day emergency care (SDEC) offer across hospitals ensuring direct access for all professionals and implementing new data requirements.	**Green**	• During 2024 SDEC pathways and services were expanded at both NUH and SFHFT. • Specialty referral Policy was signed off by acutes trusts and UEC board which will open up access to specialties for all competent trained clinicians in the Nottinghamshire system rather than designated clinical groups. • Eye casualty focussing on redesigning the triage process and development of an SDEC area (June) and standardisation of practice (workforce and efficiencies).	
Transform our Pathway 2 and 3 offer to improve patient flow for patients who are medically safe for transfer and reduce length of stay in Pathway 2 beds.	**Amber**	• New Pathway 2 clinical model agreed. Much work has been done to reduce LOS in P2 beds • A Pathway 3 bed pilot has been completed. • An interim P2 commissioning model is being progressed	Risk that longer term P2 and P3 re-commissioning will have to be delayed to 26/27.
Develop an urgent care coordination hub (UCCH) which will act as a single point of access for health professionals.	**Green**	• Call activity has significantly increased from November – January with the UCCH taking on average 84 calls per day to support with system pressures vs 44 calls per day baseline • Outcomes have been maintained with 63% of calls managed without an ambulance response or referral to Emergency Department (ED) and 20% of calls managed with self-care • To support efficiency, an automated transfer of calls process has now gone live • Some additional funding has been sourced to increase activity further in 25/26	Investment is required to sustain the increase in call activity for 25/26
Develop an integrated urgent care response (UCR),VW and Pathway 1 service delivery model to increase, and maximise use of, UCR capacity	**Green**	• ICB performance remains above the 70% standard for patients being seen within 2 hrs. In April, performance was 98.8% of 1,695 calls responded to within 2 hours. • The UCR service has consistently exceeded the minimum standard of reaching 70% of two-hour crisis response demand within two hours, achieving an average of 98%. This is the highest in the Midlands and exceeding the national average of 84%. • An integrated UCR and VW offer is now being mobilised across the ICS.	

Priority 04	Timely access and early diagnosis for cancer and elective care.

Outcomes		
	Increase in life expectancy Increase in multi-morbidity 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

Deliverables	Delivery Confidence	Progress Update March 2025	Recovery Actions / Mitigations / Issues / Risks
Continued support to eliminate waits of over 65 weeks for elective care.	Amber	• There were 133 patients over 65 weeks at the end of April against a plan of 0. More recent unvalidated 65-week waiter data submitted to NHS England indicates that Nottingham & Nottinghamshire ICB had 151 patients at the end of May against a plan of 0. 92 of the 151 patients were waiting within the Nottinghamshire system at NUH, SFH, The Park, and Woodthorpe Hospital. An additional 54 patients were waiting longer than 65 weeks at Doncaster and Bassetlaw Hospitals. ENT, Urology and Corneal challenges are the main causes. • There were 2,573 patients waiting over 52 weeks at the end of April against a plan of 2,568. Unvalidated data for May 2025 shows that the position for Nottingham & Nottinghamshire ICB has deteriorated further with 2642 patients waiting over 52 weeks at the end of the month. This is against a plan of 2432. Of the 2642 patients waiting over 52 weeks 1992 are waiting at either NUH (1643) or SFH (349), therefore actions to improve performance and reduce long waits are focussed on these two providers.	The system is unable to provide a route to zero for 65ww and does not have a forecast to eliminate 65ww at the end of June as required by NHSE. Work is underway to explore whether the 65ww position can be improved further through collaborative working, increased utilisation of the independent sector and out of area NHS providers.
Elective hubs and clinical diagnostic centres established (Newark, City, Mansfield).	Green	• Newark elective hub opened in November 2023. • City Hospital elective hub: 3 theatres and 10 bedded Enhanced Post Operative Care Unit opened April 2024. No elective cancellations due to lack of level 1-2 beds over winter 24/25. Additional theatres opening 2026. 3 High Volume Low Complexity theatres and 18 day case Pharmacy, Optometry, and Dentistry services (PODS) due for completion Spring 2026. • Mansfield CDC: elements of the service already operational within existing Community Hospitals, construction underway with planned opening of whole facility in April 2026.	
Expansion of lung cancer screening (LCS), breast cancer screening, community prostate clinics and community liver surveillance programmes.	Green	• Lung Cancer Screening (LCS) expansion plans continue to be implemented. • NHSE have supported through additional funds for radiographers and admin, however further service improvement actions will be identified and enacted during Q4 and into 2025/26, as part of improvement across the whole NUH breast pathway. • ICS has improved early diagnosis rates to 62.2%, above national average and highest in Midlands. This will improve further with expansion of LCS and new Pancreatic Cancer Case Finding Project.	• Ongoing as plan.

Priority 04	Timely access and early diagnosis for cancer and elective care.

Outcomes	Increase in life expectancy Increase in multi-morbidity 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

Deliverables	Delivery Confidence	Progress Update March 2025	Recovery Actions / Mitigations / Issues / Risks
Identify the top 5 specialities with the longest waits for CYP elective care. Differentiating waits and preoperative care for children and young people where development is disproportionately affected compared to adults.	**Green**	• Increase in Paediatric day case rates at NUH and reduction in waiting list through Super Saturdays/Sundays in OP and HIT lists in Theatres. • Paediatric Audiology Services in DBTH continue in serious incident response, overseen by NHSE. SME capacity is impacting on the priority coding of CYP who are waiting to be seen. Clinical competence continues to be a significant risk to progress. The Kingdon Review has been commissioned by the Secretary of State, to be published in July 2025.	
Roll-out personalised care, optimise integrated care pathway and referrals. Maximise productivity and make best use of workforce, for example, shared workforce plans, staff digital passports and Making Every Contact Count.	**Amber**	• **Outpatient virtual appointments -** The latest position for the system is 19.5%, which is below the national standard of 25%. Since April 2022, the position for the system has reduced from 24% to the current position. In April, NUH and SFH delivered 21.7% and 15.1% of outpatients virtually respectively. Ranking for April places the system in quartile 3 nationally, with NUH placed quartile 3 and SFH within the lowest quartile. • **Patient initiated follow up (PIFU)** - Providers are continuing to expand the uptake of PIFU to all major outpatient specialties, the ambition was to move or discharge 5% of outpatient attendances to PIFU pathways. The performance level for the system in April 2025 was 6.9%. This was 11.1% at SFH and 5.6% at NUH. .	

Key

NHS
Nottingham and Nottinghamshire

	Delivery Confidence
Blue	Delivery complete / delivery complete for 2025/26
Red	Off track to deliver in 2025/26 (major) e.g. • High impact on direct patient care • High negative impact on addressing health inequalities • High impact on provider / partner resilience in one or more sectors • High impact with likely adverse publicity / reputational damage / loss of regulator confidence • High effort. Significant capacity/contractual issues. • High-cost impact, adverse financial impact on the system control total
Amber	Off track to deliver in 2025/26 (minor) e.g. • Medium impact on patient care limited to scope of contract • Medium negative impact on addressing health inequalities • Medium impact on specific provider / partner • Medium impact with likely adverse publicity / reputational damage / reduction in regulator confidence • Medium effort. Some capacity/contractual issues. • Medium cost impact, adverse financial impact on the system control total
Green	On track to deliver in 2025/26 e.g. • Minimal or no impact on direct patient care • Minimal or no negative impact on health inequalities • Minimal or no impact on provider / partners • Minimal or no impact on reputation • Minimal or no issues with delivery • No or low-cost impact, impact over limited geographical area

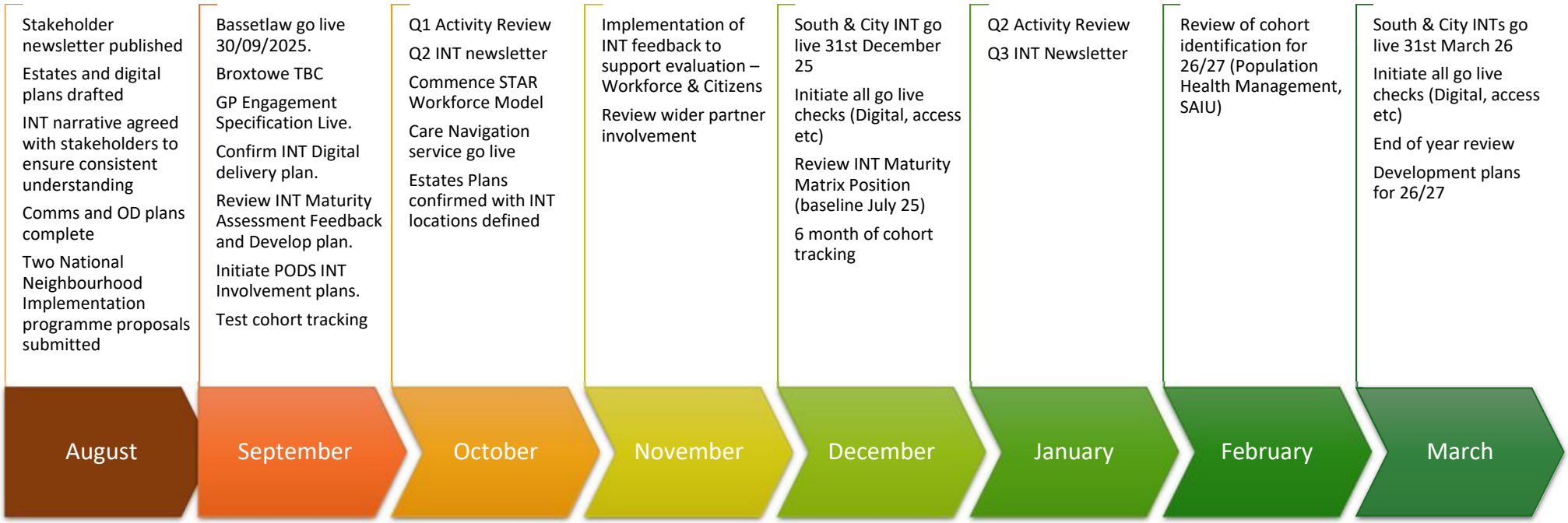
Focus area: Integrated Neighbourhood Teams (INT)

NHS
Nottingham and Nottinghamshire

- The phased implementation of INT is progressing to plan. Four INT were live by 30th June 2025 with plans for the remaining to be live through 2025/26 providing full coverage across Nottingham and Nottinghamshire.
- The focus is on the Frailty and Long-Term Conditions (LTCs) cohorts initially with a roll-out for Children & Young People and Severe Multiple Disadvantage to follow.
- Clinical leadership in place across the system. Place Based Partnerships (PBPs) are actively supporting the implementation with good relationships being formed across the system to support delivery.
- A GP specification for engagement in INT working has been developed. This sets out the requirements of general practice and the operational plan for the INT including the role of care navigation and the identification of focus cohorts for frailty and LTCs. This is currently with GPs for sign-up prior to commencement in September 2025.
- An estates plan has been developed with initial INT requirements confirmed. Various locations have been identified, and these are currently being reviewed by the Estates and Digital Teams to ensure accessibility requirements can be delivered.
- A Digital Plan is in development to maximise opportunities for shared systems.
- Social care staff have been realigned to the INT for County and City is progressing to a timeline of September 2025.
- System Analytics and Intelligence Unit (SAIU) is testing out a range of indicators to ensure progress can be measured including cohort tracking.
- Definition of INT (including population size) will continue to be refined in context of emerging national and local model.

Summary delivery plan to March 2026

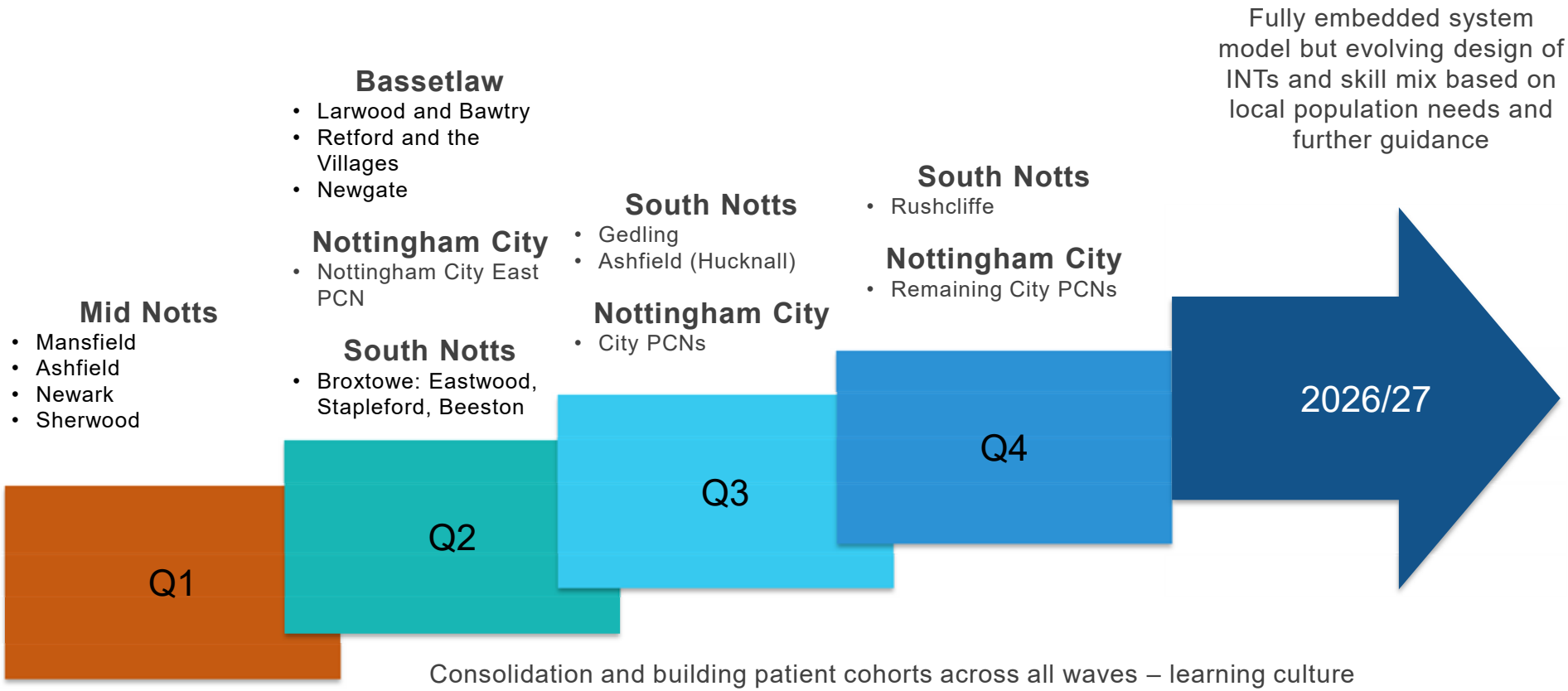
NHS
Nottingham and Nottinghamshire



INT Timescale Roll-out 2025/26

Integrated Care System
Nottingham & Nottinghamshire

It is anticipated that INTs will be operational across Nottingham and Nottinghamshire by the end of Q4 2025-6:



Consolidation and building patient cohorts across all waves – learning culture

Monitoring patient outcomes

Integrated Care System
Nottingham & Nottinghamshire

- SAIU INT Dashboard
- Activity tracking for patient cohorts
- Case studies

Monitoring across health and social care including:

- Reduction in emergency admissions
- Reduction in bed days
- Reduction in hospital length of stay
- Reduction in long-term residential and nursing home placements

Patient stories and workforce feedback

Integrated Care System
Nottingham & Nottinghamshire

Example: Summary Activity July 25 – Ashfield, Mansfield, Newark & Sherwood INT

Activity data collected by the 4 Mid Notts INTs

- Standard system wide data metrics identified.
- SnowMed Codes confirmed.
- Summary monitoring each month collected.

Initial Review for July 25 – 4 Mid Notts INTs

- **Proactive care - linked to risk stratification**
  - 80 patients under review of the INT
- **Reactive care – patients put forward by all partners**
  - 7 people identified needing immediate support.
  - 6 people where admission avoided.
  - Interventions applied:- 3 patients received medical intervention. 2 patients receiving Community intervention, 1 patients with a medical & social care intervention and 1 patient with a medical and community care intervention.

INT Clinical, Professional and Managerial design teams established

Primary Care Alignment

Health and Social Care Workforce Alignment (City and County providers)

Enablers
Estates, digital, workforce, Data/Analytical (SAIU), Comms and Engagement, Care Navigation

Rushcliffe Borough Council PCNs	Broxtowe Borough Council PCNs	Gedling Borough Council PCNs	Ashfield District Council PCNs	Mansfield District Council PCNs	Newark and Sherwood District Council PCNs	Bassetlaw District Council PCNs	City Council City PCNs

Place Based Partnership Clinical Leadership and ICB Place Managerial capacity

INT / PCN Lead PBP Clinical Lead Transformation Managers Transformation Coordinator	INT / PCN Leads PBP Clinical Lead Transformation Manager Transformation Coordinator	INT/ PCN Leads PBP Clinical Lead Transformation Managers Transformation Officer	PBP Clinical Lead INT / PCN Lead Transformation Manager Transformation. Officer INT Clinical Lead INT Co-Ordinator INT Admin Transformation Manager Transformation.Officer Transformation Co-ordinator	Clinical Lead INT Co-Ordinator INT Admin Transformation. Manager Transformation. Officer Transformation Co-ordinator	Clinical Lead Newark Clinical Lead Sherwood INT Co-Ordinator INT Admin Transformation Manager Transformation Officer Transformation Coordinator	Clinical Lead Transformation.Officers	Clinical Leadership and managerial support Transformation Officers

Social Care Team Leaders and Community Health Team Leaders

VCFSE/Community leaders/Local Authorities

Integrated Care System
Nottingham & Nottinghamshire

Appendix 2: System Outcomes

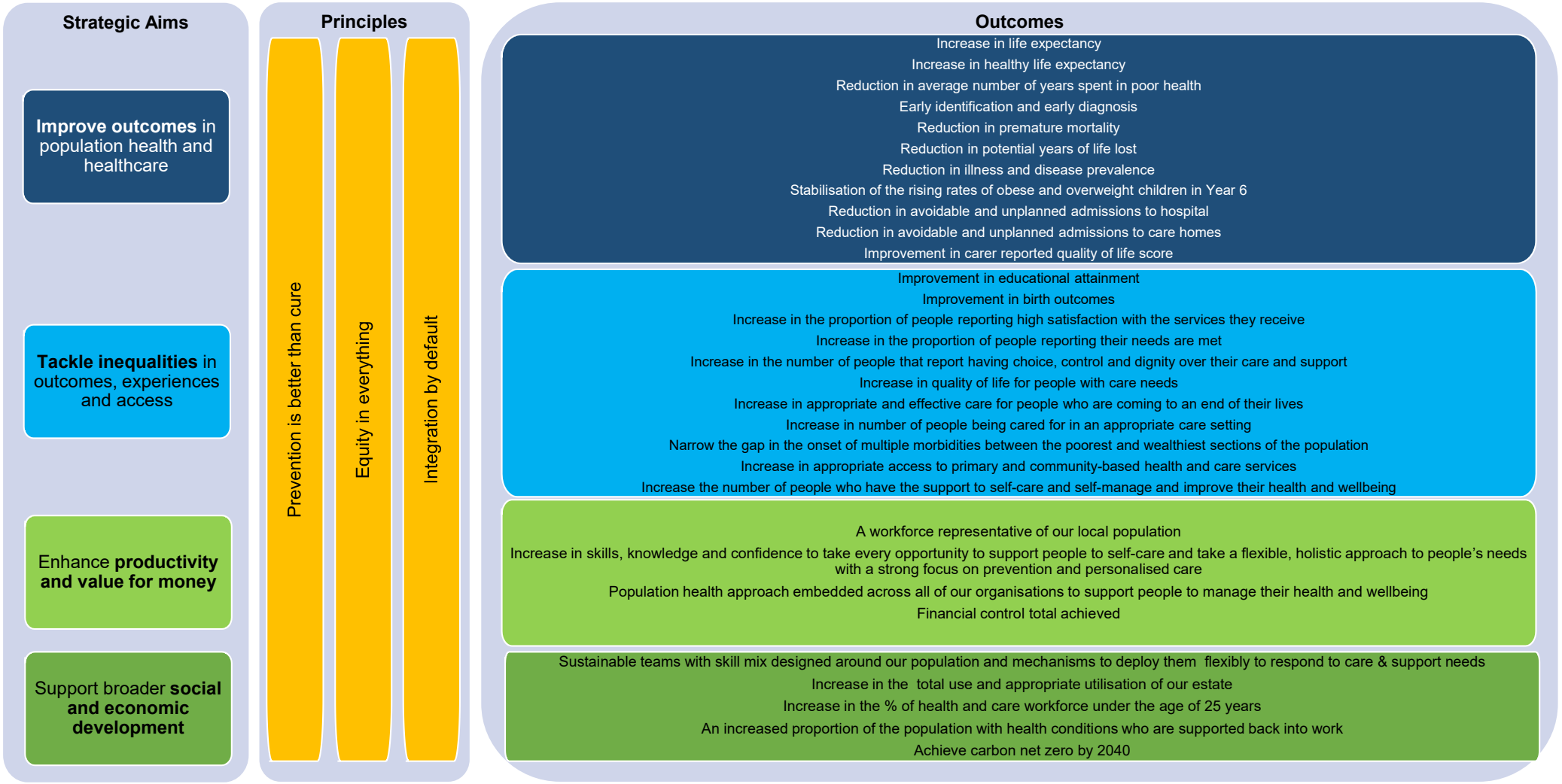
27 August 2025

Our collective system focus

Overarching Ambitions of the Integrated Care Strategy		
Improving Healthy Life Expectancy	**Improving Life Expectancy**	**Reducing Health Inequalities**
An improvement in years of healthy life expectancy at birth from the baseline for 2018-2020 - yet we acknowledge that this may well require a longer timeframe than five years.	An improvement in years of life expectancy at birth from the baseline for 2018-2020 - yet we acknowledge that this may well require a longer timeframe than five years.	A reduction in life expectancy gap (measured in years) between those living in the most and least deprived areas of the ICS from 2018-2020 baseline.

Healthy Life Expectancy	**Life Expectancy**	**Health Inequalities**
Baseline (2018-2020): **Females**: 57.2 years Nottingham 61.5 Nottinghamshire **Males**: 57.3 years Nottingham 61.7 years Nottinghamshire	Baseline (2018 - 2020): **Females:** 81.0 years Nottingham 82.6 years Nottinghamshire **Males**: 76.4 years Nottingham 79.5 years Nottinghamshire	Baseline (2018-20): **Females**: 7.6 years Nottingham 7.7 years Nottinghamshire **Males**: 8.4 years Nottingham 9.3 years Nottinghamshire
Latest (2021 - 2023): **Females**: 56.8 years Nottingham 59.7 years Nottinghamshire **Males**: 57.2 years Nottingham 60.0 years Nottinghamshire	Latest (2021 - 2023): **Females**: 80.6 years Nottingham 82.9 years Nottinghamshire **Males**: 76.2 years Nottingham 78.9 years Nottinghamshire	Data for 2018-2020 are the latest available
Source: Public Health Outcomes Framework	*Source: Public Health Outcomes Framework / Office for Health Improvement and Disparities (OHID) Fingertips*	*Source: Public Health Outcomes Framework* A local methodology is being developed using Patients registered with a GP Practice.

Key System Outcomes



Improving Healthy Life Expectancy

	Nottingham	Nottinghamshire
Baseline (2018-2020)	Females 57.2 years, Males 57.3 years	Females 61.5 years, Males 61.7 years
Latest (2021-2023)	Females 56.8 years, Males 57.2 years	Females 59.7 years, Males 60.0 years

Metric	Baseline	Latest Figure	Change	Ambition	Context
ICS Multi-morbidity Free LE – Female ICS Multi-morbidity Free LE – Male Average number of years spent in poor health	-	-	-	-	These metrics are being developed with Public Health and ICB teams as a replacement for the national Healthy Life Expectancy metric, which is no longer routinely reported. The ICS Collaborative Clinical and Care Leadership and Transformation Group will be considering the proposed methodology and level of ambition to advise the ICP at a future meeting.
Early Cancer Diagnosis – Nottingham	**54.5%**	**62.8%**	**Towards target**	75% (National target for 2028)	Programme of work in place to support earlier diagnosis of cancer. Targeted Lung Health Check (TLHC) expansion plans continue to be implemented. Overall, 200 cancers now diagnosed across the programme with 65% early diagnosis rate (compared to 30% for symptomatic patients).
Carer reported quality of life score - Nottingham	**46.6%**	**42.7%**	**Away from target**	46.6% or higher	Joint ICS Carers Strategy and model of support was co-produced with carers, the ICB and both local authorities in 2022. Carers services are commissioned jointly through the Better Care Fund.
Carer reported quality of life score – Nottinghamshire	**43.7%**	**40.1%**	**Away from target**	43.7% or higher	As above
Quality of life for people with care needs – Nottingham	**18.7** (out of 24)	**18.6** (out of 24)	**Away from target**	18.7 (out of 24) or higher	The data from the measure is taken from responses to the annual Adult Social Care (ASC) survey, which is only sent to people in direct receipt of ASC services. The measure includes responses about: control, personal care, food and nutrition, accommodation, safety, social participation, occupation and dignity. Higher scores are better.
Quality of life for people with care needs – Nottinghamshire	**18.8** (out of 24)	**19.0** (out of 24)	**Towards target**	18.8 (out of 24) or higher	Nottinghamshire scores have improved since baseline, but there are differences for females and clients age 18 to 64 (where scores are better than England) and males and clients over 65 (where scores are worse than England).

Improving Life Expectancy (1/2)

	Nottingham	Nottinghamshire
Baseline (2018-2020)	Females 81.0 years, Males 76.4 years	Females 82.6 years, Males 79.5 years
Latest (2021-2023)	Females 80.6 years, Males 76.2 years	Females 82.9 years, Males 78.9 years

Metric	Baseline	Latest Figure	Change	Ambition	Context
ICS Suicide Rates	**9.2** age standardised rate per 100,000 population	**10.5** age standardised rate per 100,000 population	**Away from target**	9.2 age standardised rate population or lower	Suicide Prevention and Self-Harm Strategy in place for 2024-2029 to promote a safe and stigma free environment, promote wellbeing and reduce risk in at-risk groups, promote the right support, at the right time and in the right place, and ensure that approaches are underpinned by data and lived experience.
Infant Mortality - Nottingham	**6.6** per 1,000 births	**5.9** per 1,000 births	**Away from target**	6.7 per 1,000 births or lower	
Infant Mortality - Nottinghamshire	**3.6** per 1,000 births	**3.7** per 1,000 births	**Away from target**	3.6 per 1,000 births or lower	
Perinatal deaths (stillbirths) - Nottingham	**4.0** per 1,000 births	**4.0** per 1,000 births	**No change**	4.0 per 1,000 births or lower	
Perinatal deaths (stillbirths) – Nottinghamshire	**2.9** per 1,000 births	**2.7** per 1,000 births	**Towards target**	2.9 per 1,000 births or lower	

Improving Life Expectancy (2/2)

	Nottingham	Nottinghamshire
Baseline (2018-2020)	Females 81.0 years, Males 76.4 years	Females 82.6 years, Males 79.5 years
Latest (2021-2023)	Females 80.6 years, Males 76.2 years	Females 82.9 years, Males 78.9 years

Metric	Baseline	Latest Figure	Change	Ambition	Context
ICS Avoidable Deaths	**262.8** age standardised rate per 100,000 population	**247.9** age standardised rate per 100,000 population	**Towards target**	262.8 age standardised rate or lower	By definition, all avoidable deaths are for people aged 75 or younger - there is an overlap between avoidable deaths and premature deaths; over the last decade (2014 to 2013) over two thirds (67.5%) of premature deaths were avoidable (excluding COVID deaths). Five groups of conditions account for over 90% of avoidable, non-COVID deaths; cancers (1 in 3 of all avoidable deaths), circulatory disease (1 in 4), respiratory (1 in 7), alcohol and drug related (1 in 11) and injury (1 in 12). Of these, the number of avoidable deaths caused by circulatory disease and alcohol/drugs have increased during and since the pandemic. The number and rate of avoidable deaths caused by injury in 2023 was the highest observed in the last ten years.
Premature Deaths	**361.7** age standardised rate per 100,000 population	**346.3** age standardised rate per 100,000 population	**Towards target**	361.7 age standardised rate or lower	As above

Reducing Health Inequalities (1/2)

	Nottingham	Nottinghamshire
Baseline	Gap of 7.6 years females, 8.4 years males	Gap of 7.7 years females, 9.3 years males

Metric	Baseline	Latest Figure	Change	Ambition	Context
School Readiness - Nottingham	**60.3%**	**63.6%**	**Towards target**	60.3% or higher	
School Readiness - Nottinghamshire	**66.8%**	**67.7%**	**Towards target**	66.8% or higher	
Year 6 Prevalence of Obesity	**21.6%**	**23.7%**	**Away from target**	To stabilise	
CYP mental health contact in the last 12 months	**17,835**	**19,795**	**Towards target**	16,124 or higher	The ICS is exceeding the access target of number of children and young people (CYP) receiving support (1+contact); 21,010 CYP were recorded as having at least 1 contact in the rolling 12 months ending April 2025 exceeding the annual plan of 20,475.
5 year olds with experience of visually obvious dental decay - Nottingham	**35.8%**	**28.0%**	**Towards target**	35.8% or lower	• Oral health needs assessment completed in 2024 to support prioritisation and targeting of oral health care provision, with a focus on improving access. • Oral health promotion and improvement activity in place targeted at children and young people. • Key stakeholders across Nottingham and Nottinghamshire continue to work jointly to pursue the expansion of water fluoridation.
5 year olds with experience of visually obvious dental decay - Nottinghamshire	**19.9%**	**17.5%**	**Towards target**	19.9% or lower	As above.

Reducing Health Inequalities (2/2)

	Nottingham	Nottinghamshire
Baseline	Gap of 7.6 years females, 8.4 years males	Gap of 7.7 years females, 9.3 years males

Metric	Baseline	Latest Figure	Change	Ambition	Context
Young people Not in Education, Employment or Training (NEET) - Nottingham	**5.0%**	**3.8%**	**Towards target**	5.0% or lower	
Young people Not in Education, Employment or Training (NEET) - Nottinghamshire	**1.5%**	**1.9%**	**Away from target**	1.5% or lower	
Smoking Prevalence (QOF) - Nottingham	**19.4%**	**17.2%**	**Towards target**	19.4% or lower	Nottingham and Nottinghamshire Alliance and Vision for Tobacco Control. NHS services integrating with local authority commissioned services and working with Public Health to take a targeted approach.
Smoking Prevalence (QOF) – Nottinghamshire	**16.0%**	**14.3%**	**Towards target**	16.0% or lower	As above.
ICS – Learning Disabled Patients with Annual Health Check	**68.3%**	**83.2%**	**Towards target**	68.3% of higher	Local Authorities are working with Place Based Partnerships (PBPs) on increasing health checks.
ICS – Severe Mental Illness (SMI) Patients with 6 Physical Health Checks	**37.2%**	**61.6%**	**Towards target**	37.2% or higher	In 2025/26 the ICS target is 60%, the April 2025 performance remains above target.
ICS - Patients on end of life with ReSPECT Form	**42.5%**	**76.9%**	**Towards target**	67.7% or higher	

Appendix 3: Outcomes mapping.

