

Chair: Jon Towler

Enquiries to: ncccg.notts-committees@nhs.net

Meeting Agenda (Open Session)

Governing Body
Wednesday 01 June 2022 (09:00 – 10:50)
Virtual meeting via Zoom

Time	Item	Presenter	Reference
09:00	Introductory Items		
	1. Welcome, introductions and apologies	Jon Towler	GB/22/024 – Verbal
	2. Confirmation of quoracy	Jon Towler	GB/22/025 – Verbal
	3. Declarations of interest for any item on the agenda	Jon Towler	GB/22/026
	4. Management of any real or perceived conflicts of interest	Jon Towler	GB/22/027
	5. Questions from the public	Jon Towler	GB/22/028 – Verbal
	6. Minutes from the meeting held on 6 April 2022	Jon Towler	GB/22/029
	7. Action log from the meeting held on 6 April 2022	Jon Towler	GB/22/030
09:10	Strategy and Leadership		
	8. Accountable Officer Report	Amanda Sullivan	GB/22/031
	9. Joint Clinical Leaders' Report	Stephen Shortt /James Hopkinson	GB/22/032 – Verbal
09:40	Commissioning Developments		
	10. Primary Care Commissioning Committee Highlight Report – 20 April 2022 and 18 May 2022	Eleri de Gilbert	GB/22/033
	11. Patient and Public Engagement Committee Highlight Report – 26 April and 24 May 2022	Sue Clague	GB/22/034
09:50	Financial Stewardship and Resources		
	12. Finance and Resources Committee Highlight Report – 27 April 2022 and 25 May 2022	Shaun Beebe	GB/22/035
	13. 2022/23 Financial Report – Month One	Michael Cawley	GB/22/036
10:00	Quality and Performance		
	14. Quality and Performance Committee Highlight Report – 28 April 2022 and 26 May 2022	Eleri de Gilbert	GB/22/037
	15. Ockenden Review Final Report 2022: Summary of Findings and the Nottingham and Nottinghamshire Position	Danni Burnett	GB/22/038
	16. Nursing and Quality Quarter Four Report	Danni Burnett	GB/22/039

Time	Item	Presenter	Reference
	17. Integrated Performance Exception Report	Michael Cawley	GB/22/040
10:35	Corporate Assurance		
	18. Audit and Governance Committee Highlight Report – 19 May 2022	Sue Sunderland	GB/22/041
	19. Corporate Risk Report	Lucy Branson	GB/22/042
-	Information Items <i>The following items are for information and will not be individually presented. Questions will be taken by exception.</i> <i>Ratified minutes from the final meetings of the Governing Body's committees will be circulated to members and posted on the CCG's website</i>		
	20. Ratified Minutes of CCG committee meetings:	N/A	GB/22/043
	a) Patient and Public Engagement Committee – 29 March 2022 and 26 April 2022		
	b) Quality and Performance Committee – 24 March 2022 and 28 April 2022		
	c) Finance and Resources Committee – 23 March 2022 and 27 April 2022		
	d) Primary Care Commissioning Committee – 16 March 2022 and 20 April 2022		
	e) Audit and Governance Committee – 3 March 2022		
10:45	Closing Items		
	21. Any other business	Jon Towler	GB/22/044 – Verbal
10:50	Meeting Close		

Confidential Motion:

The Governing Body 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)

Register of Declared Interests

- As required by section 140 of the NHS Act 2006 (as amended), the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by external or private interests.
- This document is extracted, for the purposes of this meeting, from the CCG's full Register of Declared Interests (which is publically available on the CCG's website).
This document was extracted on 23 May 2022 but has been checked against the full register prior to the meeting to ensure accuracy.
- 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.
- Expired interests (as greyed out on the register) will remain on the register for six months following the date of expiry.

