

Lincolnshire ICB Organogram



Lincolnshire
Integrated Care Board



Overview of NHS Lincolnshire Integrated Care Board (ICB)

Lincolnshire ICB has a population of 807,813 registered patients across 82 GP practices. Being one of the largest geographical counties in the country, Lincolnshire faces a set of unique health and social care challenges having significant areas of rural, urban and coastal deprivation. It is also home to some of the most visited traditional English seaside resorts with Skegness, Cleethorpes and Mablethorpe, which significantly increase the population numbers during the summer months.

The Lincolnshire ICB and wider system of health and care partners has some of the most extreme inequalities in the country. For example, two of the population areas (Skegness and Mablethorpe) are in the top ten worst population areas for health and care inequalities measures.

More than 50,000 people in Lincolnshire live in an area recognised as being in the 10% most deprived in the country. Four of the seven districts in the county are classed as either mainly or largely rural and the sparsity makes services more difficult and costly to deliver.

Lincolnshire has significant quality, workforce, finance and service sustainability issues. Lincolnshire has also traditionally proven to be a challenging area to recruit to and retain the highest level of Senior Executive Leaders.

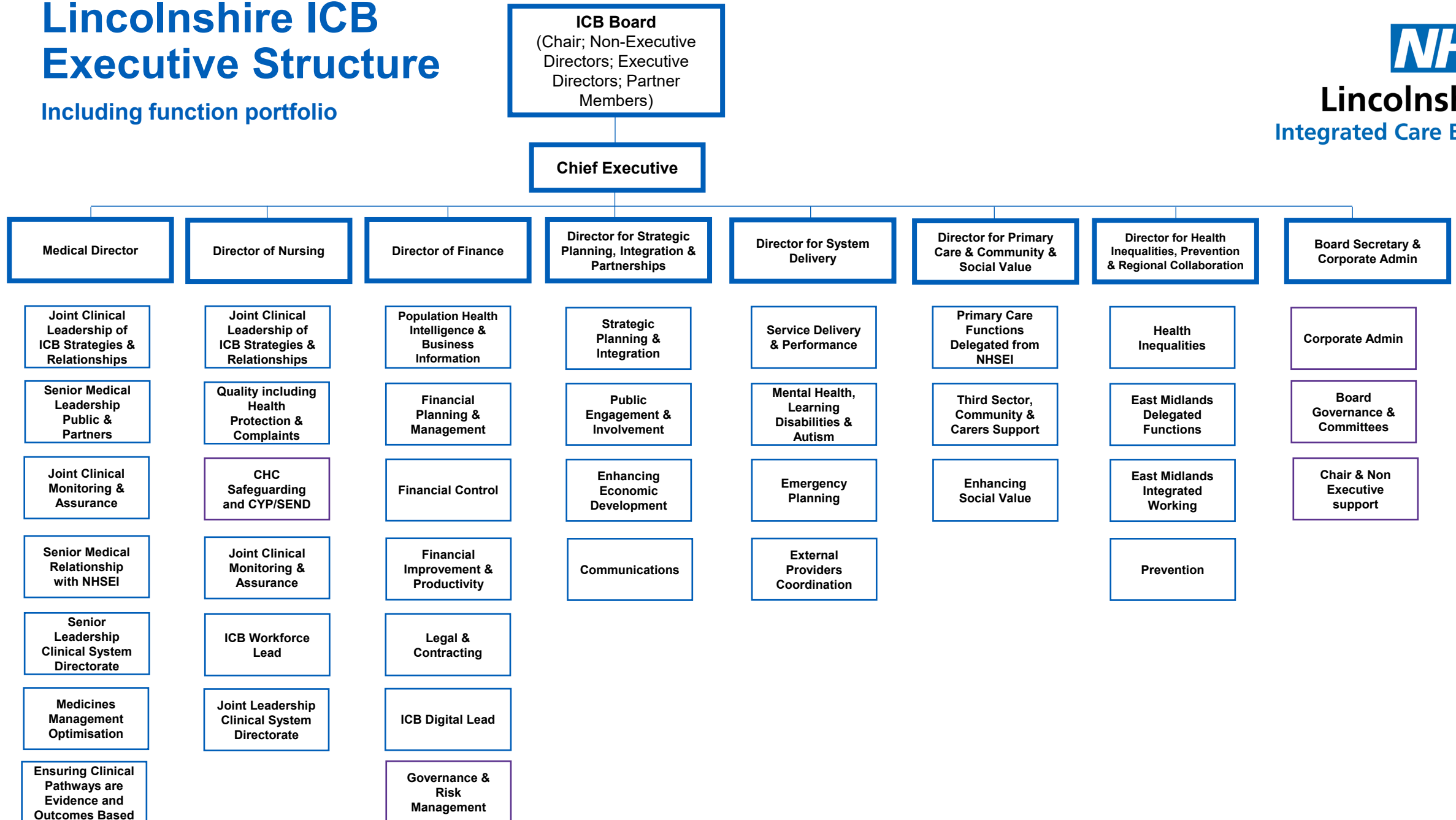
The NHS Lincolnshire ICB organogram is details on slide 3 the ICB Executive leadership structure and function portfolio and will continue to evolve as our Integrated Care System develops.