Worked example: supporting the shift from hospital to community

Inputs (resources)	Activities (services, actions, processes)	Outputs (results of activities)	Outcomes (effects of outputs)	Impacts (long term vision for change)
Funding Workforce Infrastructure (facilities and online) IT – digital integration Trusted Assessments Adult population of Nottingham and Nottinghamshire Diverse, ageing, urban and rural population with complex health and care needs	Multi-disciplinary teams (MDTs) formed to support people out of an acute setting **NUH / SFH / DBH** Tertiary prevention: control and prevention of long-term impairments and disabilities: • Discharge planning and transfer of care hubs • Diagnostic testing • To take out (TTO) medication • Outpatient review • Same Day Emergency Care **Social Care** Tertiary prevention: • Care packages • Technology enabled care • Occupational therapy (OT) **Primary Care** Secondary prevention: • Chronic disease screening and risk stratification to identify cohort • Disease management • Care plans developed • Care navigation in line with care plan • Medicines management • Annual health checks **Community provider** Secondary prevention: • Implementing care plans • Community nursing • Wound care • Virtual wards • Rehabilitation **Public Health** • Primary and structural prevention to provide people a healthy environment in which to live, learn, play, work and grow old.	Standard Operating Plan in place XX MDT meetings taking place XX number of RESPECT forms XX number of tests completed XX TTO scripts issued XX outpatient reviews completed XX SDEC appointments provided XX care packages in place XX carers assessments completed XX Disabled Facilities Grants facilitated XX technology packages in place XX OT assessments completed Population Health needs identified XX number of care plans agreed XX number of RESPECT forms XX medication reviews completed XX vaccinations administered XX Health Checks completed XX Virtual Ward beds utilised XX patients completing rehabilitation XX patients receiving wound care X people completing health and wellbeing programmes	• Reduction in average number of years spent in poor health • Early identification and early diagnosis • Reduction in premature mortality • Reduction in potential years of life lost • Reduction in illness and disease prevalence • Reduction in avoidable and unplanned admissions to hospital • Reduction in avoidable and unplanned admissions to care homes • Improvement in carer reported quality of life score • Increase in the proportion of people reporting high satisfaction with the services they receive • Increase in the proportion of people reporting their needs are met • Increase in the number of people that report having choice, control and dignity over their care and support • Increase in quality of life for people with care needs • Increase in appropriate and effective care for people who are coming to an end of their lives • Increase in number of people being cared for in an appropriate care setting • Narrow the gap in the onset of multiple morbidities between the poorest and wealthiest sections of the population • Increase in appropriate access to primary and community-based health and care services • Increase the number of people who have the support to self-care and self-manage and improve their health and wellbeing • Increase in skills, knowledge and confidence to take every opportunity to support people to self-care and take a flexible, holistic approach to people's needs with a strong focus on prevention and personalised care • Sustainable teams with skill mix designed around our population and mechanisms to deploy them flexibly to respond to care & support needs	**Increase life expectancy** **Increase healthy life expectancy** **Reduce health inequalities**

NHS Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	10/09/2024
Paper Title:	**Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance**
Paper Reference:	ICB 25 057
Report Author:	Prema Nirgude, Head of Insights and Engagement
Report Sponsor:	Amanda Sullivan, Chief Executive
Presenter:	Professor Daniel King, Chair of the Nottingham and Nottinghamshire VCSE Alliance

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

Summary:

The Board previously received an update regarding the Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise (VCSE) Alliance in May 2024, which discussed how the Alliance was established, how it continues to support the delivery of the Integrated Care Strategy and further opportunities to strengthen the ICB's partnership with the sector.

This paper outlines the key achievements of the VCSE Alliance since the last formal update in May 2024 and the Board's development session in June 2025 and highlights the sector's ongoing contributions in response to the evolving health and care landscape.

Recommendation(s):

The Board is asked to:

- **Note** the progress made in establishing and embedding the VCSE Alliance within the Nottingham and Nottinghamshire Integrated Care System.
- **Discuss** how the VCSE sector could be further embedded within the health and care system.

How does this paper support	the ICB's core aims to:
Improve outcomes in population health and healthcare	The work of the VCSE Alliance 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:

Appendix 1: Current VCSE Alliance membership

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.

Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise (VCSE) Alliance

Background and current context

1. The Voluntary, Community, Faith and Social Enterprise (VCFSE) sector is referred to in many ways, for example, Civil Society, the Impact Economy, the Third Sector, and the Voluntary and Community Sector. The VCSE sector is the current 'catch all' term that includes any organisation that are:

    a) Independent of government and constitutionally self-governing, usually with an unpaid voluntary management committee (at least half).

    b) Value-driven - they exist for the good of the community, to promote social, environmental or cultural objectives in order to benefit society as a whole, or particular groups within it.

    c) Not run for financial gain - they re-invest any surpluses to further the positive impacts and opportunities they create for the community.

2. The type of groups that make up the sector includes charities (registered and unregistered), community groups, community interest companies, friendly societies, social clubs, many sports clubs, churches and other faith groups, and voluntary organisations.

3. In June 2021, the NHS England Integrated Care System Design Framework[1] set the expectation that Integrated Care Board (ICB) governance and decision-making arrangements support close working with the VCSE sector as a strategic partner in shaping, improving and delivering services, and developing and delivering plans to tackle the wider determinants of health.

4. By April 2022, ICBs were expected to have developed a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, ideally by working through a VCSE Alliance to reflect the diversity of the sector. These arrangements should build on the involvement of VCSE partners in relevant forums at place and neighbourhood level.

5. It was also recognised that our VCSE sector partners are key to the effective delivery of the collective system approach to Working with People and Communities[2]. VCSE organisations engage with communities that the ICB may not hear from, because of their independence from the statutory sector and their strong position within communities providing support, advice and guidance.

[1] Report template - NHSI website
[2] Working with people and communities strategy

6. Nottingham and Nottinghamshire VCSE Alliance is made up of:

    a) Local representatives of national and regional VCSE organisations working in the Nottingham and Nottinghamshire area to provide services to citizens.

    b) A collective of the local Community and Voluntary Services (CVSs) and other infrastructure organisations which operate in Nottingham and Nottinghamshire. These organisations provide resources like funding advice, training, and help groups collaborate and advocate for their communities

7. The VCSE Alliance's role is to act as a central communication point between the NHS and VCSE sector, facilitating a two-way dialogue and channelling insights to support the health and wellbeing of local communities. Beyond this, the Alliance aspires to amplify the sector's voice, engage with ICS governance, collaborate effectively, and demonstrate the unique value of the VCSE sector.

Achievements following May 2024 Board update

8. In May 2024, the VCSE Alliance outlined a series of actions and next steps to the ICB Board. These have since been successfully delivered and are as follows:

    a) Following the recommendations in the Hewitt Review, which highlighted the vital role of voluntary, community, faith, and social enterprise (VCSFE) organisations, the VCSE Alliance has successfully broadened its membership. A focused effort was made to engage faith-based groups operating across Nottingham and Nottinghamshire, resulting in their inclusion within the Alliance. This expansion has strengthened the Alliance’s representation and ensured a more diverse and holistic voice within the system. To date, there are 112 members from 79 different VCSE organisations. The membership of the Alliance has grown by over 10% since the last update to the ICB Board.

    b) Members of the VCSE Alliance continue to engage with the Third Sector Commissioning Group. Led by Nottinghamshire Healthcare NHS Foundation Trust, this group was established to enable a more constructive relationship between NHS Commissioners and the VCSE sector to coproduce a shared understanding of what good commissioning looks like. The group also aims to transform how the VCSE Alliance builds social value and is productive not only for the Commissioners and the VCSE organisations but also the communities and places the organisations operate in as well.

    c) The VCSE Alliance has supported the refresh of the Integrated Care Strategy and Joint Forward Plan.

d) The VCSE Alliance has supported the successful establishment of the Nottingham and Nottinghamshire Insight Hub, which is a central resource for capturing and reporting community intelligence. The Hub brings together insights from across the system, including contributions from statutory partners, VCSE organisations, Healthwatch, citizens' panels, and networks at both Place and Neighbourhood levels. All citizen intelligence is systematically recorded in the Hub, enabling a richer understanding of communities and geographies. VCSE Alliance members have actively contributed insights and identified key data held by health services that can support funding bids, service development, and strategic planning, ensuring the sector's voice is embedded in system-wide intelligence.

Emerging strategic context

9. Over the past six months, the health and care landscape has continued to evolve at both national and local levels. In response, the VCSE Alliance has carefully considered these developments to identify emerging priorities and areas of focus.

10. Key changes that are of relevance to the Alliance include:

a) Publication of the Review of Patient Safety Across the Health and Care Landscape[3] by Dr Penny Dash in response to concerns about the fragmented landscape of oversight bodies which states: *"CQC should assess whether every ICB and provider is listening to patients and users effectively."*

b) Publication of the NHS 10 Year Health Plan[4], which sets out three transformative shifts in the delivery of health and care services, with key implications for the VCSE sector including establishing a Neighbourhood Health Service and integrated teams and a focus to prevention, health creation, and tackling inequalities. In addition, a new expectation is set out to, *"… make patient voice and experience core to how we define what high quality care looks like"* and that NHS bodies will, *"… look to the public, not to the centre, to decide their plans and derive their accountability. We will strengthen the role of patient voice and choice in accountability."*

c) The Model ICB Blueprint[5] sets out a central role for the voice of citizens, service users, patients and communities in the future strategic commissioning work of the ICB. This is clearly indicated in the opening

[3] Review of patient safety across the health and care landscape - GOV.UK
[4] assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf
[5] Model Integrated Care Board – Blueprint v1.0

section which states, *"The NHS needs strong commissioners who can better understand the health and care needs of their local populations, who can work with users and wider communities to develop strategies to improve health and tackle inequalities and who can contract with providers to ensure consistently high-quality and efficient care, in line with best practice".*

d) Approval has been received from NHS England to proceed with the agreed cluster comprising Derby and Derbyshire, Lincolnshire, and Nottingham and Nottinghamshire ICBs. It is acknowledged that the organisation and operation of VCSE Alliances currently vary across the three Integrated Care Boards.

11. Whilst elements of the ICB Blueprint, the Ten-Year Health Plan, and the Dash Review remain subject to further development and national guidance, one priority is clear: people and communities must remain at the heart of health and care service design and delivery and their voice and influence needs to be amplified. The VCSE Alliance is well positioned to support this ambition through two key contributions:

    a) Active involvement in the development and delivery of Integrated Neighbourhood Teams.

    b) Strengthening the voice of people and communities across the system and in key decision-making forums like the Board of the ICB.

12. The remainder of the paper outlines how the VCSE sector is already working with NHS partners and the wider health and care system to deliver on shared priorities. It also presents the VCSE Alliance's perspective on several of these areas of engagement.

Integrated delivery of services

13. On 11 June 2025, the Chair of the VCSE Alliance was invited to present at a Board Development session, contributing to a broader discussion on Integrated Neighbourhood Working. Supported by Jules Sebelin, Chief Executive of Nottingham CVS, and Rev. Simon Cartwright, Chief Executive of Transforming Notts Together, the presentation offered a concise overview of the VCSE sector and the role of the Alliance. It showcased two case studies: one illustrating collaborative approaches to supporting individuals facing severe and multiple disadvantage through cross-organisational partnerships involving both statutory and VCSE organisations; the second highlighting the Places of Welcome programme led by Transforming Notts Together.

14. The discussion also emphasised the importance of local voice and representation within the system, and the VCSE sector's unique position to advocate for people and communities, particularly in the context of

neighbourhood working. The sector's strength was attributed to its diversity, encompassing a wide range of organisations. The value of investing in VCSE organisations was highlighted, with evidence pointing to their role in reducing admissions to emergency departments and improving long-term health outcomes. During the session, the Board responded positively to the opportunity for the VCSE sector to collaborate with the System Analytics and Intelligence Unit, recognising the potential to better connect VCSE data and insights with system-wide intelligence to ensure a triangulated understanding of local people and communities.

Procurement participation

15. VCSE organisations are actively engaging with NHS procurement and recruitment opportunities. A notable example is the Health Inequalities and Innovation Investment Fund, which supports nine local projects. A common thread across many of these initiatives is the meaningful inclusion of voices from the communities most affected. This approach helps shape services, dismantle barriers to access, and better meet the needs of populations at greatest risk, ultimately contributing to the long-term reduction of health inequalities.

Developing emerging Grant Models

16. A new funding model is currently being developed for VCSE organisations in Bassetlaw. Whilst not a traditional grant process, it is viewed as a promising blueprint for future VCSE engagement. This approach has the potential to formalise and broaden the ways in which VCSE organisations contribute to NHS priorities, strengthening their role as strategic partners in service delivery.

Generating citizen intelligence.

17. The VCSE Alliance has highlighted the importance of embedding lived experience into system-wide decision-making. Members emphasised the need to triangulate lived experience with other data sources, establish transparent feedback mechanisms, and ensure that community perspectives lead to meaningful changes in service design and delivery. This approach supports more responsive, person-centred care and reinforces the value of coproduced services
18. The Alliance had advocated for the consistent inclusion of small, grassroots organisations, particularly those founded and led by individuals with lived experience, in system design and decision-making processes. These organisations offer unique perspectives and play a critical role in reaching and supporting communities that may otherwise be underserved. Their contributions

are essential to ensuring that services reflect the realities of those most affected and that the system remains grounded in community needs. Through the clustering arrangements, there is a strong view that the voices of localised communities should not be diluted or lost.

19. Discussions have raised concerns around the clarity of the VCSE sector's role within the system - specifically, whether its primary function is to provide intelligence or to deliver commissioned services. It was noted that any additional responsibilities must be matched with appropriate funding, particularly given the sector's already stretched capacity. The need for sustainable investment and clear commissioning pathways was emphasised to enable the sector to contribute effectively and equitably.

Next steps

20. The next steps for the VCSE Alliance are as follows:

    a) Building on the ICB Board Development session, the Alliance should pursue opportunities to connect VCSE data with system-wide intelligence.

    b) Collaborate with system partners to produce real-life examples of VCSE impact within Integrated Neighbourhood Teams, showcasing how community insight shapes service delivery.

    c) Support the development and implementation of system-wide processes to capture, triangulate, and act on lived experience, especially from grassroots and user-led organisations, alongside other data sources. This should include transparent feedback loops that demonstrate how community input influences service design and delivery.

    d) Gain clarification on their role within the system - whether as a provider of intelligence, a commissioned service provider, or both.

    e) Discuss the best way for the insights gathered from VCSE organisations to be given visibility within the ICB's decision-making processes, particularly the Board.

21. VCSE organisations are uniquely placed to support the development and delivery of integrated neighbourhood teams, while amplifying citizen voice across the system. Their deep-rooted connections and trusted relationships within communities, particularly those underserved by statutory services, enable them to engage individuals who might otherwise remain invisible to formal structures. Through this grassroots presence, VCSE organisations are able to generate rich insights and lived experience that are essential to shaping responsive, person-centred care. Their ongoing contribution is valuable to meaningful system transformation.

Appendix 1: Current VCSE Alliance membership

Organisation	Organisation category
Citizens Advice Nottingham and District	Advice on debt, housing, jobs, legal
POhWER	Advocacy, information and advice services for people who experience disability, vulnerability, distress and social
City Arts	Art
Canal & River Trust	Charity to improve waterways
Primary Wellbeing CIC	Children and young people
Railway Children	Children and young people
Nottingham CVS	Community
The Pythian Club	Community
Mansfield CVS	Community
Bassetlaw Action Centre	Community
Citizens Advice Broxtowe	Community
Newark and Sherwood CVS	Community
Bassetlaw CVS	Community
Rural Community Action Nottinghamshire	Community
Your CVS	Community
Ashfield Voluntary Action	Community
Ladybrook Enterprise	Community centre with a programme of activities for local community
P3	Community Services
Nottingham Women's Centre	Community Services
Nottingham City Council	Coordinate 3 locality health and wellbeing networks
Nottingham Counselling Service	Counselling
NSPCC	CYP
Homestart Nottingham	CYP
Children's Bereavement Centre	CYP, bereavement, mental health
Nottinghamshire Community Dental Services CiC	Dental care for disadvantaged groups
Disability Nottinghamshire	Disabilities
Nottinghamshire Disabled People's Movement	Disabilities
Nottingham Mencap	Disabilities charity
Royal National Institute of Blind People (RNIB)	Disabilities/Health condition
Nottingham Recovery Network	Drug and Alcohol Support
Nottingham Trent University	Education
Nottingham Muslim Women's Network	Faith Group
Transforming Notts Together	Faith Group
Trussell Trust	Food banks

Organisation	Organisation category
Nottinghamshire Hospice	Health & social care
Healthwatch Nottingham and Nottinghamshire	Health and social care
Alzheimer's Society	Health condition
Nottinghamshire Deaf Society	Health condition
British Liver Trust	Health condition
Arthritis Action	Health condition
Dementia UK and Admiral Nursing	Health condition
Stroke Association	Health condition
The Robin Cancer Trust	Health condition
Autism East Midlands	Health condition
Autistic Nottingham	Health condition
CityCare	Healthcare provider
NHS Nottingham and Nottinghamshire ICB	Healthcare provider
Framework	Homelessness
Place2Be	Improving children and young people’s health
Opus music	Leaders in making music with people in health and social care settings.
Sherwood and Newark Citizen Advice Bureau	Legal, debt, consumer, housing
Bassetlaw Citizens Advice	Legal, debt, consumer, housing
The Centre Place - LGBT+ Service Nottinghamshire	LGBT+
Nottingham City Council (Public Health)	Local authority
Double Impact Services and Cafe Sobar	local charity of 25 years working across Nottingham city and Nottinghamshire County
Enable	local charity of 25 years working across Nottingham city and Nottinghamshire County
Nottinghamshire Mind	Mental Health
Nottingham Focus on Wellbeing	Mental Health
Muddy Fork	Mental health
Improving Lives	Mental Health Care
Tackling Loneliness Collaborative	Mental Health Care
Royal Air Forces Association	Military
Age UK Nottingham and Nottinghamshire	Older people
The Helpful Bureau	Older people, disabilities
Diversify Education and Communities	Primary Education
SSBC (Small Steps Big Changes)	Programme of activities designed to give every child the best start in life.

Organisation	Organisation category
Al-Hurraya	Providing culturally specific intervention methods for people in BAMER communities.
Nottingham and Nottinghamshire Refugee Forum	Refugees and Asylum Seekers
Angolan Women Voice Association UK	Religions and faith based
Self Help UK	Self help
SHE UK	Sexual abuse, exploitation and violence
Active Partners Trust	Sports/Fitness
Active Health Coach	Sports/Fitness
Endometriosis UK Nottingham Support Group	Support Group
Notts SVSS	Support group
Rainbow Parents Carer Forum	Support group and independent voice for parents and carers who have a child or children with special educational needs and/or a disability (SEND)
Autism East Midlands	Supporting Autistic families
My Sight	Supporting Blind people
Sustrans (sustainable transport)	Sustainable transport
Himmah	Tackling poverty, racism and educational inequalities
Royal Voluntary Service	Volunteering
Broxtowe Women's Project	Women's Charity
The Place (Change Grow Live)	Young people drugs and alcohol advice
The Toy Library	Children and young people
Base51	Children and young people

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	10/09/2025
Paper Title:	**Finance Report**
Paper Reference:	ICB 25 058
Report Author:	Clare Hopewell, Assistant Director of System Finance Ian Livsey, Deputy Director of Finance
Report Sponsor:	Bill Shields, Director of Finance
Presenter:	Bill Shields, Director of Finance

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

Summary:

NHS system: The system reports a £13.3 million deficit at Month four, which is £12 million adverse to plan.

Despite this, the system forecasts breakeven for the full year, supported by £70 million of non-recurrent deficit funding.

The adverse variance is experienced across all the system's providers. The ICB position is break-even. For both Nottingham University Hospitals NHS Trust (NUH) and Sherwood Forecast Hospitals NHS Foundation Trust (SFH), the variances relate to the impact of the resident doctors' strike between 25-30 July 2025. For Nottinghamshire Healthcare NHS Foundation Trust (NHT) the variance relates to mental health private bed costs, flexible staffing and efficiency shortfalls.

Efficiency delivery is £16 million behind plan, with £59.3 million delivered to date. The full-year target remains £279million.

Gross financial risks total £128 million, with £126 million of identified mitigations. The residual net risk relates to the statutory Inquiry at NHT and the impact of the industrial action. Key concerns include contract risks, non-pay inflation, continuing healthcare and prescribing growth and pay awards/uplifts.

Provider system capital allocation reduced by £2.9 million due to the non-recurrent deficit support; 17% of the capital envelope spent to date with forecast to spend the full £89.7 million.

ICB: The ICB is on plan and breakeven for both year-to-date and full-year forecast.

Delivery of the £76.3 million efficiency plan is critical to maintaining this position.

Gross risks of £33.9 million have been identified, primarily linked to efficiency delivery and contract performance. These are fully mitigated through reserves and non-recurrent solutions.

Year to date efficiency delivery is £0.5 million ahead the NHS England plan; and 87.4% of the target has been identified compared to a month three position of 90%. The main change being in the corporate savings workstream. This follows confirmation that costs associated with the nationally directed organisation redesign are expected to be funded

Summary:
internally, meaning it will not be possible to deliver the budget savings previously identified. This now leaves £9.63 million still to be found. Governance has been strengthened via the Financial Recovery and Delivery Group, chaired by the ICB's Chief Executive. The ICB moves a new financial ledger on 1 October 2025. NHS England has provided an assurance statement, which can be found at Appendix 1 of this report.

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:
Appendix 1: NHSE Assurance Statement on ISFE2 (new finance ledger)

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

Nottingham and Nottinghamshire NHS System Position

Indicator Measure	Year to date Plan	Year to date Actuals	Year to date Variance	Plan/ Ceiling/ Envelope	Forecast outturn	Variance	RAG year to date	RAG forecast outturn
Financial Sustainability (break-even)	-1.3	-13.3	**-12.0**	0.0	0.0	**0.0**	Red	Green
Total Pay Spend	672.2	687.9	**-15.7**	1,988.7	1,994.4	**-5.7**	Red	Red
Substantive Spend vs Plan	628.3	639.4	**-11.1**	1,858.1	1,867.8	**-9.8**	Red	Red
Bank Spend vs Plan	31.4	35.3	**-3.9**	93.6	89.3	**4.4**	Red	Green
Agency Spend vs Plan	11.3	12.1	**-0.8**	33.5	33.8	**-0.3**	Red	Red
Whole time equivalent (Provider) - 2025/26 plan	34,263	34,346	**-83**				Red	
Financial Efficiency Vs Plan	75.3	59.3	**-16.0**	279.0	279.0	**0.0**	Red	Green
Recurrent Efficiencies	59.4	43.5	**-15.9**	230.0	221.8	**-8.2**	Red	Red
Achievement of Mental Health Investment Standard	0.0	83.1	**0.0**	251.6	252.0	**0.4**		Green
Capital Spend Vs System Envelope	20.1	15.4	**4.7**	89.7	89.7	**0.0**	Green	Green

1. The NHS system has a reported a £13.3 million deficit at month four, which is £12 million adverse to plan.
2. The system has received £70 million of non-recurrent deficit support to achieve a break-even plan which is included in the forecast position.
3. The non-recurrent deficit support included in the year-to-date position is £29.1million in terms of both plan and actuals.
4. The system forecast at month four is in line with the planned break-even position.
5. The year-to-date position is off plan mainly due to the impact of the resident doctors' strike at the end of July, sub-contracted bed costs within mental health, flexible staffing, and efficiency shortfalls, which are being offset by other plan underspends.
6. A potential implication of the month four off-plan position is the withdrawal of deficit support funding across the system for quarter two.

By Organisation £'m	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	-2.0	-2.0	0.0	-2.0	-2.0	0.0	0.0	0.0
Sherwood Forecast Hospitals	-1.3	-1.7	-0.4	0.5	0.1	-0.4	0.0	0.0	0.0
Nottinghamshire Healthcare	0.0	-9.6	-9.6	0.0	-2.0	-2.0	0.0	0.0	0.0
Nottingham & Nottinghamshire ICB	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	**-1.3**	**-13.3**	**-12.0**	**0.5**	**-3.9**	**-4.4**	**0.0**	**0.0**	**0.0**

7. **Workforce**: Staff costs are £15.7 million overspent across the NHS system at month four with whole time equivalents (WTEs) being 83 WTEs higher than plan.
8. Substantive spend is £639.4 million, which is £11.1m over the year-to-date plan and the forecast at month 4 to be £9.8 million over plan. Agency spend is £12.1 million, which is £0.8 million over the year-to-date plan. Agency forecasts are £0.3 million over the plan and £1.7 million above the agency cap. Bank spend is £35.3 million, which is £3.9 million over the year-to-date plan. Bank forecasts are £4.4 million under the plan and £8.4 million under the bank cap.
9. **Efficiencies**: The year-to-date position includes £59.3 million of efficiency. All organisations within the NHS system continue to work up financial recovery plans, as the risk on the delivery of the efficiency plan target of £279 million remains high.
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 associated with finalising contracts and overperformance, prescribing pressures and growth relating to continuing healthcare. There are also risks around non-pay inflation and risks around pay awards/uplifts.
12. **Governance and Oversight**: The system has enhanced its efficiency governance and oversight arrangements. All organisations have financial sustainability boards/groups with senior ICB attendance. This feeds into a system financial sustainability group which scrutinises and oversees the efficiency and finance position weekly.
13. **Capital Envelope**: The system submitted a capital envelope plan of £86.65 million which included a deduction of £2.92 million from the initial capital envelope allocation of £89.57 million. The reduction in capital available being one of the implications of the system having non-recurrent deficit support funding.

14. The system has also received an additional £3 million capital envelope relating to the (prior year) integrated urgent and emergency care incentives scheme (at NUH) taking the total system capital envelope at M4 to £89.7 million.

15. £15.4 million of the capital envelope has been spent to date which is £4.7million under the year-to-date plan. The forecast remains to spend the total system capital envelope in full. The system also submitted plans to support several national programmes (total £80.1 million) including estates safety, return to constitutional standards and front-line digitalisation of which £13.7 million has been spent to date.

ICB Position

16. The overall ICB financial position remains on plan and breakeven from an income and expenditure point of view for both year to date and forecast outturn.

17. The forecast outturn assumes that the efficiency plan of £76.3 million delivers in full. As reported in previous months this assumption holds an element of risk as a number of programmes have not yet fully identified schemes to cover their efficiency targets. This risk is captured in the risk and mitigations log.

18. There are other risks, e.g. activity and price pressures, as well as the efficiency risk noted above associated with delivering the balanced plan and these are also described in the risk section of the report below.

19. The capital allocation for the ICB's business as usual (BAU) capital stands at £2.8 million for the financial year. This will be invested, in full, across GP IT, ICB IT and GP Premises schemes.

Financial Position – Month Four

20. The table below shows the key financial performance indicators. At this stage of the year both year to date and forecast outturn are showing achieved for all indicators, apart from year to date efficiency (see Savings Plan section below).

Key Financial Performance Indicator	Target	Year to Date	Forecast
Deliver planned surplus/deficit	Breakeven	Breakeven	Breakeven
Deliver income and expenditure breakeven	Breakeven	Breakeven	Breakeven
Achieved mental health investment standard	Spend in full	On target	On target
Deliver better payment practice code targets	>95% all four categories	On target	On target
Do not exceed capital allocation	Spend <£2.5 million	On target	On target
Do not exceed running cost allowance	Spend <18.5 million	On target	On target
Delivery efficiency target	Deliver £76.3 million	On target	On target

Savings Plan

21. The overall efficiency plan is for £76.3 million, and delivery of this target is key to remaining on a breakeven forecast outturn position.

22. The year-to-date plan is £19.7 million and delivery of this is £20.2 million, meaning the year-to-date position has moved from a previously reported shortfall to now being on/over plan. This follows resolution of the Ruddington Manor community scheme.

23. £18.0 million worth of the £76.3 million target has been identified as a risk to delivery using NHS England risk criteria. The focus is on reducing this risk and ensuing delivery.

Risks

24. In addition to the efficiency risk noted above a further £15.9 million of financial risk has been identified, giving gross risks of £33.9 million. This includes risks around over performance in acute NHS and independent sector contracts, risks of increased activity and/or price pressure on continuing healthcare and section 117 packages and similarly activity and/or price pressures on prescribing.

25. Total mitigations of £33.9 million have been identified, leading to a balanced risk position. These include the efficiency programme identifying new deliverable schemes plus holding back of reserves and identifying further non recurrent finance solutions. A full risk schedule is presented below.

Risks (full year) from reported breakeven	**£000**
Gap in recurrent identified efficiency	£8,628
Programme efficiency forecast outturn risk balance	£9,407
Acute NHS overperformance	£4,000
Acute Independent Sector overperformance	£500
Mental health ADHD assessments	£2,000
Estates prior year resolution/in year inflation	£1,000
Ophthalmic overspend	£1,400
Continuing Healthcare package activity/price	£2,000
Section 117 package activity/price	£1,000
Prescribing activity/price pressures	£4,000
Total risks	**£33,935**

Mitigations	**£000**
Reserves adj	£7,450
Efficiency programme delivery	£4,704
Health Inequalities Investment Fund reserve slippage	£2,000
Mental Health Investment Standard use for section 117/other mental health risk	£2,000
Mental Health development funds potential balance	£2,000
Other finance solutions	£9,782
Dental resource reallocation	£6,000
Total mitigations	**£33,935**

Net Risk / (Mitigation)	**£0**

Detailed financial performance

2025/26 Programme Area	Year to Date				Forecast Outturn		
	Budget £'000	Actual £'000	Variance £'000		Budget £'000	Actual £'000	Variance £'000
Acute	516,887	519,645	(2,758)		1,525,315	1,530515	(5,200)
Specialised services	111,051	111,051	(0)		358,945	358,945	0
Community	98,717	99,673	(956)		284,503	285,233	(730)
Mental health	100,778	100,414	364		311,701	311,825	(125)
Continuing healthcare	56,883	56,089	795		172,688	172,183	505
Delegated primary care	84,585	84,744	(159)		261,979	259,680	2,299
Delegated pharmacy, ophthalmic, dental	38,682	38,273	410		124,053	124,052	1
Prescribing	68,795	68,145	651		201,164	203,263	(2,099)
Other primary care	14,459	14,465	(6)		37,626	37,649	(23)
Programme corporate costs	13,302	12,665	638		34,675	33,309	1,366
Efficiency reserve	0	0	0		0	0	0
General reserve	0	0	0		1,647	9098	(7,451)
Contingency reserve	873	0	873		11,066	0	11,066
Total programme costs	**1,105,013**	**1,105,162**	**(149)**		**3,325,361**	**3,325,753**	**(392)**
Running costs	6,275	6,127			18,556	18,164	
Toal prior to planned surplus / (deficit)	**1,111,289**	**1,111,289**	**(0)**		**3,343,917**	**3,343,917**	**(0)**
Planned surplus/deficit	0	0	0		0	0	0
Total reported position	**1,111,289**	**1,111,289**	**(0)**		**3,343917**	**3,343,917**	**(0)**

Note, positive variance is favourable, negative variance is adverse

26. *Operating Cost Statement*

a) The overall revenue resource limit for month four is £3,343.9 million, reflecting an increase of £32.5 million from the previous month.

b) Key allocations are:

- Pay award over and above the planning assumption of £17.7 million
- Community Pharmacy Contractual Framework £8.6 million
- East Midlands Cancer Alliance £1.3 million
- Non recurrent provider support funding £1.3 million
- Other various £3.6 million

27. *Acute Services*

a) Covers contracts with Nottingham University Hospitals Trust (NUH), Sherwood Forest Hospitals (SFH), and other NHS/independent providers.

b) Key risks: pass-through drug/device costs and elective recovery funding caps.

c) Financials:

- £2.8 million over plan year to date and £5.2m forecast outturn. £0.8 million of this is due to pass through charges from SFH relating to month 12 of the old financial year.
- Independent sector contracts are now forecast to be £3.5 million overspent. This is a combination of a new orthopaedic consultant practising at the Spire Hospital and also individual patient transfers to the independent sector from NUH and SFH. In addition, Doncaster and Bassetlaw Hospital trust is now forecast to be £1.3 million over contract.