Name	Current position(s) held in the CCG	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 From:	Date To:	Action taken to mitigate risk
ARORA, Dr Manik	Governing Body GP Representative	Nottingham City GP Alliance Limited a federation of GP practices to work together to develop and deliver solutions for member practices to deliver services to the local community	Rivergreen Medical Centre (of which Dr Arora is a GP Partner) is a member of the NCGPA. As a shareholder the practice is entitled to receive a dividend payment (albeit no dividend is currently paid to members).	✓				01/04/2013	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangement) relating to services that are currently, or could be, provided by the Nottingham City GP Alliance.
ARORA, Dr Manik	Governing Body GP Representative	Rivergreen Medical Centre	GP Partner	✓				01/04/2013	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 GP Practices.
BALL, Alex	Director of Communications and Engagement	Keyworth Medical Practice	Registered Patient			✓		01/12/2019	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.
BEEBE, Shaun	Non-Executive Director	University of Nottingham	Senior manager with the University of Nottingham	✓				-	Present	This interest will be kept under review and specific actions determined as required.

BRANSON, Lucy	Associate Director of Governance	St George's Medical Practice	Registered Patient			✓		01/11/2005	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.
CLAGUE, Sue	Non-Executive Director	Victoria and Mapperley Practice	Registered Patient and member of Patient Participation Group			✓		09/01/2016	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.
DADGE, Lucy	Chief Commissioning Officer	Mid Nottinghamshire and Greater Nottingham Lift Co (public sector)	Director	✓				01/10/2017	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	Valley Road Surgery	Registered Patient			✓		-	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.
DADGE, Lucy	Chief Commissioning Officer	Nottingham Schools Trust	Chair and Trustee			✓		01/11/2017	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	Care Workers Union	Director (not remunerated)			✓		01/09/2021	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Chief Commissioning Officer	Cleaners Union	Director (not remunerated)			✓		01/09/2021	Present	This interest will be kept under review and specific actions determined as required.
DE GILBERT, Eleri	Non-Executive Director	Middleton Lodge Surgery	Individual and spouse are registered patients at this practice				✓	-	Present	This interest will be kept under review and specific actions determined as required.
DE GILBERT, Eleri	Non-Executive Director	Rise Park Practice	Son, Daughter in law are registered patients				✓	18/10/2019	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.
DE GILBERT, Eleri	Non-Executive Director	Nottingham Bench	Justice of the Peace		✓			-	Present	This interest will be kept under review and specific actions determined as required.
DE GILBERT, Eleri	Non-Executive Director	Major Oak Medical Practice, Edwinstowe	Son, daughter in law and grandchildren are registered patients				✓	-	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.
HOPKINSON, Dr James	Joint Clinical Leader	Calverton Practice	GP Partner	✓				01/04/2013	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangement) relating to services that are currently, or could be, provided by GP Practices.
HOPKINSON, Dr James	Joint Clinical Leader	Nottingham University Hospitals NHS Trust	Wife is an Allergy Nurse Specialist				✓	01/04/2013	Present	This interest will be kept under review and specific actions determined as required.