Lincolnshire ICB Executive Structure

Including function portfolio



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Lincolnshire Integrated Care Board (ICB) Organogram

This chart is published in response to a request from the secretary of state for health. This request calls for ICB to publish “the structure of teams within the ICB, including the number of staff in each team and at each grade and the total cost per team. This will help the public to understand how ICBs are structured including which roles report to others and also highlight the work that you are doing to develop integrated care”

The figures in the chart (slide 5) relate to ICB corporate costs which are substantive (permanent) posts and can be analysed into running cost and programme costs. There are strict auditable definitions in place to define each. The ICB receives Running Cost Allocation, a specific allocation covering the corporate administrative functions of the ICB. The ICB will be required to ensure that admin costs are no greater than the Running Cost Allowance allocated nationally. This ensures that programme costs are protected to support investment in health and care.

The following pages show the split between Running Costs (slide 6) and Programme (slide 7). At any one time due to staff turnover a number of teams may have vacancies or posts may be filled by temporary staffing whilst recruitment is underway but the tables represent the staff in post as of December 2022.

In addition to the directly employed workforce, additional corporate functions are supported by contracts with a local Commissioning Support Unit and external contracts. These include elements of Business Intelligence, Finance, HR, Procurement, IT, Internal Audit and Counter Fraud services. Staff providing these services are employed by the local Commissioning Support Unit.

INFORMATION BY DIRECTORATE & BAND – LINCOLNSHIRE ICB

Lincolnshire ICB has 354.85 WTE employees as of 22nd December 2022 with a cost of £19.8m

- The Information detailed below is an extract of NHS Electronic Staff Record (ESR) as at 22nd December 2022. The information relating to financial cost are estimates of the cost of the posts at a point in time (including employers pension and national insurance) based on the ESR salary.
- The employers pension costs is based on the full cost of 20.68%, being the 14.38% processed through payroll and the 6.3% central allocation from NHS England.
- ICB corporate costs can be analysed into administration and programme costs. There are strict auditable definitions in place to define each. The ICB will be required to ensure that running costs are no greater than the Running Cost Allowance allocated nationally. This ensures that programme costs are protected to support investment in health and care.
- The following pages show the split between Running Costs and Programme Costs.

TOTAL ICB STAFF	Medical	Nursing	Finance, Legal and Population Health Intelligence	Strategy	System Delivery	Primary Care and Community	Health Inequalities and Regional Collaboration	Board Secretary and Corporate Admin	ICB Executive Team	Total
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Band										
Band 2	-	-	4.00	-	1.37	-	-	-	-	5.37
Band 3	0.67	16.60	8.77	-	24.45	1.00	-	1.00	-	52.49
Band 4	-	16.39	6.72	1.80	10.81	4.89	-	5.00	-	45.62
Band 5	1.00	9.80	3.20	3.00	7.00	6.21	1.00	1.00	-	32.21
Band 6	5.91	17.00	10.80	2.80	11.50	-	-	1.00	-	49.01
Band 7	2.00	18.80	5.85	3.85	7.80	11.80	2.00	1.00	-	53.11
Band 8A	4.60	18.40	6.71	3.00	15.00	2.80	-	1.00	-	51.51
Band 8B	0.43	7.00	7.91	2.00	5.00	2.60	-	-	-	24.93
Band 8C	-	3.00	1.00	-	6.00	5.60	1.00	-	-	16.60
Band 8D	1.00	-	3.00	1.00	-	2.56	-	-	-	7.56
Band 9	-	2.00	-	3.00	2.00	-	-	-	-	7.00
VSM/Adhoc	-	1.45	-	-	-	-	-	-	8.00	9.45
TOTAL WTE	15.60	110.45	57.96	20.45	90.93	37.46	4.00	10.00	8.00	354.85
TOTAL COST (£k)	882	5,758	3,067	1,378	4,471	2,220	244	406	1,394	19,820