28. *Specialised Commissioning*

a) Delegated to the ICB in 2024/25, covering high-cost, low-volume acute and mental health services (mainly with NUH).

b) Charged on a cost and volume basis.

c) A regional risk share is in place to manage volatility.

d) Assumed on plan for both year to date and forecast outturn.

29. *Community Services*

a) Primarily delivered by Nottinghamshire Healthcare NHS Foundation Trust (NHT), Nottingham CityCare, and includes Better Care Fund payments.

b) Mostly block contracts, reducing volatility.

c) £1.0 million over plan year to date, £0.7 million over plan forecast outturn. The year-to-date position is an improvement from the previous month following the resolution of the Ruddington Manor efficiency scheme

d) The forecast outturn overspend is driven by increased activity on third-party community contracts.

30. *Mental Health Services*

a) Includes block contract with NHT and cost/volume contracts for locked rehab, Talking Therapies, and Section 117 placements.

b) Subject to Mental Health Investment Standard.

c) £0.4m underspend year to date, £0.1 million overspend forecast outturn, both due to Section 117 pressures.

d) All other areas currently showing on plan.

31. *Continuing Healthcare (CHC)*

a) Cost and volume contracts with nursing/care homes; some jointly funded with local authorities.

b) High growth area, under close scrutiny.

c) £0.8 million underspend year to date, £0.5 million underspend forecast outturn, assuming full efficiency delivery.

32. *Primary Care Delegated – GP Providers*

a) Covers General Medical Services contracts, Local Enhanced Services, Additional Roles Reimbursement Scheme, and premises costs.

b) Allocation continues to match expenditure.

c) £0.2 million overspend year to date, £2.3 million underspend forecast outturn due to reserve usage and accrual differences.

33. *Primary Care Delegated – Pharmacy, Optometry, Dental*

a) Delegated in 2023/24.

b) Historic pressures on pharmacy allocations mitigated by non-recurrent NHS England funding.

c) Optometry £0.3 million overspend year to date.

d) Pharmacy £0.3 million underspend year to date. This is after receiving funding to offset pharmacy cost pressures. (This funding had been anticipated and previously reported as a mitigation).

e) Dental £0.36 million underspend year to date.

f) All three on plan/ breakeven position forecast outturn.

34. *Prescribing*

a) Covers GP-prescribed pharmaceutical items.

b) High volatility due to pricing and new drug approvals.

c) Latest prescribing data available is only to May 2025 due to data lag (two months).

d) Growth in the number of items prescribed has slowed.

e) Increase in the average cost per item prescribed.

f) No specific drugs or national pricing changes have been identified to explain the change. Instead considered to be more reflective a change in the overall mix of drugs being prescribed.

g) Investigations continue. As a result, ICB has made a prudent adjustment to its forecast which amounts to a £1.6 million deterioration.

35. *Corporate Programme and Running Costs*

a) Split between programme (healthcare) and running (admin) costs.

b) New limit: £18.76 per head, covering both running and Commissioning Support Unit programme costs.

c) £0.8 million underspend year to date, £1.7 million underspend forecast outturn, mainly from vacancies in medicines management.

d) Forecast remains within annual allowance.

36. *ICB Reserves*

a) General reserves held for unallocated purposes.

b) Forecast includes assumed expenditure to balance forecast outturn and net risk.

c) £4.9 million added in month for reprovision funds no longer needed and reserves that have been released as a result of the restatement of the mental health investment standard requirement.

37. *Underlying Financial Position*

a) Forecast underlying financial position at plan stage: £10.2 million deficit.

b) Dependent on delivery of £66.6 million recurrent savings.

c) Updated underlying financial position forecast at Month four: £20.6 million deficit, mainly driven by a shortfall in planned recurrent efficiency savings

38. *Balance Sheet Items*

a) Cash: £2.27 million held at 31 July vs. £3.05 million target.

b) Better Payment Practice Code: All targets met (95%+ invoices paid within 30 days).

c) Debtors: £542,000 over 90 days (mainly Nottingham City Council recharges), actively pursued.

N&N ICB Aged Debtors Profile	0 - 30 Days	31 - 60 Days	61 - 90 Days	> 90 Days	Total
Amount Due £'000	1,729.63	15.68	1.10	541.58	2,287.99

39. *Capital*

a) Business as usual capital plan: £2.83 million, fully allocated to GP IT, ICB IT, and estate development.

b) The business as usual allocation as well as the Utilisation and Modernisation fund allocation are expected to be spent in full by the end of the financial year.

Implementation of a new Financial Ledger

40. The ICB moves to a new ledger, ISFE2 Oracle fusion, on 1 October 2025. This is a nationally procured system that all ICBs are mandated to use.

41. in response to queries raised, the Senior Responsible Officer of the ISFE2 Programme for NHS England has provided an assurance statement. That statement is intended to be used in giving updates to receiving boards and committees.

42. Members are asked to note that an update report on ISFE2 will be produced for consideration at the next meeting of the ICB's Audit and Risk Committee. It will include the statement received from NHS England, which has been included in this report (see Appendix 2). The statement has been included to give the opportunity for members to review and provide comment ahead of the imminent "go live" date itself.

Appendix 1

ASSURANCE STATEMENT:
THE INTEGRATED SINGLE FINANCIAL ENVIRONMENT (ISFE2)

Provided by Vicky Gaulter, Director of Financial Control and Senior Responsible Owner of the ISFE2 Programme, NHS England,

2 September 2025.

1.0 Purpose

The Integrated Single Financial Environment Programme (ISFE 2) will replace the existing financial platform in use across NHS England (NHSE), Integrated Care Boards (ICBs), Commissioning Support Units (CSUs) and the Health Services Safety Investigations Body (HSSIB). This report provides an update on the ISFE2 Programme, aimed at providing assurance to the these 'receiving' organisations' Boards, CFOs, CEOs, Executives, Chairs and Audit Committees as appropriate. It covers the governance arrangements, internal controls, and readiness for the ISFE2 service commencement on 1 October 2025.
The purpose of this paper is not only to demonstrate accountability and transparency but also to provide confidence that risks are being managed proactively. It can be used by each organisation to provide assurances as required for their respective governance functions.

The technical solution has been fully tested and there has been, and continues to be, extensive business readiness activity to support all receiving organisations prior to Go Live and into Live Service and the Hypercare window. Activities to date have included process awareness and End User Training to embed the new ways of working across the wider organisations. A small number of organisation representatives have also been included in the latest test phase – UAT – to give them the opportunity to see and test the system prior to the Go Live date.

2.0 Overview of the Integrated Single Financial Environment (ISFE)

ISFE2 is NHSE's new cloud-based finance and accounting platform, replacing the legacy Oracle R12 system, ISFE1.

It will enable NHSE, the ICBs and CSUs to better manage core financial processes such as accounts payable and receivable, general ledger, cash management, VAT services, and reporting. It provides a host of enhancements including improved monthly reporting, planning, budgeting & financial consolidation. From 1 October 2025 ISFE2 will serve as the core finance platform for NHSE group organisations and will be accessible to over 14,000 Users and 70,000 suppliers.

The ISFE2 platform and associated processes have been designed in line with appropriate ISAE3402 controls. The controls focus on providing NHS organisations with third party assurance over the processes that have a financial impact on the NHSE group financial ledger.

3.0 Governance, Controls, and Independent Assurance

3.1 Independent Assurance

Given its role within the NHS, ISFE2 is classified as Critical National Infrastructure. This designation means it is listed on the Government Major Projects Portfolio (GMPP) and is subject to independent scrutiny against Managing Public Money and Government Functional Standards, in addition to quarterly reporting to the Department of Health and Social Care, Cabinet Office and HM Treasury.

The programme is also overseen by the National Infrastructure and Service Transformation Authority (NISTA – formerly Infrastructure and Projects Authority (IPA)) who undertake gateway reviews to evaluate programme readiness, risk management and alignment with the government's long-term strategy.

In April 2024, following a red rating and expert findings from the NISTA Gate 0 review, NHS England undertook a major programme reset ('Reset'). This resulted in a revised delivery timeline, the introduction of additional specialist capability from Deloitte and NHS SBS, a change in programme delivery personnel and a strengthened governance structure. The Programme has since undertaken a further 2 NISTA Gate reviews as set out below.

During the Gate 4 (Readiness for Service) review in July 2025, NISTA awarded the programme an amber rating and an endorsement for going live on 1 October 2025, recognising the considerable progress made while noting the added complexity arising from wider changes in the healthcare landscape. The undermentioned key recommendations were provided to ensure readiness for 1 October 2025.

- The NHSE and NHS SBS Programme Directors should look urgently at the possibility of conducting a proper dress rehearsal once all testing is finished – *A comprehensive dress rehearsal which included a number of scenarios was conducted on the 27 August 2025, including senior representation from both NHSE and NHS SBS. This was managed under incident management protocols.*
- The SRO needs to increase awareness of plans, solution and sell the benefits within user organisations (NHSE, ICBs, CSUs, and HSSIB) while aligning training to need – *A range stakeholder awareness sessions have been undertaken and further are planned through September and October 2025. Training has also been supplemented in response to stakeholder feedback.*

- The Programme Directors should ensure that the processes for rollback to (or remain on) ISFE1 and for invoking a manual payments contingency are fully documented, tested and communicated, and that there is appropriate governance in place for cutover – *Governance has been established and emergency processes have been documented and tested. Programme Directors held a workshop specifically on this topic and have specific actions with and for ICBs for contingency. We will communicate these contingencies as required.*

3.2 ISFE2 Programme Governance and Risk Management

The ISFE2 Programme is being managed in line with government best practice (GovS 002). Governance is led by the NHS England Senior Responsible Owner (SRO), with ultimate accountability held by the NHS England Chief Financial Officer, and is exercised through the ISFE2 Programme Board, Programme Working Group, and readiness boards at national, regional, and local levels.

Risk management is embedded at every level, with a joint NHS England and NHS SBS process for managing Risks, Assumptions, Issues and Dependencies (RAID). Risks and issues are reviewed weekly through programme governance and checkpoint meetings, with escalation routes clearly defined. There are two risks deemed critical at this point:

Ref	Risk	Mitigation
1.	Due to announcement that NHSE will be fully integrated into the DHSC, there is a risk that NHSE and Integrated Care Boards are subject to significant change resulting in high workloads and limited engagement opportunities.	The programme team have worked across all stakeholder groups to minimise change and disruption preparing stakeholders for service commencement.
2.	Due to the transition from ISFE1 to ISFE2, there is a risk of service disruption across stakeholder groups and/or organisations.	The programme is implementing a formal 4-month Hypercare window, which includes processes for triage and resolution, the ability to invoke surge resourcing planning, and the provision of on-site support where deemed necessary.

4.0 ISFE2 Programme Delivery

The ISFE2 Programme is delivered through formal workstreams, each jointly led by workstream leads and supported by subject matter experts from NHSE and NHS SBS, supplemented by third party specialists, and governed through detailed project plans and monitored against a consolidated plan on a page.

A programme plan (Microsoft project plan) is maintained following a formal rebaseline which was completed and most recently approved by the ISFE2 Programme Board in Q1 2025, reflecting lessons learned through ISFE2 Testing phases, operational dependencies, and a refined delivery approach.

The project plan and deliverables have been and continue to be managed under strict change control and quality assurance by NHSE, ensuring all changes are properly evaluated, documented, approved, and implemented in alignment with agreed governance processes and strategic objective of a safe and secure service commencement of ISFE2.

4.1.1 Testing

On the 24 July 2025, the ISFE2 programme board formally signed off the exit of User Acceptance Testing confirming the solution had no critical defects and is functionally safe to go live.

The table below provides an overview of the Testing phase and outcomes:

Title	Description	Total Tests	Commentary
Functional Acceptance Testing	Ensure that the functionality works as specified in the Requirements Traceability Matrix (RTM), Design and Level 5 (L5) Processes. This phase focused on configuration, seeded data, migrated data for products, extensions where possible and validation of requirements.	1569	In line with best practices, the ISFE2 platform has completed a comprehensive five-stage testing cycle, guided by clearly defined entry and exit criteria and supported by robust defect management. The testing process was overseen through formal programme governance and reviewed by third parties, who confirmed that the level of robustness and assurance meets industry standards.
System Integration Testing	Validate the integrations between systems in the solution to ensure that they conform to the specified requirements, design, and business process.	1236	
End to End Testing	Prove the end-to-end business processes, including interaction with any systems involved in that process. This test phase is designed to enable the NHS SBS Operational Team to gain confidence that they can go live with the final solution, and that it supports the business process.	5580	
User Acceptance Testing	Ensure that the product or output is fit for the purpose it was built for and that it meets requirements and can be used by end users. Testing conducted by a small cohort of end users across NHSE group and NHS SBS.	315	
Non-Functional Testing (Performanc	Verify that the solution can perform the target production load through testing against a set of agreed Non-Functional Requirements (NFR). Security testing verifies that the	373	

Title	Description	Total Tests	Commentary
e & Security Testing)	solution is secure and will prevent misuse by external agencies or people.		

The Exit criteria for each phase of testing was met to formally conclude each testing phase. This included zero (0) outstanding critical defects (Severity 1). In addition, only one Severity 2 defect remains from all test phases, resulting in an Oracle fix to be applied on 15 September 2025. All remaining defects have been addressed through fixes, mitigations, or workarounds. NHS SBS has prepared a continuous improvement roadmap to resolve outstanding the minor UAT defects during the Hypercare window and in subsequent phases and has documented agreed workarounds.

4.1.2 User Acceptance Testing (UAT)

The measure of success for this phase of testing is whether the critical business functions could be delivered, reliably and safely. The testing ran for 14 weeks involving over 60 representatives from NHS SBS and NHSE group. Aligned to industry best practice, testing was undertaken in a production-like environment with a full data set. Testers documented and graded their results in a central reporting tool that was accessible to all testers, programme leadership and programme governance.

At the conclusion of UAT, a specialist team then reviewed each finding to specify if a function or system defect was identified and then identified a resolution, appropriate fix or mitigation workaround. NHS SBS has prepared a continuous improvement roadmap to resolve the outstanding UAT defects throughout the Hypercare window and beyond.

4.2 Data Migration & Reconciliation

The ISFE2 Programme Team has now successfully completed five data migration practice runs. Each of these simulated moving all the user, supplier, transactional and reporting data from ISFE1 to ISFE2. The data is reviewed and validated through a series of technical transformation and reconciliation processes to ensure it is accurately migrated into the new platform.

Concurrently, the organisational readiness teams have been submitting their various data sets using the templates provided in accordance with the timings in the ISFE2 Hub Checklist. Local business reconciliation leads will then be asked to note any changes to the data sets made by the ISFE2 Programme Team before the solution goes live.

Any data not transferred from ISFE1 to ISFE2 will be classified as a “fallout” and communicated to the relevant parties. Local business reconciliation leads will be provided with support to resolve or remediate any identified fallouts. In advance of that exercise,

each organisation will receive a report about what data is being migrated between ISFE1 and ISFE2 and any impact of data changes to operational business. This will include details of the Business Rules that have been applied to the data that is migrated and will be issued early in September 2025.

These will include transformation rules, such as:

- PO under £50
- Payment requests against one off suppliers
- Partial payments against a PO
- Matched PO lines

4.3. Readiness

4.3.1 Organisational Readiness

There is a structured organisational readiness programme which oversees and governs the activity of the 48 local ISFE2 programme teams. The local implementation leads, workstream leads, communication leads and project managers, with the support of change champions, manage the transition to ISFE2 within their organisation.

The programme established local programme teams in April 2025. Key delivery roles are in place with the first board meetings held by June 2025.

The day-to-day activity for these teams has been governed by a Hub checklist and cutover plan with dated deliverables, and associated instructions and templates. The teams are led by a dedicated ISFE2 project manager and report into the ISFE2 Programme Team.

4.3.2 User Readiness

The ISFE2 platform is built on Software as a Service (SaaS) technology promoting the principles of ‘adopt not adapt’ which culturally is different from today. In recognition of this, to support through the change, there has been a blended approach to communications, engagement, and training.

Led by the national team, ISFE2 programme communications and engagement has included:

- A dedicated ISFE2 extranet site and training zone with 52,000 visits in last month
- A spotlight series and process awareness sessions attended by over 7,500 people with average 4 / 5 rating
- Monthly Implementation Lead, Workstream Lead and Comms Leads Check Ins with the SRO
- Regular SRO and ISFE2 In Brief Bulletins and workstream updates
- Weekly Programme Drops In for key subject areas, e.g. cutover, suppliers, training.
- Monthly messaging toolkits and messages

- 30+ process demonstration videos.

Formal training (70+ sessions across the key functional areas) runs from August through to November 2025. In addition, over 250+ artefacts of training materials and self-help guidance, including access to Oracle Guided Learning (an in-system prompt for each process) have been made available.

The Programme has acknowledged the lack of available ‘sandpit’ environment has been a concern for users and impacted the ability for organisations to complete their local readiness assessments. Additional ‘super user’ training has been run for the key functional leads at the NHS England Group as a pilot and is now being set up for key personnel from each organisation.

All readiness teams are working towards the next critical readiness milestone is on the 12 September 2025 when they will report on their preparedness for service commencement.

4.3.3 Cutover

The transition from ISFE1 to ISFE2 is guided by a detailed cutover plan that specifies the required operational and technical activities along with their timelines. This plan, distributed in July 2025, highlights the key dates for system freezes and final activities. The cutover activity has been supported by regular drop-in sessions and weekly cutover emails.

4.3.4 Hypercare

The move to ISFE2 will be supported by a 4-month Hypercare window, running from Oct 2025 to end Jan 2026. ISFE2 helpdesks will triage and resolve all incoming queries. Plans have been developed for expected increases in demand (e.g. hot topic areas, key business process dates) and increased resources to address this demand are in place.

The Hypercare plan sets out a structured approach to facilitate a smooth transition, maintain business continuity, deliver effective user support, proactively monitor system performance, and ensure comprehensive knowledge transfer. During the Hypercare period, support will be structured and managed as a coordinated incident response function. Issues will be categorised and managed through a severity-based triage model, leveraging Command and Control Centre (C&CC) governance. This approach enables rapid identification, escalation, and resolution of incidents, while maintaining full visibility across operational and technical support channels.

5.0 Conclusion and Assurance

The ISFE2 Programme has made substantial progress in addressing the findings of the April 2024 Reset (Gate 0) and has since established strengthened governance, robust risk management, and structured readiness arrangements across all participating

organisations. Independent assurance through NISTA Gateway Reviews and external certifications (ISO27001:2022 and Cyber Essentials Plus) provides confidence that programme governance, information security, and delivery practices are aligned with recognised standards and best practice.

Testing has been completed to defined entry and exit criteria, with no critical defects outstanding at sign-off, providing assurance that the solution is functionally safe to proceed to go-live. Organisational and user readiness programmes are in place across all 48 NHS England stakeholder groups, ensuring programme risks are understood and managed.

On this basis, the programme is on track to deliver the ISFE2 Programme safely, subject to continued focus on managing risks, maintaining strong governance discipline, and ensuring that local readiness activities remain a priority through and post go-live.

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	10/09/2025
Paper Title:	**Quality Report**
Paper Reference:	ICB 25 059
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
- Sherwood Forest Hospitals NHS Foundation 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):

- Urgent and Emergency Care
- Maternity
- Special Educational Needs and Disabilities
- Looked After Children
- Children and Young People
- Infection Prevention and Control

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

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	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 (NHT) – NHS Oversight Framework Segment Four (NOF 4)

Reflections since the last report

1. The Care Quality Commission (CQC) undertook two inspections of core services during June 2025, HMP Nottingham and Rampton Emerald Ward, and child and adolescent mental health inpatients services in July 2025. Post inspection feedback from visits is awaited.
2. There have been concerns identified regarding flow across the system for mental health services. Patients are remaining in acute beds due to the challenges of discharge and increased demand for mental health admission. A systemwide discussion is taking place to identify processes for admissions, discharges and escalations.
3. There are several areas in which the Trust is undertaking quality improvement initiatives, these include individuals on enhanced observations in mental health inpatient settings.
4. 33 out of the 34 recommendations from the Section 48 improvement action plan overseen by the Integrated Oversight and Assurance Group are either signed off, awaiting approval, or are on track.
5. A Trust-wide ‘Learning from Incidents’ event has taken place, which provided an opportunity for staff to reflect on the learning from the Independent Review into the care and treatment of Valdo Calocane, as well as wider learning nationally and those with lived experience.

Monthly exceptions

6. Lings Bar Hospital has moved to a primary care model for their patient physical health. An exploratory meeting was held with Primary Integrated Community Services (PICS), and NHT highlighted areas for focus resulting in a planned targeted Quality Visit to the hospital.
7. The SafeNow meeting, chaired by Care Unit Associate Directors of Nursing is now well-established, offering more assurance around areas not achieving their trajectory and the changes being made to improve these service areas. The process is allowing a more comprehensive overview of each service, their daily challenges and the discussions taking place across the teams to develop and implement improvements.

New risks

8. No new risks have been identified for this month; however, intensified scrutiny and media attention in response to the public inquiry continues. The Trust has arrangements in place for staff wellbeing.

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

Reflections since the last report

9. The focus on quality impacts in the Urgent and Emergency Care pathway continues. The planned quality visit was stood down and is rescheduled for September 2025.

10. Temporary Escalation Spaces metrics at NUH indicates some continued improvement, with several days where no patients were recorded in Temporary Escalation Spaces within the Emergency Department. Ward-based Temporary Escalation Space usage has also shown a slight decline following an initial increase after implementation, suggesting stabilisation and utilisation of escalation protocols.

11. The NUH Breast Screening services are receiving additional support from NHS England and the ICB around concerns around screening performance, workforce fragility, and cultural issues.

Monthly exceptions

12. A period of industrial action from the British Medical Association involving resident Doctors commenced on the 26 July 2025. Mitigations and actions were employed to support and manage risks during this period.

New risks

13. No new risks have been identified for this reporting month.

Sherwood Forest Hospitals NHS Foundation Trust (SFH) – NHS Oversight Framework Segment Two (NOF 2)

Reflections since the last report

14. Demand throughout the urgent and emergency care pathways remains high. Internal actions to address this are on track.

15. Work continues to address issues highlighted by sepsis audits. Weekly audits appear to evidence overall compliance is increasing; however, the lowest scoring area continues to be around fluid balance monitoring and work is underway to understand the barriers to improve.

Monthly exceptions

16. Progress is being made with the Trust's quality dashboard. However, this is being slowed down due to the need to manually pull data from Datix. Work is underway to consider how data can be automated.

17. There continues to be limited resource of patient safety incident investigators. Job descriptions have been drafted to employ supporting functions to undertake those investigations with coronial interest. Alternative processes are under

development to ensure learning and review of incidents continues in the absence of a full Patient Safety Incident Investigation.

18. A cluster review around increased incidence of neonatal pneumothorax has prompted a change in practice to align with NUH guidelines relating to the use of high flow oxygen.

New risks

19. No new risks have been identified for this reporting month.

Urgent and Emergency Care – Enhanced Oversight

Reflections since the last report

20. Following the implementation of 45-minute handovers at Queen's Medical Centre there has been a significant reduction in pre-handover lost hours, which are showing a special cause improvement across the ICS. However, whilst this has released ambulances back into the community it has not reduced queues to get into the Emergency Department.

21. The process remains in place to support NHS England's request for 'After Action Reviews' for individuals experiencing prolonged delays in the urgent and emergency care pathway, including eight-hour ambulance delays and 48- and 72-hour emergency department waits. Thematic reporting continues through the System and Regional Quality Group.

22. In July 2025, no 48-hour and two 72-hour emergency department breaches were reported. 72-hour breaches at NUH related to mental health bed capacity. There have been no eight-hour ambulance delays.

23. Winter planning is underway, with the ICB coordinating a system wide response to NHS England's Key Lines of Enquiry.

Monthly exceptions

24. There are no new exceptions to report for this reporting month.

New risks

25. No new risks have been identified for this reporting month.

Maternity – Enhanced Oversight

Reflections since the last report

26. Following the unannounced CQC inspection of NUH's maternity services in May 2025, the 2024 action plan and the action plan that will be developed in response to the latest inspection report, will be amalgamated into one overarching action plan.

27. The Nottingham Birth Reflection and Birth Related Trauma service has received a nomination for a DAISY award. This is an international recognition for extraordinary nurses and midwives who provide compassionate and skilful care. Staff report that the team have really embedded into the service, and this has strengthened support and engagement of families.
28. A recent recruitment event at NUH has secured 27 whole time equivalents (WTE) into the recruitment pipeline. Midwifery vacancy rates are currently at 15 WTE, with a continued reduction in turnover rates.
29. The Local Maternity and Neonatal System (LMNS) is collaborating with Public Health and trust colleagues to update the equity strategy. A timeline has been established, with the final draft scheduled to be presented at September's LMNS Perinatal Scrutiny and Oversight Board meeting.

Monthly exceptions

30. There are no new exceptions to report for this reporting month.

New risks

31. Media scrutiny persists due to the Independent Maternity Review and corporate manslaughter investigation announcement at NUH.

Special Educational Needs and Disabilities (SEND) - Enhanced Oversight

Reflections since the last report

32. The primary focus for this period has been the Nottinghamshire SEND Partnership's local area monitoring visit, which concluded on 22 July 2025. The draft outcome letter is awaited.
33. It is expected that the report will be positive but also identify some key areas for action and a need to continue strengthening internal collaboration and leadership alignment. This will be vital as preparations progress for the forthcoming full inspection of the Nottingham City SEND Local Area Partnership, where expectations around joint commissioning, shared accountability, and health's contribution to the SEND system are likely to be explored in greater depth.

Monthly exceptions

34. The feedback from the joint inspection team highlighted the system's limited ability to evidence the impact and pace of improvement for some elements of the priority areas, specifically therapy services. The details of these areas will be provided once the official feedback is released.

New risks

35. There is an emerging strategic risk linked to challenges around collaboration and leadership alignment, especially in Nottingham City SEND Local Area Partnership as it prepares for a full inspection.

Looked After Children – Enhanced Oversight

Reflections since the last report

36. Quarter four 2024/25 key performance indicator data demonstrates improved waited times and compliance in NUH and it is expected that waiting times and compliance will improve in NHT in quarter one 2025/26.

Monthly exceptions

37. There are no new exceptions to report for this reporting month.

New risks

38. There is an ongoing risk relating to capacity in NHT and a requirement of change to service delivery in NUH.

Children and Young People – Enhanced Oversight

Reflections since the last report

39. There continues to be some extremely complex young people in inappropriate settings and significantly challenging issues for children and young people from other areas and work is continuing around this area.

40. The incident management process for Sickle Cell Carrier Notification in two Places in the ICB is now closed and no longer considered to be a risk. The root cause analysis has been completed, and an easy read version has been developed, to be shared. There will be learning events following the closure to engage with the affected population.

41. Challenges in transitioning young people with long term ventilation, complex co-morbidities, life-limiting conditions and Down Syndrome have been identified as significant concerns for the system. There is support from the regional team in leading a task and finish group focusing on long term ventilation, as this has been identified as an area at risk, due to the skills and number of specialist consultants who are able to manage the young people's needs

Monthly exceptions

42. There are no new exceptions to report for this reporting month.

New risks

43. Long term ventilation services for young adults, impacting on children and young people services and specialist adult services.

Infection Prevention Control – Enhanced Oversight

Reflections since the last report

44. The challenge with meeting healthcare-associated Infection (HCAI) thresholds for 2025-26 continues.

45. The system Infection Prevention Control Strategy has been drafted and requires support from all providers to progress. This will have shared ownership and aims to drive Infection Prevention Control quality improvement work across all system partners.

46. UK Health Security Agency is supporting data analysis on *E.coli* BSI cases. Nottinghamshire cases remain stable but are higher than other areas. Community onset associated (not healthcare) cases are the highest group. Public Health is reviewing population health data to support with focus actions.

Monthly exceptions

47. Outbreaks across care homes with pathway two and three beds have impacted on discharges from NUH over July. Work is ongoing to improve communication and safety of some discharges to ensure patients are not symptomatic of infection prior to discharge.

48. *C.difficile* outbreaks have been identified on wards in SFH and NUH.

49. Carbapenem resistant Enterobacteriaceae (CRE) cases have been identified at City Hospital. Continuous monitoring, cleaning, and follow-up actions are being taken to address these CRE cases.

New risks

50. HCAI targets for 2025-26 will be challenging to meet with continued boarding and overcrowding, which impacts on the ability to undertake cleaning and is a factor with outbreaks and onward transmission.

51. Continuing increasing cases of *C. difficile* with outbreaks noted at both NUH and SFH. Factors include pressure to admit with reduced time for cleaning of environment and shared equipment.

52. Increasing cases of CRE noted at NUH.

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:	10/09/2025
Paper Title:	**ICB Service Delivery Performance Report**
Paper Reference:	ICB 25 060
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:	Maria Principe, Acting Director of Delivery and Operations

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 2025/26. 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.

The urgent care system met the four hour wait plans in April, May and June, but performance declined in July. Providers reported increases in emergency care demand, along with challenges in patient flow through the hospitals. Discussions regarding recovery are ongoing. Achieving recovery will be challenging due to increased demand and heightened pressures on urgent care expected in the autumn and winter months. Nonetheless, there remains a strong commitment to returning to planned performance levels.

Long waiting times for elective procedures and some diagnostics tests persist. Efforts are ongoing to reduce waiting times, with improvement trajectories by specialty and test modality being monitored weekly. The system is focusing on eradicating 65-week waits by the end of September. Performance against cancer standards remains challenging particularly at Nottingham University Hospitals NHS Trust. The Trust is presenting a detailed cancer recovery trajectory for with underpinning actions at the System Oversight Group on 9 September 2025.

The Mental Health programme is performing well across most national standards. There has been a decline in Individual Placement Support performance, with a deep dive taking place to examine the data and identify remedial actions. The use of independent sector beds continues to be high, which is reflective of the demand for mental health inpatient services.

Primary care dental performance improved in quarter one, with both adult and child numbers exceeding targets. The number of units of dental activity delivered also achieved the plan in quarter one. Total GP appointments in June 2025 were 8.31% above plan, of which 84.7% were delivered within two weeks. Discussions continue with practices, where required, to enhance their appointment book accuracy and consistency.

There has been an increase in patients waiting over 52 weeks for community services in June, with significant growth seen at Nottinghamshire Healthcare NHS Foundation Trust within the children and young people's Speech and Language Therapy and Occupational Therapy services. Discussions are ongoing with the Trust around mechanisms to reduce waiting times in these services.

Summary:
There are long waits for attention deficit hyperactivity disorder and autism assessments and diagnosis within children and adult services. Commissioners and providers are collaborating to review processes and the service model, with the goal of increasing capacity and making the referral and assessment process more efficient.

Recommendation(s):
The Board 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.

Are there any conflicts of interest requiring management?
No.

Is this item confidential?
No

Key Performance Metric Summary

The table below provides a summary of 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 2026. The plan for March 2026 is included to enable current performance to be viewed alongside the year end ambition. ICB Ranking is provided to enable a view of comparable performance across the 42 ICBs (1/42 = top performing). Ambulance ranking is based on the five systems that utilise EMAS services.