HOPKINSON, Dr James	Joint Clinical Leader	Faculty of Sport and Exercise Medicine (an intercollegiate faculty of the Royal College of Physicians of London and the Royal College of Surgeons of Edinburgh, which works to develop the medical specialty of Sport and Exercise Medicine).	Fellow of		✓			01/04/2013	Present	This interest will be kept under review and specific actions determined as required.
HOPKINSON, Dr James	Joint Clinical Leader	NEMS Healthcare Ltd - owns several properties of which NEMS Community Benefit Services (a not for profit provider of out of hours GP services) is a tenant	Shareholder and entitled to receive a dividend payment	✓				01/04/2013	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) in relation to services currently provided by NEMS CBS and Services where it is believed that the organisations could be interested bidders
HOPKINSON, Dr James	Joint Clinical Leader	Primary Integrated Community Service (PICS) - provider of local health services and non-core member of numerous PCNs in the Nottinghamshire area	Practice partner is a shareholder of PICS and is entitled to receive a dividend payment				✓	-	Present	This interest will be kept under review and specific actions determined as required.
OKUBADEJO, Dr Adedeji	Independent Secondary Care Doctor	University Hospitals Birmingham NHS Foundation Trust	Employed as Associate Medical Director and Consultant in Anaesthesia and Pain Management	✓				25/04/2016	Present	This interest will be kept under review and specific actions determined as required.
OKUBADEJO, Dr Adedeji	Independent Secondary Care Doctor	Spire	Independent private clinical anaesthetic practice undertaken in private hospitals in the Birmingham area	✓				17/12/2015	Present	This interest will be kept under review and specific actions determined as required.
OKUBADEJO, Dr Adedeji	Independent Secondary Care Doctor	Transform Hospital Group Ltd (formerly known as The Hospital Group Ltd)	Independent private clinical anaesthetic practice undertaken in private hospitals in Bromsgrove	✓				17/12/2015	Present	This interest will be kept under review and specific actions determined as required.
OKUBADEJO, Dr Adedeji	Independent Secondary Care Doctor	Carwis Consulting Ltd – Healthcare Management Consulting	Director	✓				01/04/2018	Present	This interest will be kept under review and specific actions determined as required.
OKUBADEJO, Dr Adedeji	Independent Secondary Care Doctor	Transform Hospital Group Ltd	Group Medical Director and Responsible Officer	✓				01/07/2019	Present	This interest will be kept under review and specific actions determined as required.
OKUBADEJO, Dr Adedeji	Independent Secondary Care Doctor	OBIC Ltd - facilitates improvement in education attainment and the quality of teaching and learning for ethnic minority children in the UK and Nigeria.	Director			✓		04/10/2020	Present	This interest will be kept under review and specific actions determined as required.
OKUBADEJO, Dr Adedeji	Independent Secondary Care Doctor	Burcot Hall Hospital, Bromsgrove	Independent private clinical anaesthetic practice	✓				01/11/2020	Present	This interest will be kept under review and specific actions determined as required.
POYNOR, Stuart	Chief Finance Officer	Denstone College, Uttoxeter	School Governor			✓		-	06/02/2022	Interest expired - no action required.
SHORTT, Dr Stephen	Joint Clinical Leader	Village Health Group (formerly East Leake Medical Group)	GP Partner	✓				01/04/2013	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 this group.
SHORTT, Dr Stephen	Joint Clinical Leader	Village Health Group as a subcontractor for Nottingham University Hospitals NHS Trust to deliver surgical dermatological services	GP Partner	✓				-	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 this group.

SHORTT, Dr Stephen	Joint Clinical Leader	Village Health Group as a subcontractor for Nottingham University Hospitals NHS Trust to deliver surgical dermatological services	Spouse is a GP Partner				✓	10/06/2021	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 this group.
SHORTT, Dr Stephen	Joint Clinical Leader	Partners Health LLP - a membership organisation of general practices in Rushcliffe. Provider of extended access service and non-core provider for Rushcliffe PCN and employer for additional roles staff with the PCN	GP member and is entitled to receive profit shares (although profit shares are not currently paid out to members). Acts in an advisory capacity to Partners Health Board which is not remunerated. Also provides weekend shift cover once a month.	✓				01/10/2015	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) in relation to services currently provided by Partners Health LLP; and Services where it is believed that Partners Health LLP could be an interested bidder.
SHORTT, Dr Stephen	Joint Clinical Leader	Village Health Group (formerly East Leake Medical Group)	Wife is a registered patient				✓	01/04/2013	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 this group.
SHORTT, Dr Stephen	Joint Clinical Leader	Village Health Group (formerly Keyworth Medical Practice)	Spouse is GP partner				✓	01/04/2013	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 this group.
SHORTT, Dr Stephen	Joint Clinical Leader	Partners Health LLP - a membership organisation of general practices in Rushcliffe. Provider of extended access service and non-core provider for Rushcliffe PCN and employer for additional roles staff	Wife is a GP member and also provides weekend shift cover once a month.				✓	01/10/2015	Present	To be excluded from all commissioning decisions (including procurement activities and contract management arrangements) in relation to services currently provided by Partners Health LLP; and Services where it is believed that Partners Health LLP could be an interested
SHORTT, Dr Stephen	Joint Clinical Leader	Village Health Group (formerly Keyworth Medical Practice)	Registered Patient				✓	-	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 this group.
SHORTT, Dr Stephen	Joint Clinical Leader	Rushcliffe Primary Care Network (funded by NHS England and NHS Improvement via the CCG and the Integrated Care System)	Voting Member		✓			01/10/2019	Present	This interest will be kept under review and specific actions determined as required.
SHORTT, Dr Stephen	Joint Clinical Leader	Rushcliffe Primary Care Network (funded by NHS England and NHS Improvement via the CCG and the Integrated Care System)	Spouse is a Voting Member				✓	10/06/2021	Present	This interest will be kept under review and specific actions determined as required.
SULLIVAN, Amanda	Accountable Officer	Hillview Surgery	Registered Patient				✓	2013	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.