INFORMATION BY DIRECTORATE & BAND – RUNNING COST

- The Information detailed below is an extract of ESR as of 22nd December 2022. The information relating to financial cost are estimates of the cost of the posts at a point in time (including employers pension and superannuation) based on the ESR salary.

ADMIN	Medical	Nursing	Finance	Strategy	System Delivery	Primary Care and Community	Health Inequalities and Regional Collaboration	Board Secretary and Corporate Admin	ICB Executive Team	Total
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Band										
Band 2	-	-	4.00	-	-	-	-	-	-	4.00
Band 3	-	-	8.77	-	-	1.00	-	1.00	-	10.77
Band 4	-	2.10	6.72	1.00	1.00	3.00	-	5.00	-	18.82
Band 5	-	2.00	3.20	-	-	3.70	-	1.00	-	9.90
Band 6	-	1.00	10.80	0.80	1.00	-	-	1.00	-	14.60
Band 7	-	1.00	5.85	2.00	1.00	6.25	-	1.00	-	17.11
Band 8A	-	-	6.71	2.00	1.00	1.00	-	1.00	-	11.71
Band 8B	-	-	7.91	1.00	1.00	2.60	-	-	-	12.51
Band 8C	-	-	1.00	-	-	3.00	-	-	-	4.00
Band 8D	-	-	3.00	1.00	-	2.56	-	-	-	6.56
Band 9	-	-	-	3.00	-	-	-	-	-	3.00
VSM/Adhoc	-	-	-	-	-	-	-	-	8.00	8.00
TOTAL WTE	-	6.10	57.96	10.80	5.00	23.11	-	10.00	8.00	120.97
TOTAL COST (£k)	-	236	3,067	912	279	1,434	-	406	1,394	7,727

INFORMATION BY DIRECTORATE & BAND - PROGRAMME

- The Information detailed below is an extract of ESR as of 22nd December 2022. The information relating to financial cost are estimates of the cost of the posts at a point in time (including employers pension and superannuation) based on the ESR salary.

PROGRAMME	Medical	Nursing	Finance, Legal and Population Health Intelligence	Strategy	System Delivery	Primary Care and Community	Health Inequalities and Regional Collaboration	Board Secretary and Corporate Admin	ICB Executive Team	Total
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Band										
Band 2	-	-	-	-	1.37	-	-	-	-	1.37
Band 3	0.67	16.60	-	-	24.45	-	-	-	-	41.71
Band 4	-	15.09	-	-	9.81	1.89	-	-	-	26.80
Band 5	1.00	9.80	-	1.00	7.00	2.51	1.00	-	-	22.31
Band 6	5.91	17.00	-	1.00	10.50	-	-	-	-	34.41
Band 7	2.00	17.80	-	1.85	6.80	5.55	2.00	-	-	36.00
Band 8A	4.60	18.40	-	1.00	14.00	1.80	-	-	-	39.80
Band 8B	0.43	7.00	-	1.00	4.00	-	-	-	-	12.43
Band 8C	-	3.00	-	-	6.00	2.60	1.00	-	-	12.60
Band 8D	1.00	-	-	-	-	-	-	-	-	1.00
Band 9	-	2.00	-	-	2.00	-	-	-	-	4.00
VSM/Adhoc	-	1.45	-	-	-	-	-	-	-	1.45
TOTAL WTE	15.60	108.15	-	5.85	85.93	14.35	4.00	-	-	233.88
TOTAL COST (£k)	882	5,660	-	329	4,192	786	244	-	-	12,093