Programme Area	Key Metric	Metric Basis	Latest data Period	Plan	Actual	Variance	Plan Mar-26	SPC Variation	ICB Ranking	IPR Page No.
Urgent Care	A&E 4hr % Performance (All Types)	Provider	Jul-25	71.5%	68.7%	-2.8%	75%	Common Cause	40/42	63
Urgent Care	12hr waits as % of overall attendances	Provider	Jul-25	7%	7%	0%	7%	Common Cause		63
Urgent Care	Ambulance Cat 2 Pre-Handover Times	Population	Jul-25	00:19:48	00:27:54	00:08:06	00:26:47	Improving - Low		62
Urgent Care	Ambulance Cat 2 Mean Response Time	Population	Jul-25	00:28:20	00:29:12	00:00:52	00:27:29	Improving - Low	1/5	62
Urgent Care	7+ day LOS (as % of GA beds occupied)	Provider	Jul-25	47.7%	51%	3.3%	47.0%	Concerning - High		
Urgent Care	% patients discharged on Disch Ready Day	Provider	Jun-25	81.7%	82%	0.3 %	81.8%	Common Cause		64
Planned Care	Total Incomplete Waiting list	Population	Jun-25	127659	126575	-1084	124194	Improving - Low	14/42	
Planned Care	RTT waits <18wks % overall WL	Population	Jun-25	59.5%	64.3%	4.6%	63.5%	Improving - High	7/42	67
Planned Care	RTT waits to first appt <18wks % of WL	Population	Jun-25	69.3%	70.0%	-0.7%	73.8%	Improving - High	6/42	67
Planned Care	52ww as % of overall waiting list	Population	Jun-25	1.8%	1.79%	0.01%	1%	Improving - Low	9/42	67
Planned Care	No. Patients waiting over 65 weeks	Population	Jun-25	0	86	86	0	Improving - Low	11/42	67
Planned Care	Diagnostic Waits <6 week %	Population	Jun-25	85.5%	80.1%	-5.4%	95%	Improving - High	17/42	71
Planned Care	No. Diagnostic Waits >13 week	Population	Jun-25	0	921	921	0	Improving - Low	10/42	71
Planned Care	Cancer 28 Day Faster Diagnosis %	Population	Jun-25	79.5%	79.7%	0.2%	80.2%	Common Cause	13/42	70
Planned Care	Cancer patients seen within 62 days %	Population	Jun-25	67.5%	58.7%	-8.8%	75.1%	Common Cause	36/42	70
Mental Health	No. Inappropriate OAPs	Provider	Jun-25	1	10	9	0	Common Cause	32/42	74
Mental Health	Inpatient Mean LOS adult acute beds	Population	Jun-25	59	52	-7	53	Common Cause	16/42	
Mental Health	Comm MH Adult waits >104wks 1st contact	Population	Jun-25	95	20	-75	0	Common Cause		
Mental Health	Comm MH CYP waits >104wks 2nd contact	Population	Jun-25	230	1925	1695	0	Improving - High		
Mental Health	NHS TT Reliable Improvement %	Population	Jun-25	68%	69%	1%	68%	Improving - Low	28/42	73
Mental Health	NHS TT Reliable Recovery rate (%)	Population	Jun-25	50%	46%	-4%	50%	Common Cause	29/42	73
LD&A	Inpatients - adults with a LD	Population	Jul-25	20	29	9	18	Improving - High		
LD&A	Inpatients - Autistic Adults	Population	Jul-25	15	14	-1	14	Improving - Low		
LD&A	Inpatients - CYP with LD and/or autism	Population	Jul-25	3	1	-2	0	Improving - High		
LD&A	Learning Disability Annual Health Checks	Population	Jul-25	1275	1303	28	2196	Improving - Low		
Community	Therapeutic Comm Waits >52wks-Adult	Population	Jun-25	0	3	3	0	Improving - Low		80
Community	Therapeutic Comm Waits >52wks-CYP	Population	Jun-25	10	59	49	13	Improving - High		80
Community	Urgent Care Response %	Population	Jun-25	70%	98%	28%	70%	Improving - High		60
Community	Virtual Wards %	Population	Jul-25	80.2%	84.6%	4.4%	80.2%	Common Cause	13/42	64
Primary Care	No. GP Appointments	Population	Jun-25	599582	651612	52030	660148	Common Cause		79
Primary Care	No. Advice & Guidance Pre-referrals	Population	Jun-25	3440	2781	-659	5433	Common Cause		
Primary Care	NHS App Registrations	Population	Jun-25	75%	60%	-15%	75%	Improving - High		79

Programme Area	Key Metric	Metric Basis	Latest data Period	Plan	Actual	Variance	Plan Mar-26	SPC Variation	ICB Ranking	IPR Page No.
Primary Care	Dental UDAs % Contracted	Population	Jun-25	94.4%	86.7%	-7.7%	156535	-		
Primary Care	Dental Urgent % Contracted	Population	Mar-25	-	-		7621	-		
Primary Care	Pharmacy First Consultations	Population	June-25	9841	8376	-1465	10169	Improving - High		

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 6 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

Urgent care

1. There continues to be pressure on emergency services within the Nottingham and Nottinghamshire system. At Nottingham University Hospitals NHS Trust (NUH), emergency department attendances are above plan by 2.6%, with admissions for older people above plan by 4.5%. An additional 30 beds have been opened by the Trust, but further capacity will be needed to meet increasing demand. The Trust has full winter level capacity in use during August.
2. Performance against the four-hour waiting target for the emergency department has declined at NUH during August, with ambulatory majors and injuries being the most pressured pathways.
3. A task and finish group has begun to look at converting Linden Lodge, which is a neuro rehabilitation unit on the City Hospital campus into Pathway Two capacity over winter as an interim arrangement to protect the flow of patients needing to be discharged. Pathway Two cohorts are patients who need to be discharged from hospital to a bed-based community setting for short-term rehabilitation.
4. At Sherwood Forest Hospitals NHS Foundation Trust (SFH), there has also been growth in emergency department attendances, which continue to rise and therefore performance deteriorated in July (72.4% vs 75.1% plan - 4.2% decline on June performance). The Newark site is also above plan for attendances; however, Primary Care 24 attendances are at expected levels. All winter capacity is open at SFH with additional beds added where possible.
5. Performance at the London Road Urgent Treatment Centre remains strong at 96.7% for August, which contributes to system flow.
6. In July 2025, the Queen’s Medical Centre reported 1,560 lost hours from handover delays against a plan of 1,180 – this is the third highest reported figure of the 27 reporting hospitals in the Midlands, an increase of 14 from the June position and 380 hours above plan. By comparison, Kings Mill Hospital placed tenth highest, and Nottingham City placed sixteenth of 27 within the region. As a County, Nottinghamshire reported the second highest within the region, accounting for 19.2% of total East Midland Ambulance Service reported lost hours (19.5% in June).
7. Discharge levels at NUH remain high with an average of over 360 discharges per day (all pathways) in July, with SFH averaging over 145 discharges per day for the same period. There has been a slight improvement in the percentage of patients where their date of discharge is the same as their discharge ready date, achieving 82% for June against plan of 81.7%. NUH reported 81.9%

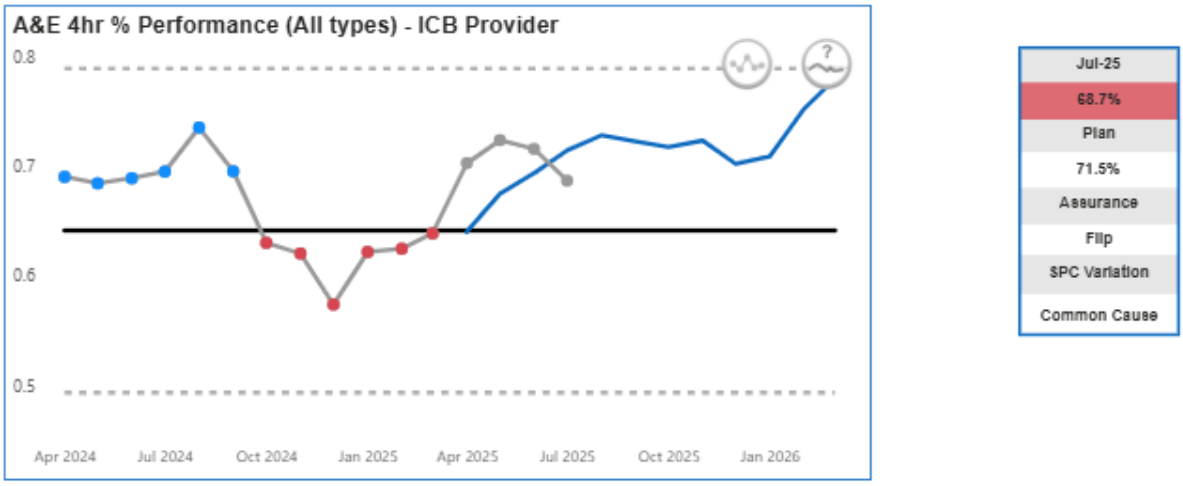
against plan of 82.4%, with SFH achieving plan with 82.1% against plan of 80%.

8. 4 and 12-hour emergency department performance continues to be a challenge, particularly at NUH. However, as a system, overall accident and emergency four-hour plan was achieved for April, May and June. SFH did not meet its plan in July, and together with ongoing performance issues from NUH, this led to the system not meeting the operational plan for the first time this year.

9. In July, the system delivered 68.7% performance for four-hour waits against a plan of 71.5% and against national aggregate performance of 76.4%. NUH delivered 66% against a plan of 68.8%, with SFH delivering 72.4% against a plan of 75.1%. As an ICB, Nottingham and Nottinghamshire were 40th of 42 nationally for four-hour performance. With NUH 115th of 123 providers and SFH 92nd.

10. Discussions are ongoing at the Performance Oversight Group around a recovery trajectory for the four hour wait standard at SFH and NUH. Recovery will be challenging given the increased demand and wider urgent care pressures that will be faced during autumn and into winter, however the ambition remains to return to planned levels of performance. System focus is on improving access to Pathway One and Pathway Two discharges.

11. The chart below displays the percentage of patients that are admitted, transferred or discharged within four hours of arrival. The chart includes all patients that attended SFH and NUH emergency departments. The position for July was 68.7% against a plan of 71.5%.



12. Actions being taken by NUH and next steps:

    a) Extended opening hours for Same Day Emergency Care.

b) Weekly reviews of performance at internal meetings and a focus on sustaining 98% for eye casualty.

c) Ongoing discussions with Infection, Prevention and Control to find alternative approaches for Pathway Two beds, including scoping winter bed options at Lings Bar and NUH sites, and considering transformation work for Pathway Two beds this year and next.

d) Internal conversations planned around short-term investment to improve performance, weighing financial constraints against potential gains

e) NEMS taking injury patients from July to support urgent treatment Centre designation.

13. Actions being taken by SFH and next steps:

a) Internal discussions are ongoing to address overnight breaches and improve performance.

b) Discharge governance group reviewing delays in discharge and the impact on Pathway Two.

c) A single-handed pilot has started to review double-up care packages, aiming to reduce carer requirements by reassessing patient needs on the wards.

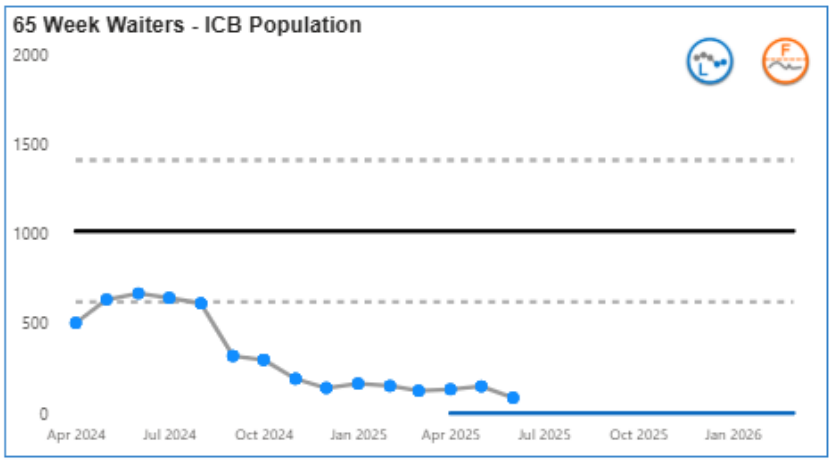
d) Working with NEMS on handover and triage flow for Primary Care 24.

Planned care

14. Provisional data shows that at the end of July there were seven patients registered with Nottingham and Nottinghamshire ICB were waiting more than 78 weeks for treatment. Six of these patients were waiting at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBH), and one was waiting at Chesterfield Community Hospital.

15. The 65 weeks wait position for the ICB Population at the end of July was 96 patients, based on unvalidated provisional data. 25 of these patients were waiting within the Nottinghamshire system at either NUH, SFH, The Park or Chesterfield Community Hospital. Of the remaining 71 patients, 67 were waiting for treatment at DBH and four were waiting for treatment at other providers.

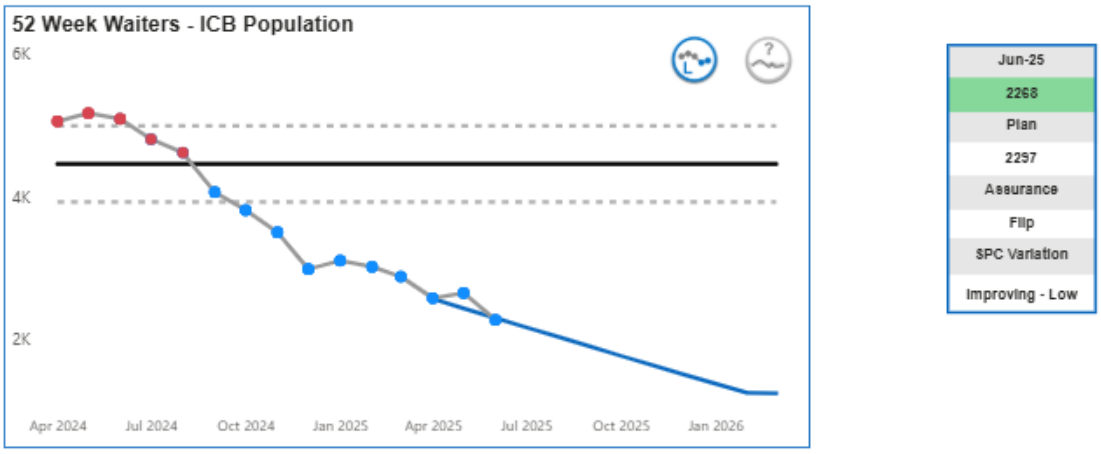
16. The chart below displays the volume of registered patients of the constituent GP practices of the ICB waiting 65 weeks or more for treatment at any provider nationally between April 2022 to June 2025. The chart illustrates the reduction from 504 patients in April 2024 to 86 patients in June 2025. It is based on validated data, which has been published by NHS England.



17. Provisional data shows that there were 16 patients at NUH and 11 patients at SFH waiting over 65 weeks at the end of July.

18. At the end of July 2025 unvalidated data shows that there were 2,485 Nottingham and Nottinghamshire ICB registered patients waiting more than 52 weeks at various providers around the country, which failed to achieve the plan of 2,163 patients waiting. The providers with the most patients waiting were NUH (1,477), DBH (444) and at SFH (323).

19. The chart below shows the reduction in the number of Nottingham and Nottinghamshire ICB patients waiting over 52 weeks from 4456 in April 2024 to 2268 in June 2025.



20. At the end of July 2025, the number of patients waiting over 52 weeks at NUH was 1,784 against a plan of 1,200. For the same period 386 patients were waiting over 52 weeks at SFH, which achieved the plan of 387 patients.

21. In July, the percentage of patients waiting below 18 weeks from referral to treatment is expected to achieve plan at around 63.2% against a plan of 60.4% based on indicative weekly data for the ICB registered population.

22. The system is continuing to focus on eradicating 65-week waits and explore whether the 65 week wait position can be improved further through a more collaborative approach between providers, as well as increased utilisation of the independent sector and out of area NHS providers. The latest position for the end of August was 24 patients waiting over 65 weeks at NUH (22) and SFH (2), with the system intending to eliminate waits over 65 weeks by the end of September 2025. System level reviews are scheduled on a weekly basis to identify further improvements and a route to eliminate waits above 65 weeks.

23. The system Planned Care Board is coordinating a formal review of Ear Nose and Throat services and will provide recommendations for the service across the system. The Board is also developing a forward plan for reviewing specialties that have sustainability and/or performance challenges. The weekly elective hub meeting, which brings together colleagues from the NHS and independent sector providers, is being refocused to improve operational effectiveness and review waiting list data for early identification and mitigation of future specialty or procedure level challenges.

24. At SFH, ambitious plans for 2025/26 were set for 18 weeks Referral to Treatment (RTT) and the percentage of first outpatient appointments that take place within 18 weeks. The Trust is performing below these plans. In July, the 18 weeks RTT target was 62.3% against a plan of 66.5%; and first outpatient appointment percentage within 18 weeks was 72.6% against a plan of 79.5%. Performance for first outpatient appointments within 18 weeks is declining. Both metrics are reviewed at the system Performance Oversight Group, with initial recovery trajectories provided for December for first outpatient appointments and March for RTT. The Trust has been asked to review these positions and the actions to be taken on improved validation and increased activity levels. As a result of the margin between the actual performance and plan, NHS England has arranged a deep dive meeting into this issue with the Trust and has also placed SFH within Tier two monitoring arrangements. This will enable the issues to be discussed in more detail, which will include the development of, and tracking against, a recovery trajectory.

Cancer

25. NUH delivered the 31-day standard for June 2025 but was below plan for the Faster Diagnosis Standard and 62-day standard. SFH delivered the Faster Diagnosis Standard and 62-day plans but were below plan for the 31-day standard. Capacity and demand are stretched and there is a Trust-wide requirement to re-model at pace, which will focus on the five most challenged tumour sites at NUH.

26. Delays to first outpatient and Straight To Test (STT), are impacting on Faster Diagnosis Standard and 62-day performance. Delays in diagnostic reporting

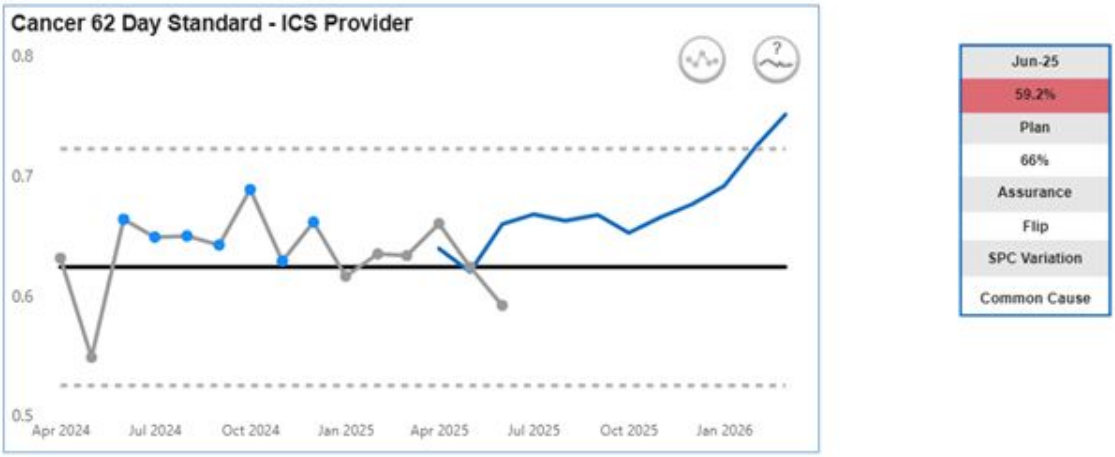
result in postponed initiation of first-line treatments. Other critical actions include optimising consultant job planning and theatre utilisation.

27. Increases in referral demand at NUH have contributed to an increased cancer backlog of 554 patients against a plan of 370. SFH has 83 patients on the cancer backlog against a plan of 70 patients. An increase in the volume of late tertiary referrals received has been seen at NUH in the lung tumour site, of which some are received post 62 days in the pathway and directly increase the backlog volume. NUH is developing immediate tactical actions that include increased oversight of the patient treatment list, and 104-day waits, refocusing patient treatment list management, and local/corporate task force accountability, implementing a process by the end of August of senior oversight of patients at risk of breaching 62 days.

28. NUH has re-based 62-day trajectory from the latest estimate of July 2025 performance and will aim to achieve the 75% standard by the end of March 2026. Tumour site work will be against a Best Practice Timed Pathways model expectations to model throughput of patients to see where most challenged parts of the pathways are to tailor the action plans to address the blockages.

29. As a result of the challenging performance, the Chief Operating Officer will be attending the Performance Oversight Group on 9th September to present the revised cancer recovery plan for NUH to system and NHS England colleagues, which will include actions to be implemented and associated recovery trajectories.

30. The chart below displays the percentage of patients that begin their cancer treatment at NUH or SFH within 62 days of referral. The chart includes data from April 2024 to June 2025. The latest position is 59.2% against a plan of 66%. Delivery remains a complex and significant challenge for the system. Cancer patient treatment list growth is an area of concern for both trusts, as they are reporting increased conversion rates for breast cancers.



31. A deep dive into urology cancers is being undertaken, which includes focus on demand, capacity, diagnostics, treatments and performance improvements.

32. The Cancer Board will determine priority areas for collaboration between NUH and SFH and report proposals to the weekly Performance Oversight Group in future.

Diagnostics

33. Weekly data indicates that the system did not deliver against the six week wait target in July, with performance of 81.7% against a plan of 86.5%.

34. SFH has taken action to raise the level of capacity for Echocardiography, which has begun to deliver increased performance for the modality, as well as improve the aggregate position for the Trust. However, the aggregate performance across all the nine modalities within the operational plan for July was 89.0% of patients seen within six weeks against a plan of 90.9%. The Trust has five modalities above plan, which are MRI, Non-Obstetric Ultrasound, Flexi Sigmoidoscopy, DEXA and Audiology. SFH is aiming to achieve the plan for Echocardiology by the end of September 2025.

35. NUH performance for the nine modalities within the operational plan is in line with the reforecast plan with 76.6% of patients seen within six weeks, against a plan of 76.6%. Note that the original plan was 83.9%. NUH has six modalities above plan, which are CT, DEXA, Echo, NOUS, Audiology, and Sleep studies. NUH is developing a diagnostic action plan to improve performance by modality, and it will be shared at the Diagnostics Board and the Performance Oversight Group in September.

36. Diagnostic performance has not yet fully returned to previous levels following the dip in performance due to capacity withdrawal in April. However, gradual improvements are being seen at both trusts.

37. Both providers are unable to fully eliminate waits of over 13 weeks. The latest position is that NUH has 555 patients and SFH has 14 patients over 13 weeks. SFH is confident that they will deliver zero patients over 13 weeks by the end of August, however the NUH position has continued to increase over recent weeks. Further work is required to eliminate the longest waits for diagnostic tests, particular difficulties are with paediatric MRI, which requires general anaesthetic. NUH is forecasting to eliminate 13 week waits by the end of November 2025.

38. Referrals for audiology at DBH have significantly reduced. Activity levels are stable and below historic levels, with minimal outsourcing/mutual aid for adults. There is a small improvement in waiting times seen, with recovery forecast to take place gradually during 2025/26. NUH is providing support.

39. There is a joint review of MRI paediatric general anaesthetic between NUH and SFH, including best practice from elsewhere, capacity needed to tackle the 13 week waits, options to address, and development of a system view of 13 week wait clearance.

Mental health

40. As a programme, mental health performs well with plans achieved across many service areas.

41. The Out of Area reported position remains at a low level. Local data for 26/08/25 reported five Out of Area patients. 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. Repatriation options continue to be reviewed. Discussions have taken place with NHT colleagues to examine the definition of an out of area placement used by the trust to ensure that it aligns to the NHS England guidance for continuity of care and common practice of other similar NHS organisations; this is of concern given the continued high use of local Independent Sector provision.

42. Independent sector bed utilisation continues to increase with demand remaining high. The local data available is showing 90 beds in use. NHT is reviewing the level of risk around decisions to admit patients to ensure it is appropriate and consistent and a trajectory of recovery has been developed with plans to reduce the number of private beds to 25 by December 2025.

43. The Mental Health programme is performing very well across most national standards, including Physical Health Checks for people with Severe Mental Illness and Children and Young People Access, which is very positive.

44. NHS Talking Therapies continues to deliver against the local improvement trajectory for first to second waits in June (4.3% v 10% plan), however has not yet delivered to the reliable recovery target of 50% as expected. An improvement plan for reliable recovery is being progressed through the ICB contracting route.

45. Performance against the Individual Support Placement (IPS) metric has seen a steady decline, a deep dive into IPS data capture is taking place to ensure the correct codes are being submitted and any subsequent improvement actions are being taken.

46. Inpatient bed improvement plans are underway through NHT and need to be aligned to system three-year mental health plan and bed modelling with the ICB.

47. The Mental Health Performance Oversight Board has been reviewing improvement plans for memory assessment, perinatal, Early Intervention in Psychosis, inpatient beds, liaison psychiatry and crisis services. It has also

reviewed the Intensive and Assertive outreach plan prior to national submission.

48. NHS England has requested a system focus on mental health waits within emergency departments and to ensure incorporated and considered in all improvement plans.

Primary care

49. Dental performance for quarter one 2025/26 has seen improvements on quarter four 2024/25 for total number both adults and children seen being above their respective plans. The number of units of dental activity delivered has increased, with 490,148 seen in quarter one against a plan of 450,821. Contracts were agreed for urgent dental activity across the County and reporting will be included within the performance report from next month.

50. The volume of Total GP Appointments in June 2025 was 8.31% above the planned level, with 651,612 appointments against a plan of 599,582. 84.7% of appointments were offered within two weeks in June 2025. Discussions are taking place with several practices around their appointment book mappings to improve accuracy and consistency of recording.

51. An action plan is in place, which is improving performance. There are 17 national appointment categories, of which eight are utilised for this measure. There is work taking place to understand if the mappings used by practices are accurate. As examples, annual asthma reviews or flu clinics should be booked outside of the eight categories that are monitored nationally. Discussions are taking place with several practices around their appointment book mappings to improve accuracy and consistency of recording.

52. 14-day performance has improved, to 84.7% v the 85% expected national target. A targeted group has been set up within the ICB to review the latest data, as well as discuss and agree granular actions to improve the 14-day appointment performance. The group is focusing on addressing issues within larger GP practices with lower 14-day performance, as improvements in these areas would have a significant impact the overall ICB position.

53. The Nottinghamshire Health Informatics Service is providing support to practices that are willing to undertake the appointment book changes which could lead to improved categorisation of appointments.

Community care

54. There has been an increase in the volume of patients waiting over 52 weeks for community services from 46 patients in May to 62 in June 2025. The growth has been seen at NHT, where the breach volume has increased patients from

44 to 60 patients. Of the 60 patients, 58 were children and young people and two Adults.

55. There are 33 children and young people patients waiting over 52 weeks for Occupational Therapy, 23 for Speech and Language and 2 for Physiotherapy. The two adult patients are waiting for musculoskeletal and Podiatry/Podiatric surgery.

56. The NHT Speech and Language Therapy service is routinely seeing demand that exceeds capacity. There is an average of 535 referrals per month into the service compared to capacity of 399 slots. The service has calculated that there would need to be around ten additional therapists to meet the current demand levels. Further action is required to clear the waiting list backlog of around 900 children. Given the combined caseload of new referrals and re-referrals, waiting times are increasing. The planning trajectory for 2025/26 indicates that despite efforts to mitigate long waits, the volume of children and young people waiting over 52 weeks will gradually increase to 12 by March 2026.

57. During 2024/25 NHT received some non-recurrent investment to pilot transformational changes in their delivery models for meeting the speech, language and communication needs of children and young people. These initiatives included drop-in sessions with a view to earlier identification, signposting and advice and an advice line to support families and professionals whilst they are waiting for specialist services. The funding came to an end in July 2025, and commissioners are working alongside NHT to collate the learning from the pilots to understand the most impactful elements in relation to waiting times and children and young people’s experience. This learning will inform the development of a delivery model that is sustainable, responsive and ensures young people are able to access the service most relevant for their needs first time.

Learning disability and autism

58. 500 Annual Health Checks were recorded as completed 2024/25, with 88% of Annual Health Checks recorded as having a Health Action Plan in place.

59. The current adult inpatient number stands at 43, which is 8 above the trajectory, with 31 individuals within secure settings and 12 individuals within our non-secure settings.

60. As a system there continues to be a high level of patients who have passed the recommended clinical timescale. Long stay patients as well as delayed transfers of care continues to be a focus for the local system.

61. A lack of respite options is increasing pressure on carers, which is leading to additional admissions.

62. There continues to be long waits for attention deficit hyperactivity disorder and autism assessments and diagnosis within children and adult services. Delays in assessment and diagnosis mean that there are delays to children and adults accessing the support they need. However, there are support options in place during the waits for assessment.

63. There are some data quality issues and limitations that impact on the accuracy of information being provided, which are being reviewed and updated by the Trust.

64. Commissioners and providers are working together to review processes and the service model to increase capacity and streamline the referral and assessment process. There is continued work with primary care to ensure that referrals are appropriate.

65. Children's services are providing early pre-diagnostic support, whilst individuals are waiting a confirmed diagnosis.

66. A full review of the children and young people neurodevelopmental pathway is scheduled to take place during quarter two 2025/26, with children and young people and families with lived experience and system partners coming together to develop and implement an improved and sustainable model by April 2026.

67. Discussions are being held with NHT regarding the contracted beds on Orion Unit and the appropriate admission criteria and processes.

68. The Learning Disability and Autism Board retains oversight of performance, quality and safety across the pathway.

NHS Oversight Framework

69. For 2025/26 the NHS Oversight Framework will be replaced by the NHS Performance and Assurance Framework, for which the ICB and providers will receive separate assessments. The initial focus for 2025/26 will be on the provider assessments, with metrics being published and forming the basis of the assessment, which will also be supported by a Provider Capability Self-Assessment. As this is finalised and concluded, further information and reporting on the position for the providers will be included in future reports. This is expected to be published by NHS England during quarter two of 2025/26.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	10/09/2025
Paper Title:	**Population Health Management Report: Special Educational Needs and Disabilities**
Paper Reference:	ICB 25 061
Report Author:	Simon Frampton, Head of Quality Performance and Insights
Executive Lead:	Maria Principe, Acting Director of Delivery and Operations
Presenter:	Maria Principe, Acting Director of Delivery and Operations

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

Summary:

This paper presents how we have used population level data in our approach to understanding the Special Educational Needs and Disabilities (SEND) system within Nottingham and Nottinghamshire and working towards improving outcomes for our SEND population.

Nottinghamshire has launched a pioneering Population Health Management (PHM) approach for children and young people with SEND, prompted by the 2023 Ofsted and Care Quality Commission inspection that identified significant local service gaps. Through innovative collaboration between health, education, and social care, the system has established a shared data dashboard, integrating clinical and local authority records for SEND children.

This dashboard enables comprehensive monitoring of referrals, service access, waiting times, and demographics, revealing insights such as gender disparities and geographic variation. Partners now use this evidence to inform service redesign, resource planning, and proactive decision-making, moving away from reactive approaches.

Early impacts include a 10% reduction in time taken to issue Education Health and Care Plans, enhanced cross-sector commissioning, and improved transparency and accountability. The approach also strengthens the voice of children and families through qualitative feedback and co-produced resources.