SUNDERLAND, Sue	Non-Executive Director	Joint Audit Risk Assurance Committee, Police and Crime Commissioner (JARAC) for Derbyshire / Derbyshire Constabulary	Chair		✓			01/04/2018	Present	This interest will be kept under review and specific actions determined as required.
SUNDERLAND, Sue	Non-Executive Director	NHS Bassetlaw CCG	Governing Body Lay Member		✓			16/12/2015	Present	This interest will be kept under review and specific actions determined as required.
SUNDERLAND, Sue	Non-Executive Director	Inclusion Healthcare Social Enterprise CIC (Leicester City)	Non-Executive Director		✓			16/12/2015	Present	This interest will be kept under review and specific actions determined as required.
SUNDERLAND, Sue	Non-Executive Director	Nottinghamshire Healthcare NHS Foundation Trust	Non-Executive Director		✓			08/02/2022	Present	This interest will be kept under review and specific actions determined as required.
SUNDERLAND, Sue	Non-Executive Director	Derbyshire Integrated Care Board	Non-Executive Director		✓			08/02/2022	Present	This interest will be kept under review and specific actions determined as required.
TOWLER, Jon	Non-Executive Director	Sherwood Medical Practice.	Registered Patient			✓		-	Present	This interest will be kept under review and specific actions determined as required - as a general guide, the individual should be able to participate in discussions relating to this practice but be excluded from decision-making.
TOWLER, Jon	Non-Executive Director	Major Oak Medical Practice, Edwinstowe	Family members are registered patients				✓	-	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	YPO - a publicly owned central purchasing body based in Wakefield, Yorkshire. It is owned and governed by a consortium of county, metropolitan and borough councils in Yorkshire and the North West England. It provides a wide range of resources and services to schools, councils, charities, emergency services, and other public sector organisations.	Independent Director (remunerated)	✓				01/10/2020	Present	This interest will be kept under review and specific actions determined as required.
WADDINGHAM, Rosa	Chief Nurse	No relevant interests declared	Not applicable					-	-	Not applicable

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.

The above categories are not exhaustive and each situation must be considered on a case by case basis.

4. In advance of any meeting of the Committee, 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, Committee members and co-opted advisors 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 Committee (or Deputy Chair in their absence, or where the Chair of the Committee is conflicted) 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 the Committee's 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 the Committee's decision-making arrangements.

Governing Body (Open Session)
UNRATIFIED minutes of the meeting held on
 06/04/2022, 09:00-10:50
 Teleconference

Members present:

Jon Towler	Non-Executive Director and Chair of the meeting
Shaun Beebe	Non-Executive Director
Sue Clague	Non-Executive Director
Lucy Dadge	Chief Commissioning Officer
Eleri de Gilbert	Non-Executive Director
Sue Sunderland	Non-Executive Director
Rosa Waddingham	Chief Nurse
Dr James Hopkinson	Joint Clinical Leader
Dr Adedeji Okubadejo	Secondary Care Specialist
Stuart Poynor	Chief Finance Officer
Dr Stephen Shortt	Joint Clinical Leader

In attendance:

Alex Ball	Director of Communication and Engagement
Lucy Branson	Associate Director of Governance
Sue Wass	Corporate Governance Officer (minutes)

Apologies:

Dr Manik Arora	GP Representative, Nottingham City
Amanda Sullivan	Accountable Officer

Cumulative Record of Members' Attendance (2022)					
Name	Possible	Actual	Name	Possible	Actual
Dr Manik Arora	1	0	Stuart Poynor	1	1
Shaun Beebe	1	1	Dr Stephen Shortt	1	1
Sue Clague	1	1	Amanda Sullivan	1	0
Lucy Dadge	1	1	Sue Sunderland	1	1
Eleri de Gilbert	1	1	Jon Towler	1	1
Dr James Hopkinson	1	1	Rosa Waddingham	1	1
Dr Adedeji Okubadejo	1	1			

Introductory Items

GB 22 001**Welcome and Apologies**

Jon Towler welcomed everyone to the open session of NHS Nottingham and Nottinghamshire CCG's Governing Body meeting. The meeting was being held virtually and was being live streamed to allow members of the public access to the discussion.

Apologies were noted as above.

