

Board Meetings in Common

Thursday 17 September 2026, Jubilee Conference Centre, Triumph Road, Nottingham, NG7 2TU

Chair's Report - Highlights

The Chair reflected on the continuing change across the NHS and wider public sector and emphasised the need to maintain focus on improving population health, reducing inequalities and securing high-quality, sustainable services. Neighbourhood health remains central to the ICBs' Five-Year Population Health Strategy, with the ICBs contributing to the national consultation on future neighbourhood provider contracts.

Members received updates on maternity and neonatal services following the national and Nottingham reviews, the proposed expansion of community mental health support and potential industrial action. The Chair also highlighted the ICBs' first Annual Public Meetings held in common, ongoing organisational transition and uncertainty surrounding future ICB footprints and local government reorganisation.

The Chair thanked colleagues for their resilience during the organisational changes and reflected on visits to Lincoln County Hospital's urgent and emergency care department and a leadership conference at Sherwood Forest Hospitals. The Boards were also asked to approve revised committee terms of reference and minor governance amendments to support the final phase of transition and preparations for a future merger.

Chief Executive's Report - Highlights

The Board received NHS England's 2025/26 annual assessments of the three ICBs. The assessments recognised strong governance, partnership working, primary care and population health approaches, alongside common priorities for improvement in operational performance, cancer, urgent and emergency care, productivity, financial sustainability and reducing inequalities.

Members heard that staffing levels have reduced as voluntary redundancy exits progress. Work is underway on a cluster-wide Organisational Development Framework to build the leadership, culture and strategic commissioning skills needed for the future organisation.

The report also covered aligned Freedom to Speak Up arrangements, an independent assessment of neighbourhood health readiness, the new national Quality Strategy and service developments including the opening of the National Rehabilitation Centre, Blossomwood older people's mental health unit and the new Endoscopy Unit at Lincoln County Hospital.

The Board discussed the importance of monitoring sickness absence rates and promoting staff wellbeing support. There was also a discussion about improving appraisal rates and a report will be presented to a future Joint Remuneration and Human Resources Committee.

Citizen Experience - Maternity Families

The Board heard from Sarah Sissons about the lifelong consequences of poor maternity care for her son Ryan and their family.

Sarah described the emotional, physical, financial and practical impact on families whose children survived with life-changing injuries. She called for stronger follow-up support and a single point of contact to help families navigate services across health, education and social care.

Members heard how maternity families are being involved in improvement work, including reviewing evidence submitted by Nottingham University Hospitals NHS Trust and helping to recruit new Maternity and Neonatal Voices Partnership leads. The Board recognised the importance of continuing to listen to affected families, rebuild trust and ensure their experiences shape service improvement.

On behalf of the Boards, Kathy thanked Sarah and her husband Tony for their powerful and moving accounts that highlighted multiple failings across health, education and social care services.

The Boards discussed the issues raised and agreed that the ICBs should convene relevant partners to consider how to ensure improvements to pathways were implemented and ensure more coordinated support for affected families. The Chair requested that a progress report on actions taken should be presented to the Boards at their November 2027 meeting.

Maternity and Neonatal Services

The Board reviewed oversight and assurance arrangements following Donna Ockenden's Independent Maternity Review of Nottingham University Hospitals NHS Trust and Baroness Amos' national investigation. All five maternity providers across Derbyshire, Lincolnshire and Nottinghamshire have confirmed their commitment to NHS England's Ten Point Plan, although plans remain at different stages of approval and implementation.

Common challenges include workforce sustainability, digital infrastructure, rising caesarean-section demand and theatre capacity, and dependence on primary care and wider partners. A full assessment of provider progress, exceptions and cross-system risks will be presented to the Joint Quality and Service Improvement Committee in October 2026.

Nottingham University Hospitals is strengthening its governance and improvement arrangements, including a new Learning and Improvement Board expected to begin in October. Priorities across the three ICBs include listening to women and families, tackling racism and discrimination, treating inequalities in maternity outcomes as a patient-safety issue, improving the use of data and strengthening investigation capability and Board oversight.

The Board discussed culture within maternity services, and it was confirmed that this, and other common themes, would be considered by the Quality and Service Improvement Committee and translated into a plan setting out the actions the ICBs could take to support quality improvement.

Population Health Strategy - Neighbourhood Health

The Board reviewed progress in developing neighbourhood health across Derbyshire, Lincolnshire and Nottinghamshire. A common Integrated Neighbourhood Team specification, programme governance and a working structure based on 55 Primary Care Network footprints are now in place.

A national readiness assessment gave the three ICBs a combined developmental baseline of 39 out of 100. Strengths included access to general practice, Better Care Fund arrangements and collaboration between primary and secondary care. Priorities for improvement include neighbourhood boundaries, the maturity of Integrated Neighbourhood Teams, elective pathways, organisational accountability, data sharing and community waiting times.

Initial delivery will focus on people approaching the end of life, those living with frailty and people with three or more long-term conditions. During 2026/27, the programme will quantify these populations, agree team coverage and provider contributions, align existing contracts and establish shared outcomes and data flows. More formal neighbourhood provider arrangements will be considered only where evidence, readiness, engagement and formal decision-making support them.

The Board discussed the importance of engagement, and it was confirmed that engagement had taken place with general practitioners, other primary care providers and partners to support how footprints were defined. There has also been strong engagement with Health and Wellbeing Boards which will lead on the development of neighbourhood strategies.

Board members also discussed the need for a shared vision for the programme, including a clear and compelling description of neighbourhood healthcare that the public could understand and support.

Maternity and Neonatal Services

The Board considered a single Winter Plan for Derbyshire, Lincolnshire and Nottinghamshire, developed with NHS providers, primary care, local authorities, ambulance, community and mental health services and the voluntary sector. The plan covers baseline, surge and super-surge scenarios and has been tested through exercises involving workforce shortages, outbreaks, digital disruption, discharge delays and operational pressures.

Finance Quality and Assurance

Quality Oversight

The quality position across the three ICB areas remains mixed. Five trusts were in the highest NHS Oversight Framework segment and a further five were in segment three at the end of 2025/26. Continued focus is required on providers under enhanced or escalated oversight, urgent and emergency care, Continuing Healthcare referral times, maternity outcomes, infection prevention and patient-safety reporting.

Commissioning Oversight

The September position was mixed but generally improving. Elective Referral to Treatment performance, primary care access and adult community waits showed positive progress, while significant risks remained in diagnostics, cancer treatment, children and young people's community services and urgent and emergency care flow.

Finance

All three ICBs continue to forecast delivery of their planned full-year financial positions. At Month 4, the ICBs reported a £3.7 million year-to-date deficit in line with plan and continued to forecast a break-even position for the year. The ICBs are forecasting delivery of their £163.1 million efficiency programme. However, £5.7 million of recurrent efficiency under-delivery is currently being replaced by one-off savings.

Next meeting information

The next meeting of the ICB Cluster Board will take place in public on 19 November 2026 10.00-12.30 at Bridge House, The Point, Lions Way, Sleaford, NG34 8GG