Recognised nationally and shortlisted for patient safety awards, Nottinghamshire's integrated PHM platform is driving equity, inclusion, and better outcomes for the SEND population. Next steps include expanding data sources, leveraging Artificial Intelligence-driven insights, and supporting new models of local provision.

Recommendation(s):

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

How does this paper support	**the ICB's core aims to:**
Improve outcomes in population health and healthcare	This paper describes the way we have used PHM (Population Health Management) data to help improve services for children and young people with SEND (Special educational needs and Disabilities)

How does this paper support	the ICB's core aims to:
Tackle inequalities in outcomes, experience and access	The paper highlights unwarranted variation in outcomes, waiting times and experience for SEND patients within the system.
Enhance productivity and value for money	This paper outlines how we are now able to focus resources where they are needed and identify key areas of challenge within the system that require specific focus.
Help the NHS support broader social and economic development	By integrating data and working across sectors, Nottinghamshire's approach helps the NHS deliver better support, boost outcomes, and promote equality—benefiting society and the economy.

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.

How Population Health Management data has driven our approach to Special Educational Needs and Disabilities

Introduction

1. Ofsted and the Care Quality Commission (CQC) inspected the Nottinghamshire local area in 2023, the first to be carried out under the new area Special Educational Needs and Disabilities (SEND) inspection framework guidance.
2. This inspection highlighted significant concerns about the experiences and outcomes of children and young people with SEND in Nottinghamshire:
    a) “Leaders’ use of information and data from across the partnership to establish, advance and monitor priorities and outcomes is underdeveloped.”
    b) “The lack of meaningful data and information is an issue…”
    c) The Department for Education Case Lead particularly identified that “[t]he local area does not use outcomes effectively.”
3. As part of the system response to this inspection the System Intelligence and Analytics Unit (SAIU) has led an Innovative collaboration between health and social care to collate and display the health, social and education data of children with SEND in Nottinghamshire, creating a single platform for service managers, clinicians, education, and social care professionals to monitor service performance.
4. The dashboard provides comprehensive data on referrals, discharges, and waiting times for various healthcare services for SEND children. For example, since the project's inception, there has been a ten percent reduction in the average time taken to issue a final Education, Health and Care Plan.
5. The integration of child-level data from local authorities with clinical records in the GP Repository for Clinical Care has improved clinicians' ability to make informed decisions for children with SEND. For example, GPs can now see if their patients have special educational needs and if they have accessed mental health services more frequently than other children, along with relevant medication they have been prescribed or accessed secondary care.

Build a shared view of the SEND population

6. Health and social care partners worked closely together along with data colleagues to understand how data could be used to monitor relevant services and highlight where positive changes could be made.
7. Through joint partnership working between the ICB and Nottinghamshire County Council, who are now sharing the details of all children with SEND to

the SAIU, we can now understand the demographics and health needs of the SEND and Education, Health and Care Plan cohort within the county. Nottingham City Council is starting to share details of the SEND population with the SAIU from August 2025.

8. This information is available through eHealthScope and the Children and Young People's dashboard is accessible to all system partners.

9. Through this data we can see the number of children with SEN Support or an Education, Health and Care Plan in the county: where there are almost 15,000 children and young people in Nottinghamshire County with SEN support and 5,250 with an Education, Health and Care Plan. This allows us to see details on our SEND population such as there are almost double the number of males with SEN support/ Education, Health and Care Plan compared with females.

10. In terms of health needs, linking SEND details to the health data the SAIU holds means we can understand such details as, if children and young people with SEND are accessing mental health services, what medication they have been prescribed and the secondary care chief complaint they attend Accident and Emergency departments for.

Identify unmet need and address variation

11. Through the development of our SEND dashboard, we have for the first time been able to systematically map service access and outcomes across geography, deprivation, and other population factors. For example, early analysis has highlighted variation in waiting times for neurodevelopmental assessments between districts, with some areas experiencing disproportionately long waits.

    'Our new shared data dashboard means the local area partnership can now better monitor outcomes for our children and young people with SEND. Partnership leaders can review available performance data to identify where gaps exist and whether actions taken to address these are effective. (SEF Nov 2024)'

12. This baseline picture, previously understood mostly through anecdote, is now enabling partners to focus discussions on the review and redesign of neurodevelopmental services. It has also prompted exploration of different approaches to supporting families awaiting Speech, Communication and Language services, including pilots of advice lines and drop-in sessions.

13. Whilst the dashboard is not yet able to track post-intervention outcomes to guide recurrent funding decisions for sustainability, it has already helped shift the system from reactive responses toward proactive prioritisation based on shared and visible evidence.

14. We recognise this is an early-stage achievement; the dashboard serves primarily as a baseline-setting tool during its first year of implementation. As insight matures, we expect it will play an increasingly important role in informing commissioning priorities and service improvements.

Inform integrated models of care

15. Working closely with Nottinghamshire County Council, we now have a single point of access for data and information for education and health data for children with SEND. This now allows for the monitoring of the number of Education, Health and Care Plans issued in timescale, average time taken to issue an Education, Health and Care Plan or the number of annual reviews completed in timescale.
16. The population insight generated through PHM is being developed to inform strategic leaders in identifying needs and improving pathways to provision, with the aim of ensuring children and young people receive timely support. For example, early analysis has shown patterns such as children with repeated low-level attendances in primary care who do not have an Education, Health and Care Plan, a cohort that could benefit from earlier targeted intervention.
17. The SEND joint commissioning strategy and annual delivery plan were devised using the dashboard in triangulation with lived experience to provide a robust evidence base.

Enable joint commissioning and resource planning

18. The PHM approach has strengthened our joint commissioning conversations by providing clearer evidence of current and future demand. For example, we can now quantify the number of children requiring speech and language support in both special and mainstream schools, which is informing workforce modelling and service capacity planning.
19. Similarly, linked data has enabled commissioners to identify projected demand for neurodevelopmental assessment and keyworker provision, giving confidence to forward plan resource allocation. As the dataset matures, it will provide a robust platform to redesign services and ensure resources are deployed in the most equitable and efficient way.

Improve transparency and accountability

20. Efficient data sharing between Nottinghamshire County Council and the ICB has allowed for multiple different streams of data to feed the dashboard and improve the use of data in joint commissioning strategies. For example, the automated data feed from the county council has allowed for much improved

understanding of the county's SEND children and young people. Through improved information on demographics, social care and health needs, the needs of the local population can be better met with such insight.

Strengthen the voice of children and families

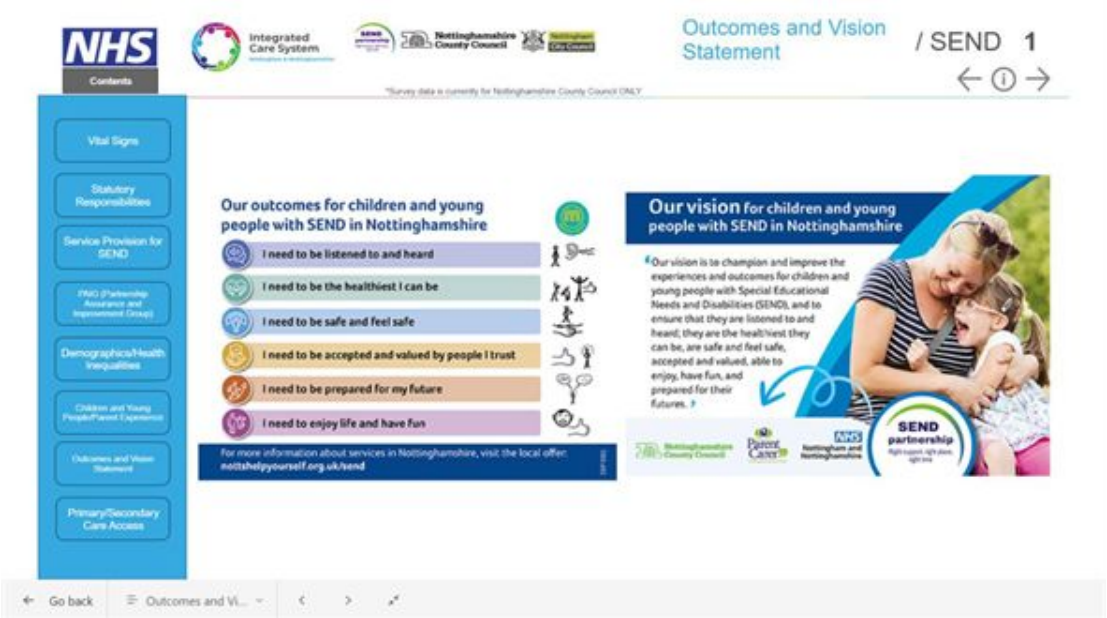
21. Whilst the PHM dashboard has had an initial focus on quantitative insight, we are pairing this with qualitative feedback from children, families, and schools to create a fuller understanding of lived experience. For example, insight on neurodevelopmental pathway from dashboard has been discussed with young people with lived experienced and aided co-production of the Minds of All Kinds website: Minds of All Kinds - Notts.

22. Importantly, the design and development of the dashboard has been shaped by lived experience. Parent Carer Forum members played a central role in making it accessible, relevant, and responsive to the needs of those who use and deliver SEND services. Governance has been strengthened, with the SEND Board overseeing the work to ensure that improvements are embedded across the system.

Examples of data available and how it is guiding our system

24. As mentioned above, the SEND Dashboard brings together statutory, activity, performance, and experience data from across health, education, and local authority partners. It enables a shared understanding of need, service pressures, and outcomes for children and young people with SEND. The following sections demonstrates the intelligence available and how this is used.

Fig 1. SEND dashboard, front screen, and tabs highlighting information available



25. **Prevalence and Demand:** Currently, 4.85% of the 0–25 population are identified as having SEND. Of this group, 7.86% either have an Education, Health and Care Plan or are in the process of requesting one, indicating sustained and rising statutory demand. Demographic analysis reveals that the 5–14 age group has the highest concentration of SEND prevalence and service utilisation, which is informing targeted commissioning and resource allocation.
26. **Statutory Responsibilities:** The number of Education, Health and Care Plan annual reviews due for completion typically ranges between 400 and 600 per cycle, with notable seasonal peaks and troughs. This insight provides foresight into workforce pressures and supports forward planning to maintain statutory compliance, particularly in periods of heightened activity.
27. **Therapy Waits:** Waiting times for therapies, especially physiotherapy, have escalated since 2023. Many children are now waiting over 52 weeks, with a growing number exceeding 104 weeks (two years). This backlog presents a critical system risk, with significant implications for child development, family wellbeing, and service compliance. The dashboard enables early identification of these delays and supports targeted intervention planning.
28. **Access to Health Services:** Children and young people with SEND, including those with Education, Health and Care Plans and those receiving SEN Support, consistently access accident and emergency and primary/secondary care services at higher rates than their non-SEND peers. Notably, Education, Health and Care Plan cohorts have shown spikes in Accident and Emergency attendances post-2020, peaking at 10,000 to 11,000 attendances per year. This trend suggests unmet needs in the community that are driving increased demand for urgent care services.
29. **Parent and Carer Experience:** Survey results from April 2024 indicate high levels of dissatisfaction among families, with 381 respondents reporting negative experiences compared to 125 positive responses. Concerns centre around service quality, responsiveness, and the support provided through statutory processes. These insights are being triangulated with performance metrics to inform improvement planning and co-produced service redesign.
30. **System Use of the Data:** The dashboard is being actively used for strategic planning, including forecasting demand for Education, Health and Care Plans and specialist services to ensure commissioning aligns with population need. It supports operational oversight by identifying peaks in statutory reviews and therapy waits, enabling targeted workforce deployment. For service improvement, the dashboard links parental experience with performance data to shape responsive improvement plans. It also provides transparent evidence for assurance to boards, scrutiny committees, and regulators.
31. **Benefits of Shared System Data:** The dashboard ensures that all partners work from a single evidence base, reducing duplication and conflicting

narratives. It supports early identification of risks such as backlogs, dissatisfaction, and rising urgent care demand. By fostering shared visibility, it builds trust and accountability across agencies and with families. Importantly, it enables a shift in focus from process compliance to outcomes and lived experience, aligning with the broader ambitions of the Integrated Care Strategy.

Conclusion

23. The PHM approach to SEND that has been taken in the Nottingham and Nottinghamshire system has helped take a disconnected system underperforming for its population and give it the tools to make better decisions on services to improve outcomes.
24. This approach has been recognised nationally with SAIU colleagues being asked to be involved in helping to design national policy for SEND reporting, as well as having been shortlisted for the final of a Health Service Journal Patient Safety award for ‘improving care for children and young people initiative of the year’ 2025.
25. There are further steps the system is looking to take to facilitate even greater insight into the needs of the local population, these next steps include:
    a) Exploring prospect of pupil level data feed from the education sector
    b) Adding Nottingham City Council data to dashboard to help them prepare for the upcoming CQC inspection of the City.
    c) Use of AI to further analysis and insights into our population.
    d) The use of this integrated system level PHM data platform to aid in striving for equity for our children and young people with SEND.
    e) This data will also aid in supporting the Neighbourhood schools model
        i. Local Provision First
        ii. Specialist Support within Reach
        iii. SEND Hubs / Satellites
        iv. Mainstream Inclusion
        v. Parent confidence and Choice
26. With City data included we will have a full system wide view of health and care intelligence for all SEND children in Nottingham and Nottinghamshire.
27. Continual governance of the SEND PHM dashboard currently takes place through SEND partnership boards and Children and Young People’s Board, enabling future developments of this dashboard.

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	10/09/2025
Paper Title:	**Committee Highlight Reports**
Paper Reference:	ICB 25 062
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 July 2025. 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.

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 Remuneration and Human Resources Committee
E: Highlight Report from the Joint ICB Transition Committee
F: 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.

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):	**04 September 2025**
Committee Chair:	**Jon Towler, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance	Previous level of assurance
1. Joint Forward Plan Update	Members received a bi-annual progress update on delivery of the 2025/26 NHS Joint Forward Plan (JFP), which included a high-level assessment of risk to ongoing delivery. Whilst the JFP remained a statutory responsibility of the ICB at this time, the paper also considered the emergent policy environment that would impact on future development of the JFP and/or strategic and operational planning documents. Regarding the development of integrated neighbourhood working, discussion took place around the level of collaboration and readiness of partners, and it was noted that some organisational development support may be required. There was optimism around opportunities for increased engagement from providers, positive developments around joint strategic commissioning with local authorities, and significantly improved engagement from General Practice. Members highlighted the need for a more rigorous approach to tracking delivery of the JFP; testing the impact of the Integrated Neighbourhood Teams, particularly through patient feedback, and increasing visibility of the totality of the ICB's prevention activities.	**Partial**	**Partial** *Awarded at the meeting held on 05 September 2024*
2. Update on the review of acute services in	Members received an update on progress with agreeing priority areas for the review and a proposed approach to expand the focus of the programme aligned to the ICB Cluster arrangements.	**Partial**	*Not applicable*

Item	Summary	Level of assurance	Previous level of assurance
Nottingham and Nottinghamshire	It was noted that although the expected progress had not been made, some positive developments had been achieved including the agreement of a regional stroke rota and effective collaboration with clinical networks across the East Midlands. Recognising that the programme had been focused on 'fragile' services to date, members agreed that a data-led approach to identifying the most impactful opportunities for improving outcomes and delivering efficiencies should be taken. These priorities would be included within the ICB's commissioning intentions, although it was acknowledged that not all would be achievable within the first year.		
3. Special Educational Needs or Disability (SEND) Joint Commissioning Strategy: Delivery Plans for 2025/26 and 2026/27	Members received an update on the development of the SEND Joint Commissioning Strategy: Delivery Plans for 2025/26 and 2026/27 and the governance arrangements to oversee progress against delivery. Through engagement with the system, two additional priorities had been incorporated into the plan, bringing the total to seven. The Children and Young People's Strategic Commissioning Group proposed focusing on three priority areas for 2025/26, with the remaining four scheduled for more detailed development in 2026/27. It was noted that outcomes focussed metrics would be co-produced with system partners, as well as children and young people and families, for each of the seven priorities. The overall assurance rating of adequate recognised the clear plans and a reasonable level of confidence around delivery of the three priority areas for 2025/26.	**Adequate**	**Limited** *Awarded at the meeting held on 01 May 2025*

Other considerations:

Decisions made:
The Committee received a number of decision-making papers and approved proposals relating to: a) The Complex Care Team at Oak Field School b) Community based ophthalmology and orthoptics services in Nottingham and Nottinghamshire c) Community musculoskeletal and pain services in Nottingham and Nottinghamshire d) Discharge to Assess – Pathway One The Committee also ratified several urgent decisions made in August 2025 under the Strategic Planning and Integration Committee's emergency powers.

Information items and matters of interest:
a) The Committee received and discussed the operational risks relating to the Committee's responsibilities. There were currently 15 risks relating to the Committee's responsibilities, one of which was categorised as a high scoring risk. Details of this high scoring risk is provided for the Board's information at Appendix F. b) The Committee received the Log of Investment, Disinvestment, Procurement and Contract Award Decisions (Healthcare) 2025/26 for information, which provided details of all such decisions made outside of the Committee's meetings.

Appendix B: Quality and People Committee Highlight Report

Meeting Date(s):	**16 July 2025**
Committee Chair:	**Marios Adamou, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance	Previous level of assurance
1. Clinical and Care Professional Leadership and Engagement Report	Members received the Clinical and Care Professional Leadership (CCPL) and Engagement report, noting that a CCPL Framework was in development and expected to be in place by November 2025. The framework intended to draw on and aggregate neighbourhood, place and system-level CCPL knowledge and expertise to provide assurance that system decisions and transformation activity were clinically led. In addition, the framework would align with relevant ICB strategies and reflect diversity in all forms. Members acknowledged the importance of establishing a CCPL framework to underpin future activity and system transformation. Given that the framework remains in development, a 'partial' level of assurance was agreed.	**Partial**	*Not applicable*
2. Focussed Quality Oversight Report – Providers in National Oversight Framework Segment Three and National Oversight Framework Segment Four	Members received a focussed update on the position and next step plans for Nottingham University Hospitals NHS Trust and Nottinghamshire Healthcare NHS Foundation Trust, both of which are in National Oversight Framework segment four. Discussion took place around providers' ability to sustain quality improvements amid continued scrutiny, financial pressures, and the ICB transition, recognising the difficulty of doing so without additional resources. Members noted that as a strategic commissioner, the ICB's role and available levers to drive quality improvements would be more clearly defined.	**Limited**	**Limited** *Awarded at the meeting held on 19 March 2025*

Item	Summary	Level of assurance	Previous level of assurance
3. Quality Oversight Report	Members received an update on the status of the quality and safety of Trusts for which the ICB has principal responsibility for system oversight purposes, and assurance in relation to areas under enhanced oversight, showing the position for June 2025. The System Quality Group had agreed that Nottingham CityCare Partnership had demonstrated significant and sustained improvement and would therefore transition to a routine level of surveillance in July 2025. The overall assurance rating of limited recognised the inherent challenges within these areas.	**Limited**	**Limited** *Awarded at the meeting held on 18 June 2025*
4. Nottinghamshire Medicines Safety Officers Network Annual Report 2024/25	The report provided an overview of the activities and achievements of Nottingham and Nottinghamshire ICB Medicine Safety Officers Group during 2024/25, highlighting the group's role in responding to national guidance, patient safety alerts, and local prescribing incidents. Members discussed the challenge of balancing short-term financial pressures with the need to sustain long-term medicines optimisation priorities; noting that some initiatives were being built into system efficiency plans, with a phased implementation over the next two to three years. Local quality impact assessments would be key to understanding the risks of delaying long-term work, and delivery plans would embed transformation to balance immediate savings with future sustainability.	**Full**	**Full** *Awarded at the meeting held on 17 January 2024*
5. Medicines Optimisation - High-Cost Medicines ICB Annual Report 2024/25	The report detailed the management of ICB commissioned High-Cost Medicines (HCM) within the Integrated Care System during 2024/25 and outlined the key achievements, risks and challenges. Members noted that most of the savings associated with HCM were achieved through gain share agreements and reinvested in priority areas.	**Full**	**Full** *Awarded at the meeting held on 18*

Item	Summary	Level of assurance	Previous level of assurance
			September 2024
6. Care Homes and Home Care Assurance Report	Members received a report that aimed to provide assurance around the quality of care home and home care provision. The report outlined the current position of the care home market in terms of quality, capacity, and support, along with the key risks, escalations and mitigating actions. The challenges associated with international recruitment and sponsorship were outlined and members highlighted the importance of maintaining workforce capacity and supporting displaced staff. It was noted that robust processes were in place to support both affected staff and service users and internal recruitment leads were in place within the local authorities to manage the risks and support providers.	**Adequate**	**Adequate** *Awarded at the meeting held on 20 November 2024*

Other considerations:

Decisions made:
The Committee approved the ICB's Clinical Knowledge Management Strategy, on the basis that it had been developed collaboratively with stakeholders, offered a clear opportunity to consolidate and streamline clinical guidance across the system, and supported improved decision-making and care consistency. Members were assured by the planned implementation, governance, and engagement approach, noting its potential to enhance healthcare value while reducing duplication and unwarranted variation.

Information Items and Matters of interest:
The Committee also: a) Reviewed identified risks relating to its areas of responsibility. There were currently 35 risks within the Committee's remit, six of which were high scoring risks. The current live risks were reflective of the discussions held throughout the meetings, and consideration

would be given to the potential new risk associated with the international recruitment and sponsorship challenges. The risks are provided for the Board's information at Appendix F.

b) Received the following items for information:

1) Nottingham and Nottinghamshire Infant Feeding Framework for Action.
2) Quality Integrated Performance Report.
3) Committee 2025/26 Annual Work Programme.

Appendix C: Finance and Performance Committee Highlight Report

Meeting Date(s):	**30 July 2025**
Committee Chair:	**Stephen Jackson, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance	Previous level of assurance
1. 2024/25 System and ICB Finance and Workforce Report (Month 3)	At the end of month three the system was reporting a £9.3 million deficit but continued to forecast a year-end break-even position; and the ICB was on plan for both year-to-date and full year forecast outturn. However, there remained significant risk to achieving the Financial Plan. The Committee discussed the current drivers of the deficit and the proactive actions that were being taken to address shortfalls.	**Limited**	**Limited** *(awarded at the meeting held on 25 June 2025)*
2. 2025/26 System Financial and Workforce Efficiency Update	The report provided an update on progress towards developing plans to meet the £279 million efficiency target, as detailed in the 2025/26 Operational Plan. Although 99.4% per cent of efficiency plans had been identified, delivery confidence levels had not reached the 80% requirement by the end of July 2025. There remained an urgent requirement to improve delivery confidence, and the risk adjusted value of plans. Progress had been made to close the disconnect between workforce and financial efficiency plans. While the Committee continued to be assured by the governance structures established, the overall level of assurance remained 'limited' given that delivery confidence had not yet been fully tested, and in recognition of the broader challenges impacting both the ICB and its partners.	**Limited**	**Limited** *(awarded at the meeting held on 25 June 2025)*

Item	Summary	Level of assurance	Previous level of assurance
3. Operational Plan 2025/26 Delivery and Service Delivery report	Members received reports highlighting areas of improvement and challenges, noting that increased grip and control by both the programme boards and the Performance Oversight Group was resulting in improvements to several performance metrics. Although June had seen an improvement in urgent and emergency care performance, early indications were that this had not been maintained, and members sought assurance that performance could be stabilised ahead of the enactment of this year's Winter Plan. The performance of planned care was being maintained; however, as cancer and diagnostic performance remained a challenge, the overall assurance rating remained at partial, recognising the significant risks and challenges to achieving the operational plan.	**Partial**	**Partial** *(awarded at the meeting held on 25 June 2025)*
4. ICS Digital, Data and Technology Strategy Progress Report	The report provided assurance of progress against the ICS strategic digital priorities and objectives contained within the ICS Digital Data and Technology Strategy, which had been approved at the Board's November 2024 meeting. Overall, good progress had been made; however, the Committee challenged areas where expected progress had not been achieved. Members queried how the Strategy aligned with the NHS Ten-Year Plan and were satisfied that whilst it was broadly in line with the Plan's digital ambitions, an in-depth review would be undertaken to identify areas for strengthening, such as the use of artificial intelligence.	**Adequate**	**Adequate** *(awarded at the meeting held on 26 February 2025)*
5. Draft Winter Plan	The Committee received an early draft of the Winter Plan ahead of submission of the draft to NHS England by 31 July 2025, and of local stress testing of the plan during August.	*Not applicable*	-

Item	Summary	Level of assurance	Previous level of assurance
	Planning had been undertaken earlier this year and had incorporated previous learning, with input from all system partners. It would continue to be refined in line with the output of stress testing exercises, before being presented to the Board in September. The aim was to deliver a safe, effective and affordable winter. The key risk to the delivery of the plan was highlighted as workforce issues, which included staff sickness, potential industrial action and enacting the national mandate for workforce reductions. Members had emphasised the importance of measuring the projected use of agency and bank staff during the stress testing of the plan.		

Other considerations:

Decisions made:
The Committee ratified a contract award decision to appoint an external strategic partner to support delivery of the efficiency and transformation plans, following prior endorsement of the proposal at its June meeting. The decision had been taken outside of the meeting under the Committee's emergency powers, as set out in its terms of reference.

Information items and matters of interest:
An extract from the Operational Risk Register relevant to the Committee's remit was reviewed, which included 16 risks, with six rated as high risks, which are provided for the Board's information at Appendix F.

Appendix D: Remuneration and Human Resources Committee Highlight Report

Meeting Date(s):	**21 July 2025 and 18 August 2025 (extraordinary meeting).**
Committee Chair:	**Mehrunnisa Lalani, Non-Executive Director**

Assurances received:

Item	Summary	Level of assurance	Previous level of assurance
1. ICB Workforce Report	Members received a report which provided a summary of the key information presented and discussed by the ICB's executive-led Human Resources Steering Group related to performance against a range of workforce metrics. The ICB's current Gender Pay Gap position was appended to the report. Members requested that future reports include a greater level of detail relating to sickness absence related to stress and stress related issues. Noting that the ICB had a comprehensive health and wellbeing offer in place, members also requested that future reports include data on the uptake of the ICB's wellbeing support offers to determine whether it was having an impact on sickness absence rates. In addition, sickness absence trends and related actions would be explored across the ICB cluster to identify opportunities and share best practice.	**Partial**	**Partial** *Awarded at the meeting held on 7 April 2025*
2. ICB Staff Survey Action Plan Update	Members received an update of the Staff Survey Action Plan that had been developed by the ICB's Executive Management Team. It was noted that the targets had been removed from the action plan due to the expected impact of the transition process; however, the current position was included.	**Adequate**	**Partial** *Awarded at the meeting held on 7 April 2025*

Item	Summary	Level of assurance	Previous level of assurance
	Noting potential capacity challenges during the transition period, members agreed that the plan would be reviewed to prioritise a smaller set of actions that would deliver staff improvements across the cluster.		

Other considerations:

Decisions made:
The Committee approved: a) The ICB's adoption of the Very Senior Managers (VSM) Pay Framework. b) The Management of Change and Pay Protection Policy. c) A number of decisions relating to the pay of executive director and Very Senior Manager posts. d) The wave one consultation process, subject to the Board's approval of the management of change business case.

Information items and matters of interest:
a) An extract from the Operational Risk Register relevant to the Committee's remit was reviewed, which included six risks, with two rated as high scoring risks, which are provided for the Board's information at Appendix F. A new risk was identified for inclusion on the Joint ICB Transition Committee Risk Register around the potential delays to key transition related decisions requiring NHS England approval during the transition process. b) Received the Chief Executive Objectives for 2025/26 for information. c) Received the Committee Annual Work Programme 2025/26 for information.

Appendix E: Joint ICB Transition Committee Highlight Report

Meeting Date(s):	**11 July 2025, 21 July 2025, and 12 August 2025**
Committee Chair:	**Jon Towler, Non-Executive Director, NHS Nottingham and Nottinghamshire ICB (11 and 21 July)** **Margaret Gildea, Non-Executive Member, NHS Derby and Derbyshire ICB (12 August)**

Item	Summary
1. Management of Change Business Case	The Joint Committee has overseen the development of the ICB Cluster Management of Change Business Case, which sets out a range of potential options for meeting national requirements. The Business Case considered affordability, supported by financial modelling and cost mitigation plans, while ensuring legal compliance and an optimised staffing structure design. In reviewing the Business Case, members noted that a national voluntary redundancy scheme had not yet been approved and that national guidance on the accounting treatment of redundancies was still awaited. The importance of taking a fair and compassionate approach to the management of change process was emphasised throughout discussions. Members also highlighted the need to develop a risk-sharing agreement between the three ICBs to address the apportionment of redundancy and ongoing salary costs.
2. ICB Cluster Operating Model	The Joint Committee has received regular updates regarding progress in developing the ICB Cluster Operating Model. Initial work has been completed to assess the most appropriate scale of delivery for all ICB functions and activities; this has included work across the Midlands Region to consider potential efficiencies through larger scale delivery options. A series of multi-disciplinary ‘confirm and challenge’ sessions are underway to test the work completed to date. Members were assured that good progress is being made; however, delays in the publication of the Model Region Blueprint and other national guidance relating to ICB function transfers were noted as impacting on further development in some areas.

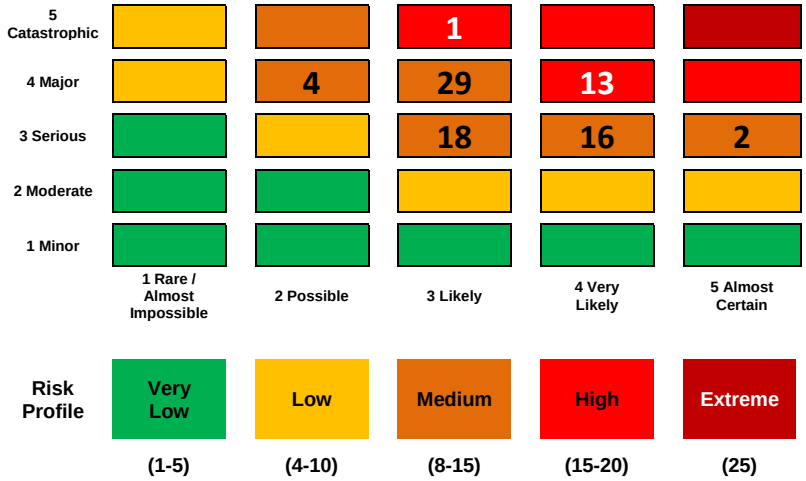
Item	Summary
3. Transition Programme Plan Progress	The Joint Committee has received routine updates at all meetings regarding progress against the ICB Transition Programme Plan. Members were assured that the Programme Plan is largely on track, albeit delays in national guidance/publications and delayed confirmations of the Chair designate and Chief Executive designate appointments have impacted progress in some areas. To date the Joint Committee has focused much of its time on the development of the management of change process and ICB Cluster Operating Model. These areas are now progressing well, and the Joint Committee is turning its attention to the developing governance arrangements for ICB clustering. In discussions, members stressed the importance of supporting staff wellbeing and noted that constructive engagement with Trade Unions had commenced, with staff communications plans in place to ensure timely and transparent updates. Members also noted the importance of preserving corporate memory during the transition period.
4. Transition Risk Log	The Transition Risk Log has been reviewed by the Joint Committee at every meeting. The highest scoring risks relate to the design of the new operating model, affordability of redundancies, staff perceptions of change, and delivery of in-year priorities. The mitigations for many of the risks relate to the finalisation of the management of change process and the design of the ICB cluster operating model. New risks have emerged during the period around commissioning support unit (CSU) service continuity, and the in-year implementation of new financial ledgers.