GB 22 002**Confirmation of Quoracy**

The meeting was declared quorate.

GB 22 003 Declaration of interest for any item on the shared agenda

There were no identified conflicts of interest.

Jon Towler reminded members of their responsibility to highlight any interests should they transpire because of discussions during the meeting.

GB 22 004 Management of any real or perceived conflicts of interest

No management action was required.

GB 22 005 Questions from the Public

There were no questions.

GB 22 006 Minutes from the meeting held on 02 February 2022

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

GB 22 007 Action log from the meeting held on 02 February 2022

All actions were noted as completed and there were no other matters arising.

Strategy and Leadership

GB 22 008 Accountable Officer Report

Stuart Poyner presented the item and highlighted the following key points:

- a) Although hospitalisation rates for patients with Covid were decreasing slowly, infection rates remained high and high levels of staff sickness was having a continued impact on elective care, urgent care, and social care.
- b) The Covid Vaccination Programme continued, with the start of the Spring Booster Campaign for individuals over the age of 75 and for those aged 12 and over with a severely weakened immune system.
- c) Since the Governing Body had last met, the CCG had used urgent decision-making powers on three occasions, as detailed in the report, and the Governing Body was asked to ratify the decisions.
- d) The period of engagement for the Tomorrow's Nottingham University Hospitals Trust (NUH) Programme ended on 1 April and work was underway to analyse feedback. Overall feedback had been supportive of the proposals.
- e) Several new appointments were noted, including the appointments of Jon Towler, Professor Marios Adamou OBE, and Stephen Jackson as designate Non-Executive Directors of the Integrated Care Board (ICB).
- f) Consultation for CCG staff to transfer to the ICB ahead of Parliamentary approval of the Health and Care Bill had recently commenced.

The following points were raised in discussion:

- g) Regarding the publication of proposals relating to the NHS Provider Selection Regime, members emphasised the importance of the inclusion of the patient voice in the new arrangements, which was agreed. The CCG had a representative on the national steering group, and this was an opportunity to influence its development.

The Governing Body:

- **RECEIVED** the Accountable Officer's Report for information.
- **RATIFIED** the contract award to Fittleworth Medical Ltd for the provision of a Stoma Appliance Prescription Service for three years, with an option to extend by a further two years.
- **RATIFIED** the appointment of KPMG as the CCG's provider of external audit services from 1 April 2022 until disestablishment (subject to legislation).
- **RATIFIED** the contract awards/extensions to the current providers of the Discharge to Assess Pathway One to the value of £6.24 million for a period of six months from

1 April 2022.

GB 22 009 Joint Clinical Leaders' Report

Dr Stephen Shortt and Dr James Hopkinson gave a verbal update and highlighted the following key points:

- a) Although Covid restrictions were easing, continuing high rates of infection were putting considerable strain on all services and putting recovery trajectories at risk.

The following points were raised in discussion:

- b) Members highlighted the number of staff leaving the NHS. It was noted that recruitment and retention of staff was a complex, but important issue and going forward the importance of co-ordinating wellbeing and retention and recruitment offers was being discussed. Members emphasised the need for there to be effective governance mechanisms within the ICB to give board-level oversight of these important issues.

The Governing Body:

- **NOTED** the verbal update.

Commissioning Developments

GB 22 010 Primary Care Commissioning Committee Highlight Report – 16 February 2022 and 16 March 2022

Eleri de Gilbert presented the item and highlighted the following key points:

- a) Practices continued to operate under pressure, with high levels of staff absence, although the situation was stabilising.
- b) In the longer term, concern was raised over the challenges in recruiting core primary care staff, in particular practice nurses.
- c) This was at a time when additional expectations had been announced in NHS England's General Practice Contract Arrangements 2022/23.
- d) However positive progress had been noted on Primary Care Network development and on the Primary Care IT Strategy, which would support new contract arrangements.

The following points were raised in discussion:

- e) Members discussed workforce concerns, querying whether focus needed to be moved back to the recruitment of core roles. Members noted the need to balance local priorities with national specifications in a framework that would not lead to unwarranted clinical variation. It was noted that the Primary Care Strategy would be the means to influence workforce development. The Strategy would be in draft form by early summer and members emphasised the importance of ensuring this was a key area of focus for the ICB's People and Culture function.

The Governing Body:

- **NOTED** the Primary Care Commissioning Committee Highlight Report.

GB 22 011 Patient and Public Engagement Committee (PPEC) Highlight Report – 22 February and 29 March 2022

Sue Clague presented the item and highlighted the following key points:

- a) PPEC members had raised concern around the involvement of patients and citizens in the ICB and had sought assurance that patient engagement was firmly embedded at each part of the new system.
- b) Members had received an update on Children and Young Peoples' Early Intervention services, noting this project as a positive demonstration of how patient engagement can make a difference on programmes that are commissioned locally.
- c) Presentations had been received on the engagement for the Tomorrow's NUH

Programme and on elective recovery plans, with concern raised around communication of delays to patients, particularly from NUH.

- d) Members also voiced concern over the availability of free lateral flow testing kits for families on low incomes.

The following points were raised in discussion:

- e) Regarding the involvement of the patient voice in the ICB, it was noted that this was work in progress, although there was a commitment to ensure the patient voice was at the heart of decision making.
- f) Members queried whether there was a non-executive on the ICB Board with responsibility for engagement and it was noted that it sat in the portfolio of the Chair of the Quality, People, and Inequalities Committee.
- g) It was understood that communication to patients on waiting lists at NUH would be undertaken during April.

The Governing Body:

- **NOTED** the Patient and Public Engagement Committee Highlight Report.

Financial Stewardship and Resources

GB 22 012 Finance and Resources Committee Highlight Report – 23 February 2022 and 23 March 2022

Shaun Beebe presented the item and highlighted the following key points:

- a) The Committee had received finance reports that indicated a forecast break-even position for the CCG for the remainder of the financial year, with areas of pressure, including Continuing Healthcare and the Elective Recovery Fund, mitigated by non-recurrent funds.
- b) The Committee had endorsed the CCG's opening budgets for 2022/23, subject to a full review of the risks and challenges at this meeting.
- c) An update on system financial planning for 2022/23 was received, which had demonstrated a challenging position.
- d) Reports on the CCG's workforce and staff survey results were discussed, and the Committee noted concern regarding the completion rate for staff appraisals. The Committee requested that, as a temporary measure, 'soft appraisals' should be undertaken to support staff.

The Governing Body:

- **NOTED** the Finance and Resources Committee Highlight Report.

GB 22 013 2021/22 Financial Report Month Eleven

Stuart Poynor presented the item and highlighted the following key points:

- a) The CCG remained under a temporary financial regime due to the continuing response to the pandemic, which had split the financial year into two planning periods H1, April to September and H2, October to March. The financial year was now to be reported on the entire twelve-month period and the forecast outturn for the year was a breakeven position.
- b) The year-to-date month eleven reported position was on plan. Continuing Healthcare costs continued to be the main cost pressure for the CCG; and the continued response to the pandemic had impacted on the level of income generated from the Elective Recovery Fund. Section 117 placements within Mental Health were also over plan. These cost pressures were off-set by underspends within delegated primary care budgets, prescribing, and estates and corporate budgets.

The Governing Body:

- **NOTED** the 2021/22 Financial Report Month Eleven.

GB 22 014 2022/23 Draft Financial Plans and Budget Setting

Stuart Poynor presented the item and highlighted the following key points:

- a) The report provided an update on the CCG's 2022/23 draft financial plans, which formed part of the ICB system draft plan submission to NHS England and sought approval for the CCG's opening budgets of the new financial year.
- b) The plans covered the entire twelve months of 2022/23, albeit only the first three months would be as the CCG, with the remaining nine months as the ICB and also be consolidated with the Bassetlaw CCG financial plans.
- c) The CCG had a balanced plan, however there were elements of efficiency requirements that were yet unidentified, and the Finance and Resources Committee had asked that the report to the Governing Body contained further detail on the risks to the plan.
- d) The system financial plan currently exceeded the allocation, which would be challenged at the national level. The projected deficit was due to the underlying financial position and inflationary pressures, the most significant being energy costs. It was likely that difficult funding choices would need to be made within the system to present a more balanced position.