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

Risk profile

There are 83 'live' risks within the Operational Risk Register (including both ICB and system risks). This is an increase of twelve risks since the last report to the Board. Of these 83 risks; 14 risks are scored at a high-level, accounting for 17% of the total risks. This proportion represents a 4% reduction since the last report to the Board. The risk profile is shown in figure 1 below.

Figure 1



The 14 high-level operational risks include five 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 movement

The remaining nine high-level operational risks included in this paper are detailed in the below table. There is an overall decrease of one risk since the last report to the Board. Movement in the high-level risks is described below:

a) Five new risks have been identified since the last report to the Board. Four relating to achievement of the 2025/26 financial year targets and one new workforce risk which replaces a previous risk linked to workforce wellbeing and includes an updated cause focussing on the mandated nature of NHS headcount reductions and sustained pressures in social care

b) One risk relating to the transformation or urgent and emergency care has decreased in score and no longer meet threshold for reporting to the Board.

c) Five risks have been archived as they are no longer applicable or have been mitigated to a risk score which does not meet the threshold for reporting on the ORR. It is important to note while certain risks may be archived following mitigation or resolution, risk landscapes are dynamic and archived risks may re-emerge in new forms, either by focusing on a specific element of the original risk or by reflecting updated circumstances. This ensures our risk register stays current and relevant.

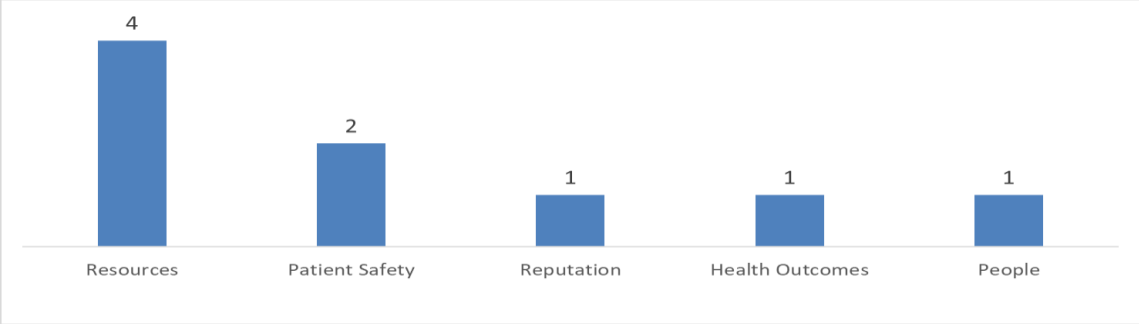
Risk appetite

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 90% 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. Figure 2 below shows the risk domains where the high-level risks sit. There are no high-level risks within the risk domains of health inequalities, legal, strategy and operations and social and economic development.

Figure 2



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, including those high-level risks.

Risk Ref.	Risk Description	Score	Responsible Committee
ORR245 (new risk)	If NHS Nottingham and Nottinghamshire ICB is unable to implement sustainable recurrent financial efficiency solutions, there is a risk that the underlying deficit will worsen, limiting the ICB's ability to meet population needs within available financial resources.	**High** 16 (I4 x L4)	Finance and Performance Committee
ORR246 (new risk)	If the Nottingham and Nottinghamshire NHS system does not meet its 2025/26 year-end financial position, there is a risk to creating financial 'headroom' for service investment, potentially leading to reputational damage and increased intervention	**High** 16 (I4 x L4)	Finance and Performance Committee
ORR247 (new risk)	If the Nottingham and Nottinghamshire NHS system cannot rapidly implement sustainable recurrent financial efficiencies, there is a risk that the underlying deficit will worsen, undermining progress toward long-term financial sustainability.	**High** 16 (I4 x L4)	Finance and Performance Committee
ORR265 (new risk)	If NHS system partners' workforce plans are not aligned with the system financial plan and/or do not include a clear, actionable plan of the workforce reductions required to achieve affordability, then the anticipated financial efficiencies may fail to materialise, risking overspend and undermining system-wide financial sustainability.	**High** 16 (I4 x L4)	Finance and Performance 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
ORR257	If mental health bed flow issues and capacity constraints persist amid rising demand, then individuals (children and adults) experiencing mental health crises, including those detained under the Mental Health Act or medically fit for discharge, may be placed in inappropriate or out-of-area settings (Emergency Departments, children's wards, or	**High** 16 (I4 x L4)	Quality and People Committee

Risk Ref.	Risk Description	Score	Responsible Committee
	Section 136 suites). This may result in increased distress and risk of harm, delayed access to appropriate care, and heightened pressure on urgent care services and system partners.		
ORR267	If adverse media coverage relating to key health services (e.g. maternity, mental health, primary care) persists, public confidence in the local health and care system may continue to decline. This may lead to reduced trust, and impact on public confidence in local NHS services. This risk is exacerbated by current coverage of the proposed workforce reductions across ICS NHS partners.	**High** 16 (I4 x L4)	Quality and People Committee
ORR294 (new risk)	If mandated reductions in NHS headcount, alongside sustained financial and operational pressures on social care providers, there is a heightened risk of workforce strain across the integrated care system. This may manifest as increased sickness absence, staff exhaustion, burnout, and a deterioration in psychological safety, ultimately impacting the resilience and effectiveness of health, social care, and primary medical workforce.	**High** 16 (I4 x L4)	Quality and People Committee
ORR274	If General Practices, Primary Care Networks, community pharmacy, and the ICB lack sufficient capacity, capability, and resources to deliver the ICS Primary Care Strategy and implement modern general practice access models, then the transformation of primary care and improvements in access may not be achieved.	**High** 16 (I4 x L4)	Strategic Planning and Integration Committee

NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	10/09/2025
Paper Title:	**Board Assurance Framework**
Paper Reference:	ICB 25 063
Report Author:	Siân Gascoigne, Assistant Director of Corporate Affairs Lucy Branson, Director of Corporate Affairs
Report Sponsor:	Amanda Sullivan, Chief Executive
Presenter:	-

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

Summary:

This cover sheet accompanies the NHS Nottingham and Nottinghamshire Integrated Care Board's (ICB's) 2025/26 Board Assurance Framework (BAF). While the BAF is ordinarily brought to the Board twice annually (in May and November), this one-off paper is being presented at the September meeting to provide a comprehensive position ahead of the planned transition to ICB clustering arrangements. This ensures that NHS Nottingham and Nottinghamshire ICB's BAF is formally considered, prior to the development of a joint BAF approach going forward.

As part of the ongoing review of the BAF, the strategic risks have been reviewed to ensure alignment with the priorities of the NHS Ten Year Plan. Following discussions with the Executive Management Team, a new cyber security risk has also been escalated from the ICB's operational risk register (ORR) to the BAF.

It was agreed that operational risks related to cyber security would be reflected on the ICB's Board Assurance Framework (BAF), acknowledging that such risks may not be reducible through traditional controls. Instead, its inclusion at the strategic level is intended to ensure continued visibility and that the Board receives regular and appropriate assurance on how the ICB is managing cyber risk.

In addition, a full review of the BAF has been undertaken to ensure it remains up to date and reflective of our current assurance environment. Key updates include:

- The BAF has been updated to align with the ICB's 2025/26 Internal Audit Plan and reflects planning activity for the 2025/26 financial year.
- System governance changes have been incorporated, including the addition of the Finance and Delivery Reference Group (FDRG) and the removal of groups no longer in place (e.g., Demand and Capacity Group). The BAF also reflects the role of transition governance arrangements as controls supporting the strategic risk around the ICB's operating model.
- Cross-referencing with ICB committee work has been completed to ensure alignment with assurance sources, including references to system-level oversight mechanisms such as the Digital Strategy Oversight Group (DSOG) and community transformation programmes.

Summary:
• Completed actions have been reflected, including the finalisation of the Primary Care Strategy and the Infrastructure Strategy. The inclusion of the BAF on the September Board agenda has been agreed in light of forthcoming changes to governance and accountability arrangements, ensuring appropriate Board-level visibility of strategic risks, assurance sources, and control mechanisms ahead of the move to a clustered operating model.

Recommendation(s):
The Board is asked to **receive** the NHS Nottingham and Nottinghamshire ICB's 2025/26 Board Assurance Framework for information and assurance.

How does this paper support	the ICB's core aims to:
Improve outcomes in population health and healthcare	The Board Assurance Framework is a structured way of identifying and mapping the main sources of assurance in support of the achievement of the ICB's four 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: 2025/26 Board Assurance Framework

Board Assurance Framework:
This update presents the fully populated Board Assurance Framework, which outlines the controls and assurances across all the ICB's strategic risks.

Report Previously Received By:
Board Assurance Framework updates have been presented to the May and November 2024, and May 2025, meetings of the Board and the December 2024 and February and March 2025 meetings of the Audit and Risk Committee.

Are there any conflicts of interest requiring management?
No.

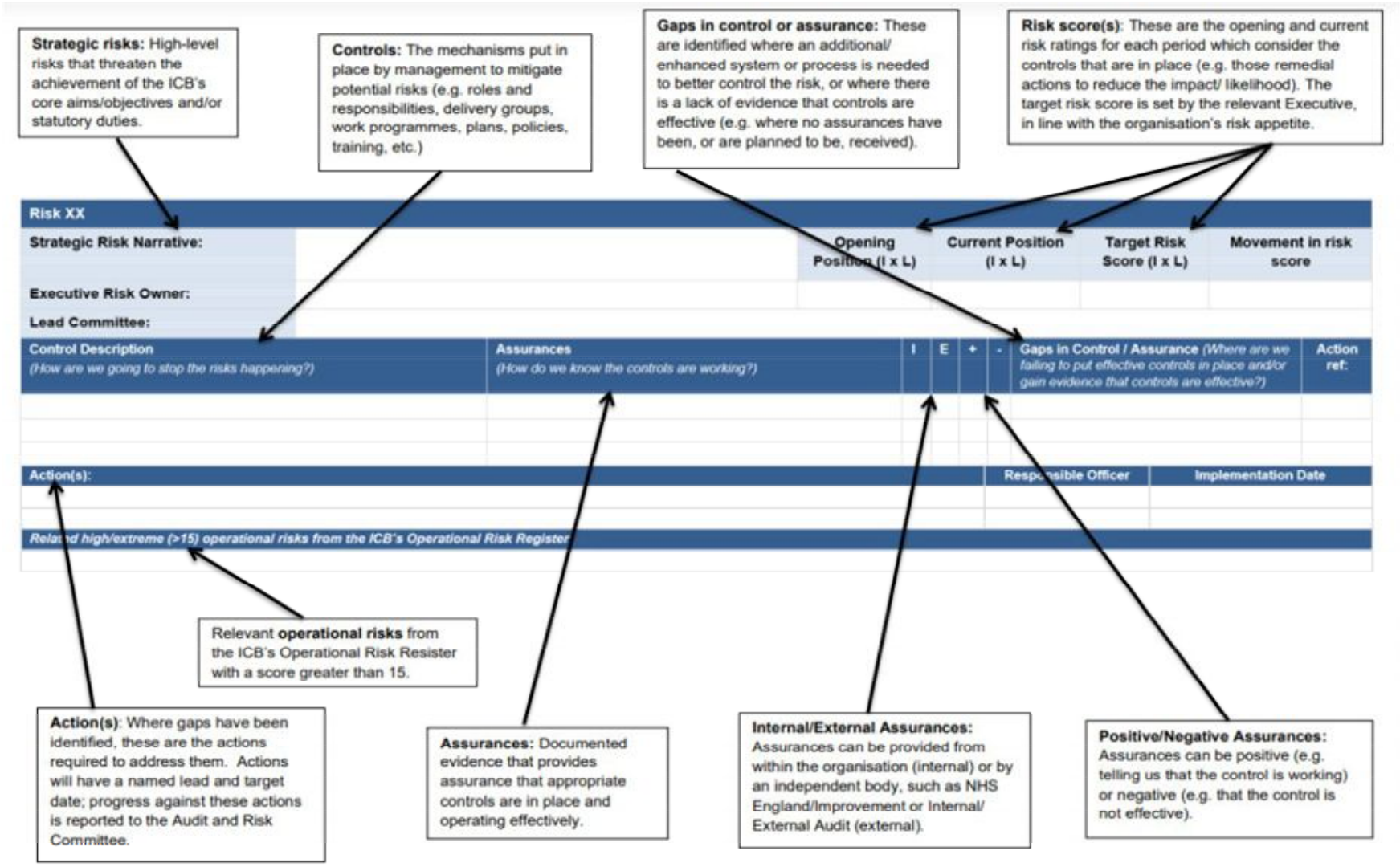
Is this item confidential?
No.

NHS
Nottingham and Nottinghamshire
Integrated Care Board

Board Assurance Framework

September 2025

How to navigate the Board Assurance Framework



Risk 1 – Timely and equitable access					
Strategic Risk Narrative:	Failure to ensure timely and equitable access to urgent and emergency care, elective and cancer care, community, and mental health services.	**Opening Risk Level and Score (I x L)**	**Current Risk Level and Score (I x L)**	**Risk Appetite and Target Risk Score (I x L)**	**Movement in risk score** *(since last reporting period)*
Executive Risk Owner:	Director of Delivery and Operations	High (4 x 5)	High (4 x 4)	Medium (4 x 2)	None.
Lead Committee:	Finance and Performance Committee (*Highlight Reports from the Committee to the Board on a bi-monthly basis)*			*Cautious*	

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Delivery of the **2025/26 Operational Plan**, which sets out the priorities for healthcare delivery across Nottingham and Nottinghamshire, focusing on improving access, tackling backlogs, and meeting key performance targets. Role and remit of the **System Planning Co-ordination Group** (as needed), in relation to development of the Operational Plan.	Operational Plan development updates to the Finance and Performance Committee (April and Nov 2024, Jan, Feb and March 2025 and, *pending, Nov 2025, Jan to March 2026)* Operational Plan and Service Delivery Reports to the Finance and Performance Committee (monthly) Annual Operational and Financial Plan presented to the Board *(March 2025 and, pending, March 2026)* Operational planning and priorities for 2026/27, Board Development Session *(pending, Feb 2026)* Service Delivery/Performance Reports to the Board (each meeting) NHS Oversight Framework Assessment (quarterly via Quarterly System Review Meeting (QSRM) and annual assessment process) 2025/26 Internal Audit Review – Delivery of operational plans *(pending, Q3)*	✓ ✓ ✓ ✓ ✓	 ✓ ✓	✓ ✓ ✓ ✓ ✓ 	✓ ✓ ✓ ✓ 	None identified.	
Role and remit of the monthly **ICS System Oversight Group**, whose members have collective accountability for the operational performance of the ICS. This is attended by NHS England. Establishment of the weekly **System Performance Oversight Group (formally System Oversight Sub-Group (a)),** which is ICB chaired, in line with the ICB's NHS system leadership role, and has responsibility for overseeing delivery of statutory performance targets and delivery of the 2025/26 Operational Plan. NHS Partners are held collectively accountable for performance. Establishment of the **Financial Delivery and Recovery Group**, supported by the **System Transformation and Efficiencies Group,** chaired by the ICB CEO, which oversees strategic delivery of transformation and efficiency programmes.	Service Delivery Reports to the Finance and Performance Committee (monthly) Rolling programme of 'thematic' Service Delivery reviews to the Finance and Performance Committee (four times a year) NHS Oversight Framework Assessment (quarterly via Quarterly System Review Meeting (QSRM) and annual assessment process) 360 Assurance Internal Audit Review – System Governance (Advisory)	✓ ✓	 ✓ ✓	✓ ✓ ✓ ✓	✓ ✓ 	None identified.	

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
The role and remit of System Programme Boards in relation to operational performance and delivery. a) **Urgent and Emergency Care (UEC) Board**, which leads on system resilience and delivery of statutory targets relating to non-elective care across the ICS. b) **Planned Care Programme Board**, which leads on delivery of statutory targets relating to elective care, cancer, and diagnostic services across the ICS. c) **Nottingham and Nottinghamshire Adult and Children's Mental Health Partnership Board**. d) **Primary Care Strategy Transformation Group,** which oversees primary care delivery via oversight of the Primary Care Access Recovery Plan (PCARP). e) **Learning Disability and Autism Partnership Board**. f) **Local Care Together Programme Board** and the **Local Care Together Senior Leadership Team meetings**, which oversee community transformation.	Operational Plan development updates to the Finance and Performance Committee (April and Nov 2024, Jan, Feb and March 2025 and*, pending, Nov 2025, Jan to March 2026)* Service Delivery Reports to the Finance and Performance Committee (monthly) Rolling programme of 'thematic' Service Delivery reviews to the Finance and Performance Committee (four times a year) Service Delivery/Performance Reports to the Board (each meeting) NHS Oversight Framework Assessment (quarterly via Quarterly System Review Meeting (QSRM) and annual assessment process)	✓ ✓ ✓ ✓	 ✓	✓ ✓ ✓ ✓	✓ ✓ ✓	None identified. None identified.	
Daily system calls and **On-call arrangements**, alongside embedment of the **System Co-ordination Centre (SCC)**; the purpose of which is to ensure the safest and highest quality of care possible for the entire population across every area by balancing the clinical risk within and across all health and care settings. **Operational Pressures Escalation Level (OPEL) Framework** across both primary and secondary care providers.	As above.					None identified.	
The role and remit of **Integrated Neighbourhood Team (INTs),** who support equitable access by offering localised, proactive care, promoting interprofessional collaboration and engaging communities.	Community services (including development of INTs) transformation programme delivery update to SPI Committee (June 2025)	✓		✓		None identified.	
East Midlands Joint Commissioning Committee (and supporting infrastructure) which is established to ensure delivery of delegated functions.	Delivery of NHS England delegated functions update to the Board *(pending)* NHS England delegation update to the SPI Committee *(pending)*	✓ ✓				To develop routine assurance reporting to the Board on delivery of delegated specialised commissioning functions.	1.3
ICB membership of the **East Midlands Cancer Alliance (EMCA),** whose role is to develop and implement change in line with national priorities; more specifically: • Bringing together influential local decision-makers. • Taking responsibility for directing funding to transform services and care across whole pathways. • Reducing variation in the availability of safe care and treatment for all people with cancer; and	EMCA Oversight Arrangements update to the SPI Committee (April 2024)	✓		✓		None identified.	

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
• Delivering continuous improvement and reduction in inequality of experience.							

Action(s):	**Responsible Officer**	**Implementation Date**
Action 1.1 To undertake a review of ICS system forums to ensure clarity of purpose and naming principles, consistency of operation (as appropriate) and reporting lines. ***Progress update:*** *Action complete.*	Chief Executive	Complete
Action 1.2 To ensure community services are fully embedded within the system oversight and transformation leadership groups. ***Progress update:*** *Action complete*	Director of Delivery and Operations	Complete
Action 1.3 To develop routine assurance reporting to the Board on delivery of delegated specialised commissioning functions. ***Progress update:*** *Reporting requirements outlined within the Board and relevant Committee's 2025/26 annual work programmes.*	Director of Delivery and Operations	~~March 2025~~ March 2026
Action 1.4 To establish a Mental Health (MH) Programme Board, to focus on system oversight and performance. ***Progress update:*** *Action complete.*	Director of Delivery and Operations	Complete

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
No related high/extreme (>15) operational risks currently.

Risk 2 – Primary care					
Strategic Risk Narrative:	Failure to reduce unwarranted variation and improve access to primary medical services and pharmacy, optometry and dental (PODs) services.	**Opening Risk Level and Score (I x L)**	**Current Risk Level and Score (I x L)**	**Risk Appetite and Target Risk Score (I x L)**	**Movement in risk score** *(since last reporting period)*
Executive Risk Owner:	Director of Delivery and Operations	High (4 x 4)	High (4 x 4)	Medium (4 x 2)	None.
Lead Committee:	Strategic Planning and Integration Committee (*Highlight Reports from the Committee to the Board on a bi-monthly basis)*			*Cautious*	

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Nottingham and Nottinghamshire ICS Primary Care Strategy, which outlines the ICS strategic intention of improving primary medical care resilience and promoting collaborative working with the aim of improving patient care. Improving access in primary care is one of the priority components for delivery. The Strategy is comprised of four chapters. • Chapter 1 General Practice • Chapter 2 Community Pharmacy • Chapter 3 Community Dentistry • Chapter 4 Community Optometry **Nottingham and Nottinghamshire ICS Primary Care Access Recovery Plan (PCARP),** which outlines the plan to improve access to primary care services within the region. It aims to improve access to appointments through: • Empowering patients. • Implementing 'Modern General Practice Access.' • Building capacity to enable practices to offer more appointments from more staff. • Cutting bureaucracy to give practice teams more time to focus on patients' clinical needs.	Primary Care Strategy and Delivery Plan updates to the SPI Committee (June, September and November 2024, February and April 2025, and *pending, Oct 2025)* Primary Care Strategy presented to the Board, alongside primary care updates via SPI Highlight Report (May 2025, each meeting) Delivery plan for recovering access to primary care updates to the Board (May and November 2024) NHS Oversight Framework Assessment (quarterly via Quarterly System Review Meeting (QSRM) and annual assessment process)	✓ ✓ ✓	 ✓	✓ ✓ ✓ ✓	 ✓	None identified.	2.1
Role and remit of the monthly **ICS System Oversight Group**, whose members have collective accountability for the operational performance of the ICS. This is attended by NHS England. Establishment of the weekly **System Performance Oversight Group (formally System Oversight Sub-Group (a)),** which is ICB chaired, in line with the ICB's NHS system leadership role, and has responsibility for overseeing delivery of statutory performance targets and delivery of	Primary Care Strategy and Delivery Plan updates to the SPI Committee (June, September and November 2024, February and April 2025, and *pending, Oct 2025)* Delivery plan for recovering access to primary care updates to the Board (May and November 2024) Service Delivery Reports to the Finance and Performance Committee (monthly) Service Delivery/Performance Reports to the Board (each meeting)	✓ ✓ ✓ ✓	 	✓ ✓ ✓ ✓	 ✓ ✓	None identified.	

Control Description *(How are we going to stop the risks happening?)*	Assurances *(How do we know the controls are working?)*	I	E	+	-	Gaps in Control / Assurance *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	Action ref:
the 2025/26 Operational Plan. NHS Partners are held collectively accountable for performance. Establishment of the **Financial Delivery and Recovery Group**, supported by the **System Transformation and Efficiencies Group,** chaired by the ICB CEO, which oversees strategic delivery of transformation and efficiency programmes.	NHS Oversight Framework Assessment (quarterly via Quarterly System Review Meeting (QSRM) and annual assessment process) 360 Assurance Internal Audit Review – System Governance (Advisory)		✓ ✓	✓ ✓	✓		
Embedment of the ICB chaired **Primary Care Strategy Transformation Board**, whose members have collective responsibility for overseeing delivery of the Primary Care Strategy and the Primary Care Access Recovery Plan (PCARP). This is attended by Place-Based Partnership Clinical Leads and wider primary care and community pharmacist representatives. Establishment of **Primary Care 'huddles'** and weekly operational calls, focusing on performance and delivery.	As above.					None identified.	
Development of a **Primary Care Dashboard,** providing intelligence of primary care performance and trajectories at ICS, Place and GP Practice-level.	As above.					None identified.	
Primary Care Medical Services Contracting Panel, whose role is to manage and oversee the contracting of primary care medical services in Nottingham and Nottinghamshire. This includes responsibility for reviewing and awarding contracts, ensuring that providers are meeting performance and delivery standards.	Primary Care Services Contracting Panel reports to the SPI Committee (twice-yearly)	✓		✓		None identified.	
Primary Care Networks, who have a role in improving access to local primary medical services by enhancing collaboration and building resilience between individual GP practices across Nottingham and Nottinghamshire. The role and remit of **Integrated Neighbourhood Team (INTs),** who support equitable access by offering localised, proactive care, promoting interprofessional collaboration and engaging communities.	Primary Care Strategy and Delivery Plan updates to the SPI Committee (June, September and November 2024, February and April 2025, and *pending, Oct 2025)* Community services (including development of INTs) transformation programme delivery update to SPI Committee (June 2025)	✓ ✓		✓ ✓		None identified.	
East Midlands Primary Care Tier 3 and Tier 2 joint governance arrangements, which oversee performance and delivery of pharmacy, optometry and dental (POD) services across Nottingham and Nottinghamshire.	Delivery of NHS England delegated functions update to the Board *(pending)* PODS annual update to the Quality and People Committee (April 2025)	✓ ✓		 ✓		To develop routine assurance reporting to the Board on delivery of delegated pharmacy, optometry and dental (POD) services.	2.3

Action(s):	Responsible Officer	Implementation Date
Action 2.1 To develop and finalise all four chapters of the ICS Primary Care Strategy. ***Progress update:*** *Primary Care Strategy presented to the Board at its May 2025 meeting.*	Director of Strategy and System Development	Complete
Action 2.2 To ensure primary care is fully embedded within the system oversight and transformation leadership groups. ***Progress update:*** *Primary care is now captured within relevant groups' Terms of Reference, including SOG and System Leadership Transformation Group.*	Director of Delivery and Operations	Complete

Action 2.3 To develop routine assurance reporting to the Board on delivery of delegated pharmacy, optometry and dental (POD) services. ***Progress update:*** *Reporting requirements outlined within the Board and relevant Committee's 2025/26 annual work programmes.*	Director of Delivery and Operations	~~March 2025~~ March 2026

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
ORR274 If General Practices, Primary Care Networks, community pharmacy, and the ICB lack sufficient capacity, capability, and resources to deliver the ICS Primary Care Strategy and implement modern general practice access models, then the transformation of primary care and improvements in access may not be achieved.

Risk 3 – Financial sustainability					
Strategic Risk Narrative:	Failure to achieve financial sustainability across the system.	**Opening Risk Level and Score (I x L)**	**Current Risk Level and Score (I x L)**	**Risk Appetite and Target Risk Score (I x L)**	**Movement in risk score** *(since last reporting period)*
Executive Risk Owner:	Director of Finance	High (4 x 4)	High (4 x 4)	Medium (4 x 2)	None.
Lead Committee:	Finance and Performance Committee (*Highlight Reports from the Committee to the Board on a bi-monthly basis)*			*Cautious*	

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
The **2025/26 Operational and Financial Plan**, more specifically, delivery of performance targets which may have financial implications, such as income relating to elective recovery. Delivery of the **2025/26 ICS Workforce Plan**, which supports financial sustainability by optimising staff allocation, reducing reliance on bank and agency workers and addressing skill shortages.	Annual Operational and Financial Plan presented to the Board (March 2025 *and, pending, March 206)* Annual Financial Plan and Opening Budgets reported to the Finance and Performance Committee (March 2025 *and, pending, March 2026)* Finance Report and System Financial Efficiency Report, including workforce plans, (ICB and ICS) reported to the Finance and Performance Committee (monthly) Finance Report (ICB and ICS) reported to Board (each meeting) 2023/24 Internal Audit Review - ICS NHS Partners System Financial Control NHS Oversight Framework Assessment (quarterly via Quarterly System Review Meeting (QSRM) and annual assessment process)	✓ ✓ ✓ ✓ ✓	 ✓	✓ ✓ ✓ ✓ ✓	 ✓ ✓ ✓	None identified.	
Delivery of the **Joint Medium-term Financial Plan**, which supports overall delivery of the five-year Joint Forward Plan. The Plan is developed in line with the: a) ICS Finance Framework, which sets out the rules which govern the way finances are managed within the ICS (as identified as best practice by the HfMA); and b) ICS Financial Planning Principles.	As above.					To take a more strategic approach to the Joint Medium Term Financial Plan, ensuring robust resource allocation and prioritisation arrangements are in place.	3.1
Role and remit of the monthly **ICS System Oversight Group**, whose members have collective accountability for the operational and financial performance of the ICS. This is attended by NHS England. Role and remit of the **ICS Directors of Finance Group**, whose members have collective accountability for the financial performance of the ICS, capital and resource allocation, as well as delivery of the Joint Medium Term Financial Plan.	As above. 360 Assurance Internal Audit Review – System Governance (Advisory)		 ✓	 ✓		None identified.	
ICS 'grip and control' measures, which are overseen by the **ICS Financial Delivery and Recovery Group** (FDRG), supported by the **System Transformation and Efficiencies Group** (STEG). These	Finance Report and System Financial Efficiency Report (ICB and ICS) reported to the Finance and Performance Committee (monthly) Finance Report (ICB and ICS) reported to Board (each meeting)	✓ ✓		✓ ✓	✓ ✓	None identified.	

Control Description *(How are we going to stop the risks happening?)*	Assurances *(How do we know the controls are working?)*	I	E	+	-	Gaps in Control / Assurance *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	Action ref:
include, but are not limited to, weekly scrutiny of progress with financial efficiency programmes and the strengthening of workforce expenditure and vacancy controls. This agenda is supported by regular ICS Chief Executive and Director of Finance meetings, as well as **Chief People Officers and Chief Finance Officers Group** meetings. ICB 'grip and control' measures, which are overseen by the **ICB Financial Recovery Meeting**. This includes weekly scrutiny of ICB efficiency programmes, which is in addition to **routine budgetary monitoring and control arrangements** and compliance with ICB standing documents (e.g., the **Scheme of Reservation and Delegation** and **Standing Financial Instructions**).	Investments, disinvestments and contract awards for non-healthcare services to the Finance and Performance Committee (ad-hoc) Twice-yearly Financial Stewardship Assurance reporting to the Audit and Risk Committee (December 2024 and May 2025 and, *pending Oct 2025 and May 2025)* Losses and Special Payments Register annual update to the Audit and Risk Committee (including in Financial Stewardship Assurance Report (December 2024 *and, pending, Oct 2025 and May 2026)* Annual review of the Standing Financial Instructions to the Audit and Risk Committee (December 2024 and, *pending, Feb 2026)* 2024/25 Internal Audit Review – Financial Management *(Significant)* 2024/25 External Audit – Year-end financial accounts review *(June 2026)* 2025/26 Internal Audit Review – Efficiency programme *(pending, Q2)*	✓ ✓ ✓ ✓	 ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓			
The **Project Management Office (PMO) function** within the ICB, which provides support and oversees delivery of programmes which aim to improve operational efficiency and financial performance.	As above.					None identified.	
The ICB's **procurement and contracting functions,** which support financial sustainability by ensuring cost-effective purchasing and efficient allocation of resources, reducing waste and maximising value. Embedment of the **Commissioning Review Group**, whose membership has collective responsibility for ensuring investment and disinvestment commissioning proposals and contract award proposals have appropriate scrutiny in line with the ICB decision-making framework, provider selection regime legislation and statutory guidance.	Provider Selection Regime Assurance report to the Audit and Risk Committee (October 2024 *and, pending, May 2026)* Provider Selection Regime and Provider Accreditation update to the SPI Committee (October 2024) Service Change Review Group update to the SPI Committee (Oct 2024) Primary Care Services Contracting Panel reports to the SPI Committee (twice-yearly) Investments, Disinvestments and Contract Awards for Healthcare Services updates to SPI Committee (ad hoc) 2024/25 Internal Audit Review – Provider Selection Regime *(Significant)* 2025/26 Internal Audit Review – Contract management *(pending Q3)*	✓ ✓ ✓ ✓ ✓	 ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓		None identified.	3.2

Action(s):	Responsible Officer	Implementation Date
Action 3.1 To take a more strategic approach to the Joint Medium Term Financial Plan, ensuring robust resource allocation and prioritisation arrangements are in place. ***Progress update:*** *Work on the approach continues, in line with the requirements to achieve system financial balance by March 2026.*	Director of Finance	March 2026
Action 3.2 To embed the recently refreshed Commissioning Review Group. ***Progress update:*** *Action complete, Commissioning Review Group in place and meets monthly.*	Director of Strategy and System Delivery	Complete

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
No related high/extreme (>15) operational risks currently.