The following points were raised in discussion:

- e) Members of the Finance and Resources Committee welcomed the further detail on the risks to the CCG's financial plans and sought assurance that the full CCG Executive had agreed the efficiencies, and this was confirmed.
- f) Members raised concern regarding the level of non-recurrent efficiencies. It was noted this was a concern, however recurrent efficiencies would only be realised in the transformation of services.
- g) Members emphasised that any potential discussions relating to a reduction to services would require a clinical steer, which was agreed. In the ICB this would be under the remit of the Strategic Commissioning Committee.

The Governing Body:

- **APPROVED** the 2022/23 Opening Budgets.
- **NOTED** an update on any changes to these Opening Budgets will be provided to the committee in due course.
- **APPROVED** the 2022/23 Business as Usual Capital Plan for the Nottingham and Nottinghamshire CCG component and noted the Bassetlaw CCG component for information.

Quality and Performance

GB 22 015 Quality and Performance Committee Highlight Report – 24 February 2022 and 24 March 2022

Eleri de Gilbert presented the item and highlighted the following key points:

- a) In response to requests at a previous Governing Body meeting, the Committee had received detailed assurance reports relating to 104 week waits and cancer performance. Whilst the Committee was assured that plans were in place to improve trajectories in both areas of focus, risks were highlighted in relation to workforce capacity.
- b) The focus of the Committee remained on performance at NUH. In relation to maternity services, there had been some positive developments, but the pace and depth of recovery remained a challenge. The Care Quality Commission had recently made an unannounced inspection and their report was awaited. At the next meeting the Committee would be examining the Trust's progress against the recommendations set out in the Ockendon Review.
- c) Following a recommendation by the Audit and Governance Committee, the Committee received an improvement action plan following a review of the Nottinghamshire Multi Agency Safeguarding Hub. The Committee would continue to

oversee progress.

The Governing Body:

- **RECEIVED** and **NOTED** the Quality and Performance Committee Highlight Report.

GB 22 016 Nursing and Quality Report

Rosa Waddingham presented the item and highlighted the following key points:

- a) The report provided assurance to the Governing Body in relation to the activity of the Nursing and Quality Team and highlighted the main quality and safety issues of individual providers and the impact this was having on the wider system.
- b) The Infection, Prevention and Control Team continued to monitor outbreak management, as rates of Covid 19 and other hospital acquired infections rose. Work with care homes continued to support hospital discharges.
- c) Pressures in the system had led to delays in reporting serious incidents and the CCG team continued to work with patient safety teams within trusts to review all incidents.
- d) Work continued to support NUH to implement actions in response to the Care Quality Commission's report.

The following points were raised in discussion:

- e) Members queried whether there was an appropriate level of engagement with the East Midlands Ambulance Service, and it was noted that the provider was an active participant in daily escalation calls, system oversight meetings and quality assurance system groups.

The Governing Body:

- **NOTED** the Nursing and Quality Report.

GB 22 017 Integrated Performance Report

Stuart Poynor presented the item and highlighted the following key points:

- a) The report detailed performance against key standards and targets for the CCG.
- b) The report demonstrated the scale and complexities of the challenge to all aspects of the healthcare system, as had been discussed under earlier agenda items, and detailed the actions that were in place to improve performance.
- c) Work was currently underway to re-shape the oversight of performance metrics pending the transition to the ICB.

The Governing Body:

- **NOTED** the Integrated Performance Report.

Corporate Assurance

GB 22 018 Audit and Governance Committee Highlight Report – 3 March 2022

Sue Sunderland presented the item and highlighted the following key points:

- a) The Committee had received several reports relating to its responsibilities, which provided assurance of key aspects of the CCG's work, including the progress of the CCG's Due Diligence Plan in preparation of the transfer of CCG staff and assets to the ICB (subject to legislation).
- b) As noted under item GB 22 016, the Committee had reviewed the findings of an Internal Audit Report relating to the health service element of the Nottinghamshire Multi-Agency Safeguarding Hub (MASH), which had provided 'limited assurance'. The Committee had commended the CCG for proactively requesting an Internal Audit review, which gave a helpful focus to address the issues raised in the report. The Committee had sought, and received, assurance that no harm had come to service users because of the issues and that action was already being taken to address the concerns.

The Governing Body:

- **NOTED** the Audit and Governance Committee Highlight Report.