Risk 4 – Quality improvement					
Strategic Risk Narrative:	Failure to systematically improve the quality of healthcare services.	**Opening Risk Level and Score (I x L)**	**Current Risk Level and Score (I x L)**	**Risk Appetite and Target Risk Score (I x L)**	**Movement in risk score** *(since last reporting period)*
Executive Risk Owner:	Director of Nursing	High (4 x 4)	High (4 x 4)	Medium (4 x 2)	None.
Lead Committee:	Quality and People Committee (*Highlight Reports from the Committee to the Board on a bi-monthly basis)*			*Cautious*	

Control Description *(How are we going to stop the risks happening?)*	Assurances *(How do we know the controls are working?)*	I	E	+	-	Gaps in Control / Assurance *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Integrated Care System Quality Strategy (Framework Model) 2025-2028, which is supported by a delivery plan, the purpose of which is to develop and embed a robust quality improvement framework across system partners. Establishment of the **System Quality Priorities (ICS Quality Priorities).** Delivery of **local quality schedules for 2025/2026**, which seek to embed the reporting and monitoring arrangements for the ICS Quality Priorities and the ICS Quality Strategy.	ICS Quality Strategy updates to the Quality and People Committee (May 2024 and April 2025 *and, pending, Oct 2025 and March 2026)* ICS Quality Strategy to the Board (July 2025)	✓ ✓		✓ ✓		To embed 2025/26 local quality schedules to facilitate monitor and delivery of the ICS quality priorities.	4.1
System Quality Improvement Approach, which is driven by the **NHSE Improving Patient Care Together (IMPACT) Self-Assessment**; the purpose of which is to help systems, providers and partners understand where they are on their quality improvement journey and identify improvements needed.	As above.					None identified.	
Established infrastructure to *monitor quality improvement of all providers* across the ICS, which includes, but is not limited to: • **'Task and finish' Improvement Oversight and Assurance Groups (IOAG)** for those NHS providers placed in oversight level four; the purpose of which are to help providers recover from significant challenges, ensuring they return to a position where they can deliver safe, effective, and financially stable care. • Routine and escalated **quality contract monitoring mechanisms** for those providers where quality concerns are identified (e.g. contract performance notices). • Various forums, whose remits include primary medical services quality improvement, which include the **Primary Care Strategy Transformation Group** and **Primary Medical Services Contracting Panel**. • **East Midlands Primary Care Tier 3** and **Tier 2 joint governance arrangements**, which oversee performance and delivery of pharmacy, optometry and dental (POD) services across Nottingham and Nottinghamshire; and	Quality Report to the Board (each meeting) Quality Oversight Report updates to each meeting of the Quality and People Committee (monthly) Ad-hoc provider exception reporting and 'deep dives' to the Quality and People Committee (e.g. Nottinghamshire Health NHS Foundation Trust, Section 48 Review, UEC pathway, NOF 2 and 4 providers) (monthly) Primary Medical Services updates to the Quality and People Committee (July 2024 and January 2025 and July 2025) Care Homes and Home Care updates to the Quality and People Committee (June and Nov 2024 and Nov 2025) PODS annual update to the Quality and People Committee (April 2025) Specialised Commissioning update to the Quality and People Committee *(pending, Sept 2025)* 2025/26 Internal Audit Review – Quality oversight arrangements *(pending, Q3)*	✓ ✓ ✓ ✓ ✓ ✓ ✓	 ✓	✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ 	None identified.	

Control Description *(How are we going to stop the risks happening?)*	Assurances *(How do we know the controls are working?)*	I	E	+	-	Gaps in Control / Assurance *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
• **East Midlands Joint Commissioning Committee** (and supporting infrastructure) which is established to ensure the quality of specialised services.	NHS Oversight Framework Assessment (quarterly via Quarterly System Review Meeting (QSRM) and annual assessment process)		✓	✓	✓		
The ICB's quality framework and commissioning processes, which *monitor quality improvement in line with the ICB's statutory duties* relating to nursing and quality (e.g., safeguarding, infection prevention and control, complaints). This includes implementation of the **Patient Safety Incident Response Framework (PSIRF)**, which sets out the systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The establishment of Patient Safety Specialists and Patient Safety Partners to support implementation of the PSIRF Policy. As well as compliance with the **ICB Complaint's Policy**, which sets out the ICB's approach to handling complaints and concerns about commissioned services, ensuring that 'lessons are learnt' and improvements made as a result of issues raised.	Annual safeguarding children and vulnerable adults updates to the Quality and People Committee *(pending, Sept and Nov 2025)* Continuing Healthcare, Children's Continuing Care and Personalised Care annual update to the Quality and People Committee (*pending, Nov 2025)* Patient Safety Incident Response Framework (PSIRF) update to the Quality and People Committee (June 2024 and March 2025 *and, pending, Jan 2026)* Patient Experience and Complaints annual update to the Quality and People Committee (April 2024 and May 2025)	✓ ✓ ✓ ✓		✓ ✓ ✓ ✓		None identified.	
Role and remit of the **System Quality Group**, which exists to drive quality improvement collaboratively and proactively. This is supported by system sub-groups which include, but are not limited to, safeguarding (including LAC and SEND), infection prevention and control, care home and home care, immunisations and vaccinations, patient safety, social care, and personalisation.	As above.					To establish local quality improvement groups in conjunction with ICS system partners.	4.2
Role and remit of the **Nottingham and Nottinghamshire Perinatal Scrutiny Oversight Board,** which is overseen by the System Quality Group and supported by: ICS **Perinatal Surveillance Quality Group (PSQG), LMNS Serious Incident (SI) Panel** and **LMNS Quality Outcomes Dashboard Sub-group (DSG)** Role and remit of the **Maternity Voices Partnership (MVP).** Role and remit of the **Regional Quality Oversight Group.** Role and remit of the **Regional Perinatal Quality Surveillance Group.**	Quality Oversight Report updates to each meeting of the Quality and People Committee (monthly) Nottingham and Nottinghamshire Perinatal Scrutiny Oversight Board annual update to the Quality and People Committee (October 2024) LMNS annual update to the Quality and People Committee *(pending, Oct 2025)* Regional LMNS oversight and performance meetings with NHSE.	✓ ✓ ✓	 ✓	✓ ✓ ✓	✓ ✓	None identified.	
Role and remit of the **Nottingham and Nottinghamshire Learning Disability & Autism (LDA) Executive Partnership Board,** which is overseen by the System Quality Group and oversees the improvement of LDA services across the system, for both adults and children and young people.	Quality Oversight Report updates to each meeting of the Quality and People Committee (monthly) Learning Disability and Autism (LDA) annual update to the Quality and People Committee (March 2025 *and, pending, March 2026)* Regional LDA oversight and performance meetings with NHSE.	✓ ✓	 ✓	✓ ✓ ✓	✓	None identified.	
Establishment of **SEND Partnership Improvement Boards** (with both Nottinghamshire County Council and Nottingham City Council), whose collective membership oversees improvement activity following the Ofsted and Care Quality Commission (CQC) local area inspections.	Quality Oversight Report updates to each meeting of the Quality and People Committee (monthly) SEND annual update to the Quality and People Committee *(pending, Feb 2026)*	✓ ✓		✓ ✓	✓	None identified.	

Control Description *(How are we going to stop the risks happening?)*	Assurances *(How do we know the controls are working?)*	I	E	+	-	Gaps in Control / Assurance *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
	Annual safeguarding children and vulnerable adults updates to the Quality and People Committee *(pending, Sept and Nov 2025)*	✓					

Action(s):	**Responsible Officer**	**Implementation Date**
Action 4.1 To embed 2025/26 local quality schedules to facilitate monitor and delivery of the ICS quality priorities. ***Progress update:*** *New action.*	Director of Nursing	September 2025
Action 4.2 To establish local quality improvement groups in conjunction with ICS system partners. ***Progress update:*** *New action.*	Director of Nursing	September 2025
Action 4.3 To undertake a 'stocktake' of ICB's quality function. ***Progress update:*** *New action.*	Director of Nursing	Q3 2025/26

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
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, 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.
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.
ORR257 If mental health bed flow issues and capacity constraints persist amid rising demand, then individuals (children and adults) experiencing mental health crises, including those detained under the Mental Health Act or medically fit for discharge, may be placed in inappropriate or out-of-area settings (Emergency Departments, children's wards, or Section 136 suites). This may result in increased distress and risk of harm, delayed access to appropriate care, and heightened pressure on urgent care services and system partners.
ORR267 If adverse media coverage relating to key health services (e.g. maternity, mental health, primary care) persists, public confidence in the local health and care system may continue to decline. This may lead to reduced trust, and impact on public confidence in local NHS services. This risk is exacerbated by current coverage of the proposed workforce reductions across ICS NHS partners.
ORR207 If challenges in the provision and delivery of community mental health services persist, these services may not be accessed, or accessed promptly, which may worsen health outcomes for adults and children across Nottingham/shire. This could also increase demand on other services, as activity shifts to other ICS partners. This risk is exacerbated by the rise in the complexity and volume of people requiring mental health services.

Risk 5 – Strategy and transformation					
Strategic Risk Narrative:	Failure to implement robust strategies and plans with system partners to transform services, address health inequalities and improve outcomes.	**Opening Risk Level and Score (I x L)**	**Current Risk Level and Score (I x L)**	**Risk Appetite and Target Risk Score (I x L)**	**Movement in risk score** *(since last reporting period)*
Executive Risk Owner:	Director of Strategy and System Development	High (4 x 4)	Medium (4 x 3)	Medium (4 x 2)	None.
Lead Committee:	Strategic Planning and Integration Committee (*Highlight Reports from the Committee to the Board on a bi-monthly basis)*			*Open*	

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
a) A system wide **Integrated Care Strategy** outlines how statutory partners across the ICS, collaborating with non-statutory partners, patients, people, and communities, will improve health and care outcomes. Commitment has been given to achieving a set of ambitions to improve overall health and wellbeing and reduce health inequalities. Partners have agreed to working collaboratively to deliver these ambitions and adhere to three strategic principles of prevention, equity and integration in the design and implementation of interventions and support to people. b) A **Joint Forward Plan (JFP)** has also been developed across NHS statutory bodes which sets out how the ICB and its local NHS partners will work differently across the next five years to deliver the ICS Integrated Care Strategy. Commitment to the three strategic principles and overall collaborative approach is affirmed in this Plan. c) **Joint Local Health and Wellbeing Strategies (Nottingham City and Nottinghamshire County)**, also set out the vision, priorities and action agreed by the Health and Well-being Boards to improve the health and wellbeing of the population and address issues of inequity and health inequalities. The need for partnership and collaboration across system partners is intrinsic to delivery of these Strategies. The Integrated Care Strategy, Joint Local Health and Wellbeing Strategies and JFP are based on the population health and care needs as described by the **Nottingham City and Nottinghamshire County Joint Strategic Needs Assessments**.	Integrated Care Strategy update to the Board (January 2025)	✓		✓		To develop assurance reporting to the ICP relating to the 4th aim, in alignment with the work of EMCCA and the EM IGC.	5.1
	Response to Ten Year Health Plan and JFP delivery update to the Board *(pending, Sept 2025)*	✓		✓			
	Progress in delivering the Integrated Care Strategy: Year-end update to the ICP (March 2025)	✓		✓			
	Annual refresh of the Integrated Care Strategy to the ICP (March 2025)	✓		✓			
	Joint Forward Plan (and Refresh) and Outcomes Framework updates to the Board (May, July and October 2024, March and July 2025)	✓		✓			
	Annual refresh of the JFP to the Board *(pending, March 2026)*	✓		✓			
	Updates on the oversight and delivery of the Joint Forward Plan to the SPI Committee *(April, May and September 2024, March and 2025, and pending, Sept 2025)*	✓		✓			
	Update on delivery of the Joint Forward Plan to the ICP (Oct 2024)	✓		✓			
	Delivery of prevention priorities update to SPI Committee *(pending, Oct 2025)*	✓		✓			
	Health Inequalities Statement to the Board *(May 2024 and, pending July 2025)*	✓		✓			
	Health Inequalities Statement and Plan reported to the Quality and People Committee (May 2025 *and, pending, Oct 2025 and Feb 2026)*	✓		✓			
	Thematic Health Inequalities reviews reported to the Quality and People Committee (three times a year)	✓		✓	✓		
	Health Inequalities and Innovation Fund update to the SPI Committee *(pending, Sept 2025)*	✓					
	Avoidable Mortality and Health Inequalities update to the Quality and People Committee (Jan 2025 *and, pending Jan 2026)*	✓		✓			
	NHS Oversight Framework Assessment (quarterly via Quarterly System Review Meeting (QSRM) and annual assessment process)		✓	✓	✓		
Establishment of the **System Transformation Delivery Group**, whose collective membership is responsible for bringing together	Rolling programme of Transformation Programme Delivery updates to the SPI Committee (each meeting)	✓		✓	✓	None identified.	

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
transformation programmes which support and enable sustainable achievement of statutory and local performance ambitions.	Primary Care Strategy and Delivery Plan updates to the SPI Committee *(June, September and November 2024, February and April 2025, and pending, Oct 2025)* Children and Young People's Mental Health Local Transformation Plan and commissioning updates to the SPI Committee (December 2024 and March 2025 *and, pending, Sept 2025)*	✓ ✓		✓ ✓			
The role and remit of System Programme Boards in relation to the transformation and delivery of respective elements of the Joint Forward Plan. a) **Urgent and Emergency Care (UEC) Board,** which oversees transformation across the non-elective pathway. b) **Planned Care Transformation Board,** which exists to oversee transformational changes in the provision of planned care, cancer, and diagnostic services across the ICS. c) **Nottingham and Nottinghamshire Adult and Children's Mental Health Exec Partnership Board**. d) **Primary Care Strategy Transformation Delivery Group,** which oversees primary care transformation as outlined in the ICS Primary Care Strategy. e) **Local Care Together Programme Board** and the **Local Care Together Senior Leadership Team meetings**, which oversee community transformation and proactive care. Role and remit of the **ICS Health Inequalities (HI) and Prevention Oversight Group.** Role and remit of the **ICS Research Group.**	As above. ICS Research Strategy: Progress Updates to the SPI Committee (twice yearly) Improvement, learning and innovation (incorporate research) update to the Board *(pending, Nov 2025)*	 ✓ ✓		 ✓		None identified.	
Establishment and embedment of the **ICS Collaborative Clinical and Care Leadership and Transformation Group,** which provides clinical leadership for delivery of the Integrated Care Strategy, associated delivery plans and endorsement of significant service and pathway transformation. This is supported by the **Clinical Senate**.	Improvement, learning and innovation (incorporate research) update to the Board *(pending, Nov 2025)* Clinical and Care Professional Leadership and Engagement reporting to the Quality and People Committee (June 2025 *and, pending, Sept 2026)* 2024/25 Internal Audit Review – Framework for clinical and care professional leadership (Moderate)	✓ ✓	 ✓	✓ ✓ ✓	 ✓	None identified.	
Establishment and embedment of the **Place Based Partnership (PBP) and Integrated Care Board (ICB) Leads Group,** which maximise the opportunity of PBPs to support delivery of NHS priorities recognising the role of PBPs as local partnerships working across health, care, the voluntary and community sector, and local government to improve population health and wellbeing. The role and remit of **Integrated Neighbourhood Team (INTs),** who support transformation by offering localised, proactive care, promoting interprofessional collaboration and engaging communities	Place Plans update to the SPI Committee (November 2024 and March 2025) Supporting the maturity of Place Based Partnerships and Place based working update to the SPI Committee *(pending, Nov 2025)* Primary Care Strategy and Delivery Plan updates to the SPI Committee (June, September and November 2024, February and April 2025, and *pending, Oct 2025)* System ambition to work differently with VCSE partners though PBPs, Board Development Session (June 2025)	✓ ✓ ✓ ✓		✓ ✓ ✓ ✓		None identified.	

Control Description *(How are we going to stop the risks happening?)*	Assurances *(How do we know the controls are working?)*	I	E	+	-	Gaps in Control / Assurance *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	Action ref:
The role of the **Integrated Care Partnership (ICP)** in bringing together key stakeholders from health, social care, public health, and the voluntary sector to coordinate and improve health and care services. The **Partners Assembly** within the ICS, which fosters collaboration, sets strategic priorities and drives the integration of health and social care services across Nottingham and Nottinghamshire.	Chair's Report to the Board (at each meeting) Chief Executive's Report to the Board (at each meeting) NHS Oversight Framework Assessment (quarterly via Quarterly System Review Meeting (QSRM) and annual assessment process)	✓ ✓	 ✓	✓ ✓ ✓		None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 5.1 To develop assurance reporting to the ICP relating to the 4th aim, in alignment with the work of EMCCA and the EM IGC. ***Progress update:*** *Align to action 10.6*	Director of Strategy and System Development	~~March 2025~~ September 2025
Action 5.2 To revise oversight arrangements in relation to the Joint Forward Plan. ***Progress update:*** *Action complete.*	Director of Strategy and System Development	Complete

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
ORR192 If resources at Nottinghamshire Healthcare NHS Foundation Trust (NHCT) are primarily focused on addressing immediate quality, staffing and performance concerns, there may not be sufficient capacity or 'headspace' to deliver mental health and community service transformation. This could result in unmet population needs and anticipated efficiencies not materialising. *ORR274 If General Practices, Primary Care Networks, community pharmacy, and the ICB lack sufficient capacity, capability, and resources to deliver the ICS Primary Care Strategy and implement modern general practice access models, then the transformation of primary care and improvements in access may not be achieved.*

Risk 6 – Workforce					
Strategic Risk Narrative:	Failure to utilise the system workforce effectively and ensure a sustainable workforce for the future.	**Opening Risk Level and Score (I x L)**	**Current Risk Level and Score (I x L)**	**Risk Appetite and Target Risk Score (I x L)**	**Movement in risk score** *(since last reporting period)*
Executive Risk Owner:	Director of Nursing	High (4 x 4)	High (4 x 4)	Medium (4 x 2)	None.
Lead Committee:	Quality and People Committee (*Highlight Reports from the Committee to the Board on a bi-monthly basis)*			*Cautious*	

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Development of the **Planning for the future: transforming the health and social care workforce: the ICS People and Workforce Plan.** The ICS People and Workforce Plan has two distinct parts: i. Part one, **the people plan section**, relates to the NHS People Promise and the ten outcomes-based functions that we must deliver, as presented to the Board in September 2025. ii. Part two, **the workforce plan**, which sets out current challenges, future ambitions and sets a potential workforce trajectory for the next five years, with an illustrative whole time equivalent workforce summary. The workforce transformation plan outlines key workforce challenges, what needs to change and the following priority activities for collaborative system action: • Making the NHS the best place to work. • Improving the leadership culture. • Workforce redesign. • Releasing time for care; and • Growing and training our future workforce. The above will be underpinned by the development of an agreed system-wide approach to measuring and analysing workforce data and performance and aggregating local workforce requirements to support discussions with national bodies on priorities for education, training, and workforce development.	People and Culture Annual Report to the Quality and People Committee (May 2024) People and Culture Operational Delivery Plan updates to the Quality and People Committee (September, October and November 2024, and January, February, and March 2025) ICS People and Workforce Plan progress update to Quality and People Committee (Jan, Feb and June 2025 *and, pending, Sept, Nov 2025 and Feb 2026)* ICS System Financial Efficiency, including workforce, reporting to the Finance and Performance Committee (monthly) ICS People and Workforce Plan presented to the Board (March 2025) ICS People and Workforce Plan twice-yearly updates to the Board *(Sept 2024, March and July 2025 and pending, Nov 2025)* 2024/25 Internal Audit Review – Delivering the People Plan (December 2024, 'moderate' assurance) NHS Oversight Framework Assessment (quarterly via Quarterly System Review Meeting (QSRM) and annual assessment process)	✓ ✓ ✓ ✓ ✓ ✓ 	 ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	 ✓ ✓ ✓ ✓ ✓	To develop processes to incorporate workforce data from all ICS partners, commencing with primary care. To agree a system-wide approach to measuring and analysing workforce data and performance.	6.3 6.4
Embedment of the updated system workforce governance arrangements, which includes the: a) **ICS Strategic Workforce Transformation Board (SWTB),** whose role will be to provide the relevant oversight and assurance that workforce growth and transformation ambitions supports the ICS vision for service transformation, efficiency, and care delivery. b) **ICS Planning, Performance and Risk Group,** which focuses on direct delivery of the agreed work programme by co-ordinating the	As above.					None identified.	

Control Description *(How are we going to stop the risks happening?)*	Assurances *(How do we know the controls are working?)*	I	E	+	-	Gaps in Control / Assurance *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	Action ref:
activities and provide assurance to SWTB on delivery and investment of delegated resources including financial allocations. This is supported by the **Workforce Intelligence Group (WIG)** and **Nottingham and Nottinghamshire ICS People Leads Forum.** c) **ICS People and Culture Insight Group (PCIG)** whose role will be to oversee delivery of the ten ICS outcome based statutory people functions, the people promise and the ICS workforce plan/joint forward plan. The role and remit of the **Primary Care Transformation Delivery Group,** which oversees the delivery of the workforce workstream of the Primary Care Strategy.							
ICS 'grip and control' measures, which are overseen by the **ICS Financial Delivery and Recovery Group** (FDRG), supported by the **System Transformation and Efficiencies Group** (STEG). These include, but are not limited to, weekly scrutiny of progress with financial efficiency programmes and the strengthening of workforce expenditure and vacancy controls. This agenda is supported by regular ICS Chief Executive and Director of Finance meetings, as well as **Chief People Officers and Chief Finance Officers Group** meetings.	As above.					None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 6.1 To further develop and enhance the Nottingham and Nottinghamshire Five Year ICS People Plan. ***Progress update:*** *Complete, as ICS People and Workforce Plan approved by the Board at its' March 2025 meeting.*	Director of Nursing	Complete
Action 6.2 To establish robust monitoring arrangements to ensure delivery of both part 1 and part 2 of the ICS People and Workforce Plan. ***Progress update****: Complete, as review of ICS people and workforce governance has now concluded.*	Director of Nursing	Complete
Action 6.3 To develop processes to incorporate workforce data from all ICS partners, commencing with primary care. ***Progress update****: Work has progressed, with appropriate IG considerations given.*	Director of Nursing	September 2025
Action 6.4 To agree a system-wide approach to measuring and analysing workforce data and performance. ***Progress update****: Work has progressed, with appropriate IG considerations given.*	Director of Nursing	September 2025

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
ORR294 If mandated reductions in NHS headcount, alongside sustained financial and operational pressures on social care providers, there is a heightened risk of workforce strain across the integrated care system. This may manifest as increased sickness absence, staff exhaustion, burnout, and a deterioration in psychological safety, ultimately impacting the resilience and effectiveness of health, social care, and primary medical workforce.

Risk 7 – Digital transformation					
Strategic Risk Narrative:	Failure to drive forward digital transformation and utilise system intelligence solutions to address health inequalities and improve outcomes.	**Opening Risk Level and Score (I x L)**	**Current Risk Level and Score (I x L)**	**Risk Appetite and Target Risk Score (I x L)**	**Movement in risk score** *(since last reporting period)*
Executive Risk Owner:	Medical Director	Medium (4 x 3)	Medium (4 x 3)	Medium (4 x 3)	None.
Lead Committee:	Finance and Performance Committee (*Highlight Reports from the Committee to the Board on a bi-monthly basis)*			*Open*	

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Digital Notts Strategy (2023 to 2028), which is underpinned by five programmes: • Public Facing Digital Services. • Digital and Social Inclusion. • Frontline Digitalisation. • Interoperability (Shared Care Records); and • Supporting Intelligent Decision Making.	Digital, Data and Technology strategic updates to the Finance and Performance Committee (three times a year) Digital, Data and Technology Strategy presented to the Board (March 2025) Update in delivering three strategic shifts: Shift 2 Analogue to digital to the Board *(pending, Jan 2026)* 2024/25 Internal Audit Review – Delivering Digital Transformation (Significant)	✓ ✓ ✓	 ✓	✓ ✓ ✓		None identified.	
Nottingham and Nottinghamshire ICS Cyber Security Strategy 2024-2030, which is built around the following five 'core' pillars: • Focus on the greatest risks and harms (risk management, asset management and vulnerability management). • Defend as one (identity and access management, logging, and monitoring). • People and culture (engagement and training). • Build secure for the future (architecture and configuration, data security, supply chain security). • Exemplary response and recovery (incident management).	Cyber Security Report to the Audit and Risk Committee *(pending, Oct 2025)*	✓				None identified.	
ICS Data and Analytics Strategy, which is underpinned by eight foundational elements, which will deliver the vision *'to delivering impactful insights and usable intelligence to drive high quality decision making at all levels.*	Data and analytics strategic updates to the Finance and Performance Committee *(pending)*	✓				None identified.	
Role and remit of the **ICS Data, Analytics, Information and Technology (DAIT) Strategy Group**, whose membership is responsible for overseeing delivery of digital initiatives and that barriers to digital transformation are appropriately addressed.	Digital, Data and Technology strategic updates to the Finance and Performance Committee (three times a year) Digital, Data and Technology Strategy presented to the Board (March 2025) Update in delivering three strategic shifts: Shift 2 Analogue to digital to the Board *(pending, Jan 2026)* 2024/25 Internal Audit Review – Delivering Digital Transformation (Significant)	✓ ✓ ✓	 ✓	✓ ✓ ✓		None identified.	

Control Description *(How are we going to stop the risks happening?)*	Assurances *(How do we know the controls are working?)*	I	E	+	-	Gaps in Control / Assurance *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	Action ref:
Establishment of **Digital Strategy Oversight Group (DSOG),** which provides governance and strategic alignment to ensure digital resilience and prioritisation of system-critical IT investments.	As above.					None identified.	
Primary Care Information Technology Strategy (2021-2026) which sets out the strategy for IT services and functionality for primary care and will support delivery of the **Primary Care Access Recovery Plan (PCARP).** **Primary Care Digital Steering Group,** which exists to develop, support and implement the necessary IT infrastructure within primary care.	Primary Care Digital Strategy presented to the Finance and Performance Committee *(pending)* Digital, Data and Technology strategic updates to the Finance and Performance Committee (three times a year) Digital, Data and Technology Strategy presented to the Board (March 2025) Update in delivering three strategic shifts: Shift 2 Analogue to digital to the Board *(pending, Jan 2026)* 2024/25 Internal Audit Review – Delivering Digital Transformation (Significant)	✓ ✓ ✓ ✓	 ✓	✓ ✓ ✓ ✓		None identified.	
Role of the **System Analytics and Intelligence Unit (SAIU)** in relation to the Population Health Management (PHM) programme. The SAIU supports integrated working across ICS data, intelligence, and analytical partners to better identify and support the health and care for the population of Nottingham and Nottinghamshire.	Population Health Management Outcomes reported to the Board *(every meeting)* Population Health Management Outcomes reported to Finance and Performance Committee (June, July, and September 2024) Thematic Health Inequalities reviews reported to the Quality and People Committee (three times a year) Avoidable Mortality and Health Inequalities update to the Quality and People Committee (Jan 2025 *and, pending Jan 2026)*	✓ ✓ ✓ ✓		✓ ✓ ✓ ✓	✓ ✓	None identified.	

Action(s):	Responsible Officer	Implementation Date
None.		

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
No related high/extreme (>15) operational risks currently.

Risk 8 – Infrastructure and net zero					
Strategic Risk Narrative:	Failure to work effectively as a system to a sustainable infrastructure to deliver high-quality and efficient care and the net zero commitment.	**Opening Risk Level and Score (I x L)**	**Current Risk Level and Score (I x L)**	**Risk Appetite and Target Risk Score (I x L)**	**Movement in risk score** *(since last reporting period)*
Executive Risk Owner:	Director of Finance	Medium (4 x 3)	Medium (4 x 3)	Medium (4 x 2)	None.
Lead Committee:	Finance and Performance Committee (*Highlight Reports from the Committee to the Board on a bi-monthly basis)*			*Cautious*	

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Board approved **Joint Capital Resource Use Plan**, which is prepared with partner NHS trusts and NHS foundation trusts and provides transparency to stakeholders on the prioritisation and expenditure of capital funding.	Joint Capital Resource Use Plan reported to the Finance and Performance Committee (April and October 2024, and March 2025 and, *pending, Oct 2025 and March 2026)* Joint Capital Resource Use Plan updates to the Board *(May 2025 and pending, March 2026)* NHS Oversight Framework Assessment (quarterly via Quarterly System Review Meeting (QSRM) and annual assessment process)	✓ ✓	 ✓	✓ ✓ ✓	 ✓	To establish a more strategic approach to the Joint Capital Resource Use Plan, aligning more closely with population health needs.	8.1
Role and remit of the **ICS Directors of Finance Group**, whose members have collective accountability for the financial performance of the ICS, capital and resource allocation, as well as delivery of the Joint Medium Term Financial Plan. This is underpinned by the role of the **ICS Capital Management Group,** which is responsible for ensuring a collaborative approach to capital and that capital investment is prioritised and used effectively.	As above.					None identified.	
Delivery of the **ICS Infrastructure Strategy,** which aligns with service strategies and support future investment prioritisation. Development and implementation of the **Primary Care Estates Strategy,** which is supported by individual **Primary Care Network Estate Strategies.**	ICS Infrastructure Strategy updates to the Finance and Performance Committee (May, June, July 2024 and April 2025 *and, pending, Oct 2026)* General Practice Estates Plan updates to the Finance and Performance Committee *(pending)* ICS Infrastructure Strategy presented to the Board (July and September 2024, May and *pending Nov 2025)* NHS England review and assessment of the ICS Infrastructure Strategy	✓ ✓ ✓	 ✓	✓ ✓ ✓	✓ ✓ 	To finalise and publish the Primary Care Estates Strategy. To ensure robust arrangements are in place to oversee delivery of the ICS Infrastructure Strategy.	8.3 8.4
Nottingham and Nottinghamshire ICS Green Plan (2022 to 2025), which outlines the specific actions and priority interventions for achieving carbon net zero to lay the foundation to deliver carbon emission reductions through the delivery of sustainable health and care services. Role and remit of the **ICS Net Zero / Green Steering Group,** whose members have collective accountability for delivery of the ICS' Green Plan.	Twice-yearly ICS Green Plan updates to the Finance and Performance Committee (May and November 2024 *and, pending, Sept 2025 and Feb 2026)* Green Plan presented to the Board *(January 2025 and, pending, Nov 2025)* NHS Oversight Framework Assessment (quarterly via Quarterly System Review Meeting (QSRM) and annual assessment process)	✓ ✓	 ✓	✓ ✓ ✓	 	None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 8.1 To establish a more strategic approach to the Joint Capital Resource Use Plan, aligning more closely with population health needs. ***Progress update:*** *Work on the approach continues, in line with the requirements to achieve system financial balance by March 2026.*	Director of Finance	~~March 2025~~ March 2026
Action 8.2 To finalise and publish the ICS Infrastructure Strategy. ***Progress update****: ICS Infrastructure Strategy is completed and was presented to the Board at its May 2025 meeting.*	Director of Finance	Complete
Action 8.3 To finalise and publish the Primary Care Estates Strategy. **Progress update**: *Work is ongoing to develop the primary care estates strategy; this remains a work in progress.*	Director of Finance	~~March 2025~~ March 2026
Action 8.4: To ensure robust arrangements are in place to oversee delivery of the ICS Infrastructure Strategy. **Progress update:** *New action.*	Director of Finance	March 2026

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
No related high/extreme (>15) operational risks currently.

Risk 9 – ICB operating model					
Strategic Risk Narrative:	Failure to develop and embed a robust ICB operating and workforce model, with an open, safe, and compassionate culture, to enable delivery of strategic goals and statutory duties.	**Opening Risk Level and Score (I x L)**	**Current Risk Level and Score (I x L)**	**Risk Appetite and Target Risk Score (I x L)**	**Movement in risk score** *(since last reporting period)*
Executive Risk Owner:	Chief Executive	Medium (4 x 3)	High (4 x 4)	Medium (4 x 2)	None.
Lead Committee:	Remuneration and Human Resources Committee (*Highlight Reports from the Committee to the Board on a bi-monthly basis)*			*Cautious*	

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Embedment of the **ICB Operating Model**, at the time of ICB establishment (July 2022), which was shared with the Board as part of the rolling-programme of Board seminar sessions.	ICB Operating Model update to the Board (April 2023) New ICB operating model and required management cost reductions (joint session with NHS D&D ICB), Board Development Session (April 2025) Developing strategic commissioning capability in line with national framework and operating model, Board Development Session *(pending, Oct 2025)* ICB Workforce Reports to the Remuneration and Human Resources Committee (every meeting) ICB Succession Plan updates to the Remuneration and Human Resources Committee (every meeting)	✓ ✓ ✓ ✓ ✓		✓ ✓ ✓ 	 ✓ 	To develop new ICB operating model, in line with national policy developments.	9.4
Establishment of the ICB transitional governance and programme management arrangements, led by the **ICB Joint Transition Committee**, whose collective membership oversees the transition of N&N, D&D and Lincs ICBs in line with the Ten-Year Health Plan. This is supported by the **ICB Transition Operational Group** and five **ICB Transition Workstreams**.	Joint Transition Committee Highlight Reports to the Board (each meeting)	✓		✓			
Role and remit of the **Executive-led Human Resources Steering Group**, whose collective membership has responsibility for overseeing the development and implementation of the ICB's operating and workforce models.	ICB Workforce Reports to the Remuneration and Human Resources Committee (every meeting)	✓		✓	✓	None identified.	
Development of the **ICB's Values and Behaviours**, with the purpose of enhancing wellbeing through the promotion of positive values and behaviours that foster a supportive and inclusive environment. This is supported by the development and embedment of **Staff Networks** and the **Staff Engagement Group**.	ICB Staff Survey updates to the Remuneration and Human Resources Committee (every meeting) NHS Staff Survey results *(Feb 2025 and pending, Feb 2026)* 2025/26 360 Assurance Internal Audit Review – Response to the Staff Survey *(pending, Q3)*	✓	 ✓ ✓	✓ ✓	✓ ✓	None identified.	
The **ICB's Freedom to Speak Up (FTSU) arrangements,** which create a supportive environment where staff can raise concerns without fear of reprisal. These arrangements include access to FTSU guardians, clear reporting processes, and organisational commitment to address concerns in a timely and transparent manner.	ICB Freedom to Speak Up updates to the Board *(January 2025 and pending, March 2026)* ICB Freedom to Speak Up updates to the Audit and Risk Committee *(pending, Dec 2025)*	✓ ✓		✓		None identified.	

Control Description *(How are we going to stop the risks happening?)*	Assurances *(How do we know the controls are working?)*	I	E	+	-	Gaps in Control / Assurance *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	Action ref:
	ICB Freedom to Speak Up updates to the Remuneration and Human Resources Committee *(pending, July 2025 and Jan 2026)*	✓					
	ICB Staff Survey updates to the Remuneration and Human Resources Committee (every meeting)	✓		✓	✓		
	NHS Staff Survey results *(Feb 2025 and pending, Feb 2026)*		✓	✓	✓		

Action(s):	Responsible Officer	Implementation Date
Action 9.1 To introduce routine updates relating to the ICB operating model to the Board. ***Progress update:*** *Superseded, see action 9.6*	Chief Executive	Superseded
Action 9.2 To introduce routine updates relating to delivery of ICB priorities to the Board. ***Progress update:*** *Complete, as reporting on ICB priorities has been included within the Board and relevant Committees' 2025/26 annual work programmes.*	Chief Executive	Complete
Action 9.3 To finalise development of the ICB succession plan. ***Progress update:*** *Superseded, as talent management and succession planning and part of the design principles of the new ICB operating model (action 9.4)*	Director of Nursing	Superseded
Action 9.4 To develop new ICB operating model, in line with national policy developments. ***Progress update:*** *Timings updated to reflect national directive and Ten-Year Health Plan.*	Chief Executive	~~June 2025~~ March 2027
Action 9.5 To establish ICB transitional governance arrangements. ***Progress update:*** *New action.*	Chief Executive	Complete
Action 9.6 To introduce assurance reporting in relation to the ICB transition arrangements. ***Progress update:*** *New action.*	Chief Executive	Complete

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
ORR279 If the new operating model is not effectively designed, then the ICB cluster may not deliver its revised functions and responsibilities within the available management cost allocations, resulting in a failure to meet strategic objectives and statutory obligations. *ORR282 If the ICBs are unable to afford the cost of required redundancies due to the lack of additional national funding, there is a risk that this could negatively impact on the ICBs' financial positions.* *ORR284 If the exit and workforce change process is not perceived as fair or transparent, this may lead to reduced staff trust, co-operation and engagement, which may lead to a decline in staff morale, increased absenteeism, and a detrimental impact on the ICBs' overall performance.* *ORR289 If staff become distracted or staffing resources are diverted to support the ICB transition process, there is a risk of reduced capacity and focus on business-as-usual activities, which may have a detrimental impact on the delivery of 2025/26 priorities.*

Risk 10 – Culture and leadership					
Strategic Risk Narrative:	Failure to orchestrate positive system culture and leadership to drive effective partnership working.	**Opening Risk Level and Score (I x L)**	**Current Risk Level and Score (I x L)**	**Risk Appetite and Target Risk Score (I x L)**	**Movement in risk score** *(since last reporting period)*
Executive Risk Owner:	Chief Executive	Medium (4 x 3)	Medium (4 x 2)	Medium (4 x 2)	None.
Lead Committee:	Board			*Cautious*	

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Embedment of the **ICS Partnership Agreement**, which demonstrates the commitment of the collective leadership across the ICS to work effectively together for the benefit of all communities and residents across Nottingham and Nottinghamshire.	Chair's Report to the Board *(at each meeting)* Chief Executive's Report to the Board *(at each meeting)* NHS Oversight Framework Assessment (quarterly via Quarterly System Review Meeting (QSRM) and annual assessment process)	✓ ✓	 ✓	 ✓	 ✓	None identified.	
Board seminar sessions which bring together individuals from across parts of the ICS, which foster collaboration, strengthen leadership capabilities, and promote a shared commitment to positive cultural change.	As above.					None identified.	
Embedment of **ICS system governance arrangements** which underpin effective partnership working across all partner organisations. This includes all system delivery, clinical leadership and oversight boards and groups (**Integrated Care Partnership (ICP), System Oversight Group (SOG) and Financial Delivery and Recovery Group (FDRG)**, as well as the: – **ICS Financial Recovery and Planning forums.** – **ICS Non-Executive Directors Network**. – **NHS Governors Forum**. – **ICS Audit Chairs Network**. – **ICS System Risk Management Network**.	2024/25 Internal Audit Review – System Governance Review *(Advisory)* NHS Oversight Framework Assessment (quarterly via Quarterly System Review Meeting (QSRM) and annual assessment process)		✓ ✓	✓ ✓	 ✓	None identified.	
The role of the **Integrated Care Partnership (ICP)** in bringing together key stakeholders from health, social care, public health, and the voluntary sector to coordinate and improve health and care services.	Chair's Report to the Board *(at each meeting)* Chief Executive's Report to the Board *(at each meeting)* NHS Oversight Framework Assessment (quarterly via Quarterly System Review Meeting (QSRM) and annual assessment process)	✓ ✓	 ✓	✓ ✓ ✓	 ✓	None identified.	
Engagement with the **East Midlands Combined County Authority (EMCCA),** which is key forum in supporting partnership working across Nottingham, Nottinghamshire, Derby and Derbyshire (D2N2); which aligns with the ICS' fourth aim. The work of the **East Midlands Inclusive Growth Commission (IGC)** which will support the development of an **Inclusive Growth Strategy** across D2N2.	Assurance reporting to the ICP (in development)	✓				To develop assurance reporting to the ICP relating to the 4th aim, in alignment with the work of EMCCA and the EM IGC.	10.2
The role of the **Health and Wellbeing Boards (HWBs)** as partnerships between local authorities, the NHS, and wider stakeholders, with the	As above.					None identified.	

Control Description *(How are we going to stop the risks happening?)*	Assurances *(How do we know the controls are working?)*	I	E	+	-	Gaps in Control / Assurance *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	Action ref:
purpose of improving the health and wellbeing of the populating of Nottingham and Nottinghamshire.							
The **Universities for Nottingham Civic Agreement**, which sets out a commitment to enhance the economic, social, and cultural life, and the health and wellbeing for the people and place of Nottingham and Nottinghamshire.	As above.					None identified.	
Establishment and embedment of the **Primary Care 'One Voice' forum**, which an ICB-led partnership forum with leaders of primary care services (GP and PODs) across Nottingham and Nottinghamshire.	Primary Care Strategy and Delivery Plan updates to the SPI Committee (June, September and November 2024, February and April 2025, and *pending, Oct 2025)*	✓		✓		None identified.	
Establishment and embedment of the **Place Based Partnership (PBP) and Integrated Care Board (ICB) Leads Group, which** maximise the opportunity of PBPs to support delivery of NHS priorities recognising the role of PBPs as local partnerships working across health, care, the voluntary and community sector, and local government to improve population health and wellbeing.	Place Plans update to the SPI Committee (November 2024 and March 2025) Supporting the maturity of Place Based Partnerships and Place based working update to the SPI Committee *(pending, Nov 2025)*	✓ ✓		✓		None identified.	
Membership of the **Public Sector Chief Officers Forum** in Nottingham and Nottinghamshire, as part of the Nottinghamshire Local Resilience Forum (LRF). Its primary aim is to coordinate emergency planning and response efforts, ensuring effective multi-agency collaboration to minimise the impact of major incidents and emergencies	Emergency Preparedness, Resilience and Response (EPRR) updates to the Audit and Risk Committee (June, Dec 2024 *and, pending Dec 2025 and June 2026)*	✓		✓		None identified.	

Action(s):	Responsible Officer	Implementation Date
Action 10.1 To establish assurance reporting relating to ICS anchor institutions and the 4th aim. ***Progress update:*** *Superseded, see action 10.2 below.*	Chief Executive	~~March 2025~~ Superseded
Action 10.2 To develop assurance reporting to the ICP relating to the 4th aim, in alignment with the work of EMCCA and the EM IGC. ***Progress update:*** *Work is underway to develop reporting, being led by the Programme Director for System Development.*	Chief Executive	March 2026

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
No related high/extreme (>15) operational risks currently.

Risk 11 – Cyber					
Strategic Risk Narrative:	Failure to maintain cyber resilience may compromise delivery of core functions, disrupt access to critical data and systems, and lead to reputational and financial consequences across the ICS.	**Opening Risk Level and Score (I x L)**	**Current Risk Level and Score (I x L)**	**Risk Appetite and Target Risk Score (I x L)**	**Movement in risk score** *(since last reporting period)*
Executive Risk Owner:	Medical Director	High (4 x 5)	High (4 x 5)	Medium (4 x 2)	N/A (New)
Lead Committee:	Audit and Risk Committee (*Highlight Reports from the Committee to the Board on a bi-monthly basis)*			*Cautious*	

Control Description *(How are we going to stop the risks happening?)*	**Assurances** *(How do we know the controls are working?)*	**I**	**E**	**+**	**-**	**Gaps in Control / Assurance** *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	**Action ref:**
Nottingham and Nottinghamshire ICS Cyber Security Strategy 2024-2030, which is built around the following five 'core' pillars: • Focus on the greatest risks and harms (risk management, asset management and vulnerability management). • Defend as one (identity and access management, logging, and monitoring). • People and culture (engagement and training). • Build secure for the future (architecture and configuration, data security, supply chain security). • Exemplary response and recovery (incident management).	Cyber Security focused Board Development Session *(pending, Dec 2025)* Cyber Security Report to the Audit and Risk Committee *(pending, Oct 2025)* Information Governance Assurance Reports to the Audit and Risk Committee *(pending, Nov 2025, March and June 2026)* Senior Information Risk Owner (SIRO) Annual Report to the Audit and Risk Committee *(pending, March 2026)* Senior Information Risk Owner (SIRO) Annual Report to the Board *(pending)* Dionach pen testing reported to the SIRO (June 2025) NHS England (NHSE) phishing exercise reported to the SIRO *(pending)*	✓ ✓ ✓ ✓ ✓	 ✓ ✓	 ✓		None identified.	
Role and remit of the **Information Governance (IG) Steering Group,** specifically overseeing and strengthening the ICB's cyber resilience and information security posture. The Group's cyber-related responsibilities include: • Ensuring the ICB aligns with the CAF through the **Data Security and Protection Toolkit (DSPT)**, as required annually by NHS England. • Proactive management of arrangements for preventing and responding to cyber security threats. This includes identifying and managing information security risks and issues.	Information Governance Assurance Reports to the Audit and Risk Committee, including updates in relation to the ICB's compliance with the DSPT *(pending, Nov 2025, March and June 2026)* Cyber Security Updates to the IG Steering Group, which summarise cyber security progress and cyber risk mitigations, including patching, password hygiene, and strategic infrastructure upgrades *(to each meeting)* Communications via the ICB's Staff News relating to cyber security *(as per 2025/26 IG Comms Plan and TNA)* 2024/25 and 2025/26 Internal Audit Reviews – DSPT *(Significant)*	✓ ✓ ✓	✓ ✓			None identified.	
Establishment of **Digital Strategy Oversight Group (DSOG),** which provides governance and strategic alignment to ensure digital resilience and prioritisation of system-critical IT investments.	As above.						
NHIS Cyber Security Assurance Programme Board, whose collective membership (including the ICB), is responsible for provision of the strategic direction and facilities performance management and delivery of cyber security strategy. It is also responsible for ensuring the Cyber Security Strategy remains current, mandating revisions and	As above. NHIS Cyber Essentials and Cyber Essentials Plus Accreditation		 ✓	 ✓		None identified.	

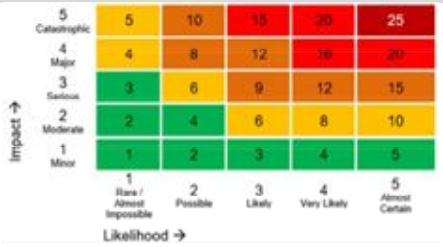
Control Description *(How are we going to stop the risks happening?)*	Assurances *(How do we know the controls are working?)*	I	E	+	-	Gaps in Control / Assurance *(Where are we failing to put effective controls in place and/or gain evidence that controls are effective?)*	Action ref:
amendments as required aligned to the **Cyber Associates Network (CAN)** and **National Cyber Security Centre**.							
Role of the ICB's **Senior Information Risk Owner (SIRO),** who is responsible for overseeing and managing information and cybersecurity risks, ensuring that organisational data is protected, cyber threats are mitigated, and compliance with legal and NHS cyber standards is maintained.	Senior Information Risk Owner (SIRO) Annual Report to the Audit and Risk Committee *(pending, March 2026)* Senior Information Risk Owner (SIRO) Annual Report to the Board *(pending)*	✓ ✓				None identified.	
The ICB's **Emergency Preparedness, Resilience and Response (EPRR)** Team's responsibilities in relation to cyber incidents include ensuring **Business Impact Assessments (BIA)** identify critical digital systems and services, so that risks are understood and continuity plans support rapid recovery from cyber disruptions.	Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity updates to the Audit and Risk Committee *(pending, Dec 2025 and June 2026)*	✓				To undertake testing across all ICB BIA critical systems.	11.1

Action(s):	Responsible Officer	Implementation Date
Action 11.1 To undertake testing across all ICB BIA critical systems. ***Progress update:*** *New action.*	Director of Delivery and Operations	March 2026

Related high/extreme (>15) operational risks from the ICB's Operational Risk Register:
No related high/extreme (>15) operational risks currently.

Annex 1: Alignment of BAF Strategic Risks to ICB Objectives/Core Aims

Strategic Risks *(What could prevent us from achieving our strategic aims/objectives and statutory duties?)*	To improve outcome in population health and healthcare.	To tackle inequalities in outcomes, experience, and access.	To enhance productivity and value for money.	To help the NHS support broader social and economic development.
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.	✓	✓	✓	
2. **Primary care** - Failure to reduce unwarranted variation and improve access to primary medical services and pharmacy, optometry and dental (PODs) services.	✓	✓	✓	
3. Financial sustainability - Failure to achieve financial sustainability across the system.	✓	✓	✓	✓
4. Quality improvement - Failure to systematically improve the quality of healthcare services.	✓	✓		
5. Strategy and transformation - Failure to implement robust strategies and plans with system partners to transform services, address health inequalities and improve outcomes.	✓	✓	✓	✓
6. Workforce - Failure to utilise the system workforce effectively and ensure a sustainable workforce for the future.			✓	✓
7. Digital transformation - Failure to drive forward digital transformation and utilise system intelligence solutions to address health inequalities and improve outcomes.	✓	✓	✓	
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.	✓	✓	✓	✓
9. ICB operating model - Failure to develop and embed a robust ICB operating and workforce model, with an open, safe, and compassionate culture, to enable delivery of strategic goals and statutory duties.			✓	
10. Culture and leadership – Failure to orchestrate positive system culture and leadership to drive effective partnership working.	✓	✓	✓	✓
11. Cyber - Failure to maintain cyber resilience may compromise delivery of core functions, disrupt access to critical data and systems, and lead to reputational and financial consequences across the ICS.	✓	✓	✓	



NHS
Nottingham and Nottinghamshire

Meeting Title:	Integrated Care Board (Open Session)
Meeting Date:	10/09/2025
Paper Title:	**Board Annual Work Programme 2025/26**
Paper Reference:	ICB 25 064
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 2025/26 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 2025/26
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

NHS Nottingham and Nottinghamshire

Appendix B

2025/26 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)	14 May	09 Jul	10 Sep	12 Nov	14 Jan	11 Mar	Link to BAF	Notes
Introductory items	✓	✓	✓	✓	✓	✓	Not applicable	See note 1
Citizen Story	✓	✓	✓	✓	✓	✓	Not applicable	See note 2
Leadership and operating context								
Chair's Report	✓	✓	✓	✓	✓	✓	Strategic risk 10	See note 3
Chief Executive's Report	✓	✓	✓	✓	✓	✓	Strategic risk 9 and 10	See note 4
Strategy and partnerships								
Joint Forward Plan (JFP) Outcomes Framework	-	✓	-	-	-	-	Strategic risk 1, 2, 3, 4 and 5	See note 5
Response to Ten Year Health Plan and JFP delivery update	-	-	✓	-	-	-	Strategic risk 1, 2, 3, 4 and 5	See note 6
Update in delivering three strategic shifts: • **Shift 1: Hospital to community.**	-	-	-	-	✓	-	Strategic risk 1, 2, 3, 4, 5, 6 and 7	See note 7

Agenda item (See Annex 1 for purpose and content)	14 May	09 Jul	10 Sep	12 Nov	14 Jan	11 Mar	Link to BAF	Notes
• Shift 2: Analogue to digital. • Shift 3: Treatment to prevention								
Annual Joint Forward Plan refresh	-	-	-	-	-	✓	Strategic risk 1, 2, 3, 4 and 5	See note 8
ICS Infrastructure Strategy	✓	-	-	✓	-	-	Strategic risk 8	See note 9
Joint Capital Resource Use Plan	✓	-	-	-	-	✓	Strategic risk 3 and 8	See note 10
Primary Care Strategy	✓	-	-	-	-	-	Strategic risk 2, 4 and 5	See note 11
ICS Green Plan	-	✓	-	✓	-	-	Strategic risk 8	See note 12
ICS People and Workforce Plan	-	✓	-	✓	-	-	Strategic risk 6	See note 13
ICS Quality Strategy	-	✓	-	-	-	-	Strategic risk 4	See note 14
Working with people and communities	-	✓	-	-	-	-	Strategic risk 4 and 5	See note 15
Improvement, learning and innovation (incorporating research)	-	-	-	✓	-	-	Strategic risk 1, 2, 4 and 5	See note 16
Clinical and care professional leadership and involvement	-	-	✓	-	-	-	Strategic risk 6, 9 and 10	See note 17
Report from Nottingham and Nottinghamshire VCSE Alliance	-	-	✓	-	-	-	Not applicable	See note 18
Report from Nottingham and Nottinghamshire Healthwatch	-	-	-	-	-	✓	Not applicable	See note 19
2026/27 Operational Plan (finance, performance, and workforce)	-	-	-	-	-	✓	Strategic risk 1, 2 and 3	See note 20
2026/27 Opening Budgets	-	-	-	-	-	✓	Strategic risk 3	See note 21
Delivery and system oversight								
Quality Report	✓	✓	✓	✓	✓	✓	Strategic risk 4	See note 22
Finance Report	✓	✓	✓	✓	✓	✓	Strategic risk 3	See note 23
Service Delivery/Performance Report	✓	✓	✓	✓	✓	✓	Strategic risk 1 and 2	See note 24
Population Health Management Outcomes	✓	✓	✓	✓	✓	✓	Strategic risk 5	See note 25
Assertive and Intensive Community Mental Health Care Action Plan: Delivery Update	✓	-	-	✓	-	-	Strategic risk 1	See note 26
Delivery of NHS England delegated functions	-	✓	-	-	-	-	Strategic risk 9	See note 27

Agenda item (See Annex 1 for purpose and content)	14 May	09 Jul	10 Sep	12 Nov	14 Jan	11 Mar	Link to BAF	Notes
Statement on Health Inequalities	-	✓	-	-	-	-	Strategic risk 1, 2, 4 and 5	See note 28
Governance and compliance								
Board Assurance Framework	✓	-	-	✓	-	-	All risks	See note 29
Meeting the Public Sector Equality Duty	✓	-	-	-	-	-	Strategic risk 1, 2, 4, 5 and 6	See note 30
Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity	-	-	-	-	✓	-	Strategic risk 9	See note 31
Freedom to Speak Up Report	-	-	-	-	-	✓	Strategic risk 9	See note 32
Committee Highlight Reports	✓	✓	✓	✓	✓	✓	All risks	See note 33
Closing items	✓	✓	✓	✓	✓	✓	Not applicable	See note 34

Board Seminars and Development Sessions:

Topic	11 Apr	13 Jun	10 Oct	12 Dec	13 Feb
• New ICB operating model and required management cost reductions (joint session with NHS Derby and Derbyshire ICB).	✓	-	-	-	-
• Community transformation programme and development of integrated neighbourhood teams. • System ambition to work differently with VCSE partners through Place-Based Partnerships.	-	✓	-	-	-
• Integration of health and social care. • Developing strategic commissioning capability in line with national framework and operating model.	-	-	✓	-	-
• ICB Capability Assessment Framework. • Cyber security.	-	-	-	✓	-
• Operational planning and priorities for 2026/27.	-	-	-	-	✓

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.	**Citizen Story**	To present a citizen story at the outset of each Board meeting, with the purpose of grounding the following discussions at each meeting in the reality of patient care and putting citizens at the heart of Board decisions. The stories will demonstrate a range of examples of healthcare provision, what matters to people, their experience of healthcare services, learning points and improvement actions.
3.	**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.
4.	**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 and formal partnership arrangements, 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 also include key updates regarding the ICB's workforce on a periodic basis, including NHS staff survey results and wider workforce indicators. As appropriate, the report may also include specific items requiring approval or for noting by Board members.
5.	**Joint Forward Plan (JFP) Outcomes Framework**	To present the latest position against the JFP Outcomes Framework for Board assurance. An overview of the requirements of the national Ten-Year Health Plan will also be provided at this time.
6.	**Response to Ten Year Health Plan and JFP delivery update**	To present a refreshed JFP, which sets out the local response to the national Ten-Year Health Plan, for approval. *Note: Development of the refreshed plan will be overseen by the Strategic Planning and Integration Committee.*
7.	**Update in delivering three strategic shifts:** • **Shift 1: Hospital to community.** • **Shift 2: Analogue to digital.** • **Shift 3: Treatment to prevention**	To receive an in-year delivery update on delivery of the JFP, focussed on the three strategic shifts. *Note: Delivery of associated transformation plans will be oversighted by the Strategic Planning and Integration committee and Finance and Performance Committee in-year.*

No.	Agenda item	Purpose
8.	**Annual Joint Forward Plan refresh**	To present the annual refresh of the Joint Forward Plan for 2026/27 for approval. *Note: Development of the refreshed plan will be overseen by the Strategic Planning and Integration Committee.*
9.	**ICS Infrastructure Strategy**	• **May 2025** – To present the ten-year ICS Infrastructure Strategy for approval. • **November 2025** – To receive an in-year assurance report regarding progress in delivery of the strategy. *Note: In-year delivery of the plan will also be overseen by the Finance and Performance Committee.*
10.	**Joint Capital Resource Use Plan**	• **May 2025** – To present the 2025/26 Joint Capital Resource Use Plan for approval (prepared with partner NHS trusts and NHS foundation trusts). • **March 2026** – To present the 2026/27 Joint Capital Resource Use Plan for approval (prepared with partner NHS trusts and NHS foundation trusts). *Note: In-year delivery of the plan will be overseen by the Finance and Performance Committee (updates for Board assurance will be included in the routine Finance Reports and Committee Highlight Reports).*
11.	**Primary Care Strategy**	To present the ICB's Primary Care Strategy for approval. *Note: In-year delivery of the strategy will be overseen by the Strategic Planning and Integration Committee (updates for Board assurance will be included in the routine Committee Highlight Reports).*
12.	**ICS Green Plan**	To present a refreshed ICS Green Plan for approval. *Note: In-year delivery of the plan will be overseen by the Finance and Performance Committee (updates for Board assurance will be included in the routine Committee Highlight Reports).*
13.	**ICS People and Workforce Plan**	• **July 2025** – To present an updated ICS People and Workforce Plan to address the feedback from the Board at its March 2025 meeting. • **November 2025** – To receive an in-year assurance report regarding delivery of the plan. *Note: In-year delivery of the plan will also be overseen by the Quality and People Committee.*
14.	**ICS Quality Strategy**	To present the ICS Quality Strategy for approval. *Note: In-year delivery of the strategy will be overseen by the Quality and People Committee (updates for Board assurance will be included in the routine Quality Reports and Committee Highlight Reports).*
15.	**Working with people and communities**	To receive an annual assurance report on the ICB's arrangements for working with people and communities. This will include progress updates on the delivery of two system-wide strategies for citizen intelligence and coproduction. *Note: The Strategic Planning and Integration Committee will have in-year oversight of these arrangements.*
16.	**Improvement, learning and innovation (incorporating research)**	To receive an annual assurance report on the ICB's arrangements for improvement, learning and innovation. The report will also provide an update on progress in delivery of the ICS Research Strategy. *Note: The Quality and People Committee and Strategic Planning and Integration Committee will have in-year oversight of these arrangements.*

No.	Agenda item	Purpose
17.	**Clinical and care professional leadership and involvement**	To receive an assurance report on the clinical and care professional leadership and involvement arrangements established across the Integrated Care System. *Note: The Quality and People Committee will have in-year oversight of these arrangements.*
18.	**Report from Nottingham and Nottinghamshire VCSE Alliance**	To receive a report summarising the work of the Nottingham and Nottinghamshire VCSE Alliance. *Note: This report is scheduled to follow the Board seminar in June 2025, which will include a focus on working differently with VCSE partners.*
19.	**Report from Nottingham and Nottinghamshire Healthwatch**	To receive a report summarising the work of HealthWatch Nottingham and Nottinghamshire.
20.	**2026/27 Operational Plan (finance, performance, and workforce)**	To present the ICB's operational and financial plans for 2026/27 for approval. *Note: Delivery of the 2025/26 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 22, 23 and 24 below).* *Development of the plans will be overseen by the Finance and Performance Committee.*
21.	**2026/27 Opening Budgets**	To present the ICB's 2026/27 opening budgets for approval. *Note: The opening budgets will be reviewed by the Finance and Performance Committee prior to presentation to Board.*
22.	**Quality Report**	To present quality oversight reports, including performance against key quality targets. *Note: The Quality and People Committee will have monthly oversight of these arrangements.*
23.	**Finance Report**	To present the ICB and wider NHS system financial positions, covering revenue and capital, and including delivery updates against financial sustainability and productivity and efficiency plans. *Note: The Finance and Performance Committee will have monthly oversight of these arrangements.*
24.	**Service Delivery/Performance Report**	To receive routine assurance reports regarding the key operational service delivery targets for 2025/26, with a focus on: • Reducing the time people wait for elective care (referral to treatment and cancer waiting time standards). • Improving Accident and Emergency waiting times and ambulance response times. • Improving access to general practice and urgent dental care. • Improving mental health and learning disability care for adults and children and young people. Reports will set out the latest performance, alongside actions being taken to address any areas where required standards are not being met. *Note: The Finance and Performance Committee will have monthly oversight of these arrangements.*
25.	**Population Health Management Outcomes**	To receive a series of population health management updates: • **May 2025** – End of life care • **July 2025** – Dementia care

No.	Agenda item	Purpose
		• **September 2025** – Cancer care • **November 2025** – Planning for winter • **January 2026** – Mental health care • **March 2026** – Excess mortality
26.	**Assertive and Intensive Community Mental Health Care Action Plan: Delivery Update**	To receive an assurance report regarding progress in delivery of the Assertive and Intensive Community Mental Health Care Action Plan. At the request of the Board, the November update will to provide further assurance on progress across all improvement actions being undertaken by Nottinghamshire Healthcare NHS Foundation Trust. *Note: In-year delivery of the plan will also be overseen by the Strategic Planning and Integration Committee.*
27.	**Delivery of NHS England delegated functions**	To receive an annual assurance report regarding arrangements for meeting the requirements of Delegation agreements in place with NHS England. *Note: This will include assurance regarding the work of the East Midlands Joint Commissioning Committee.*
28.	**Statement on Health Inequalities**	To present the ICB's annual statement on health inequalities. *Note: This will be reviewed by the Quality and People Committee prior to presentation to Board.*
29.	**Board Assurance Framework**	To present in-year and year-end positions of the Board Assurance Framework. This will include annual approval of the ICB's strategic risks. *Note: The Audit and Risk Committee will oversee the strategic risks during the year via focussed updates from each executive director.*
30.	**Meeting the Public Sector Equality Duty**	To receive an annual assurance report on the ICB's arrangements for meeting the Public Sector Equality Duty. *Note: This will be reviewed by the Quality and People Committee prior to presentation to Board.*
31.	**Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity**	To receive an annual assurance report on the ICB's arrangements for EPRR and business continuity. *Note: The Audit and Risk Committee will have in-year oversight of these arrangements.*
32.	**Freedom to Speak Up Report**	To receive an annual assurance report on the ICB's freedom to speak up arrangements. *Note: The Audit and Risk Committee will have in-year oversight of these arrangements.*
33.	**Highlight Reports from the:** • **Strategic Planning and Integration Committee** • **Quality and People Committee** • **Finance and Performance Committee** • **Audit and Risk Committee** • **Remuneration and Human Resources Committee**	To present an overview of the work of the Board's committees to provide assurance that the committees are effectively discharging their delegated duties 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.
34.	**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

No.	Agenda item	Purpose
		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: • 2025/26 Internal Audit Plan • Senior Information Risk Owner (SIRO) 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