GB 22 019 Governing Body Assurance Framework Year End Report

Lucy Branson presented the item and highlighted the following key points:

- a) The report presented the year-end position of NHS Nottingham and Nottinghamshire CCG's 2021/22 Governing Body Assurance Framework (GBAF). It also outlined the proposed approach for the GBAF for Q1 2022/23, in line with the anticipated disestablishment of the CCG (subject to legislation).
- b) This had been another atypical year, with the CCG operating in incident response mode for long periods. Despite this, a clear control framework had been in place throughout the year for all 16 of the CCG's strategic risks. 'Gaps' in control largely related to the need to define and implement (in 'shadow') governance arrangements in preparation for the establishment of the ICB. Despite the need to pause some work in response to the pandemic, a high volume of assurances had continued to be received and actions to address 'gaps' had progressed, as detailed in the report.
- c) Assurance was given that the CCG continued to have an effective system of internal control.
- d) For quarter one of 2022/23, it was proposed to continue with the delivery of the CCG's current strategic objectives and keep the strategic risks under review, with an update on the delivery of any outstanding actions to be presented to the June meeting of the Audit and Governance Committee.

The following points were raised in discussion:

- e) Members sought assurance that the process was aligned to the process for the development of the ICB Assurance Framework, as overseen by the ICS Transition and Risk Committee, and confirmation was given that it was aligned.

The Governing Body:

- **REVIEWED** the 2021/22 year-end position of NHS Nottingham and Nottinghamshire CCG's GBAF; and
- **APPROVED** the proposed approach for the GBAF for Q1 2022/23, in line with the anticipated disestablishment of the CCG on 30 June 2022 (subject to legislation).

GB 22 020 Corporate Risk Report

Lucy Branson presented the item and highlighted the following key points:

- a) The CCG currently had twelve major risks on its Corporate Risk Register, an overall increase in two since the last report.
- b) One risk had been archived and one reduced in score. Four new risks had been added regarding the submission of an unbalanced system financial plan; the potential for the CCG to not meet its financial duties; the risk to patient outcomes of increasing waiting times for elective care; and the risk to patient outcomes because of increasing mental health waiting lists.
- c) The Quality and Performance Committee was currently considering a further risk relating to urgent care pressures.
- d) All risks continued to be overseen by respective CCG committees.

The following points were raised in discussion:

- e) Members noted the large number of major risks on the register; however, noted all risks were appropriate in the current climate.
- f) Members sought assurance that CCG Committees continued to provide constructive challenge. It was noted that the CCG had a positive culture of risk identification and management and a paper would be brought to the next Audit and Governance Committee meeting to provide an analysis of how risk had been managed in year.

The Governing Body:

- **NOTED** the Corporate Risk Register.

For Information

- GB 22 021** **Ratified minutes of Governing Body committee meetings**
The minutes were **NOTED**.

Closing Items

- GB 22 022** **Any other business**
There was no other business.

- GB 22 023** **Date of the next meeting:**
01 June 2022 to be held virtually.



Governing Body
ACTION LOG for the meeting held on 06/04/22

Meeting date	Agenda reference	Agenda item	Action	Lead	Date to be completed	Comment
ACTIONS OUTSTANDING						
-	-	-	<i>No actions outstanding</i>	-	-	-
ACTIONS ONGOING / NOT YET DUE						
-	-	-	<i>No actions ongoing</i>	-	-	-
ACTIONS COMPLETE						
-	-	-	<i>No actions completed</i>	-	-	-



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	Date:	01 June 2022
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Paper Title:	Accountable Officer's Report	Paper Reference:	GB 22 031
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Sponsor:	Amanda Sullivan, Accountable Officer	Attachments/ Appendices:	-
Presenter:	Amanda Sullivan, Accountable Officer		

Summary Purpose:	Approve	<input checked="" type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input checked="" type="checkbox"/>
							<ul style="list-style-type: none"> Assurance Information 	

Executive Summary

The purpose of the Accountable Officer's Report is to summarise recent local and national developments and areas of interest for Clinical Commissioning Groups (CCGs) and the wider NHS. As appropriate, the report may also include specific items requiring approval or for noting by Governing Body members.

Relevant CCG priorities/objectives:

Compliance with Statutory Duties	<input checked="" type="checkbox"/>	Establishment of a Strategic Commissioner	<input checked="" type="checkbox"/>
Financial Management	<input type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input checked="" type="checkbox"/>
Performance Management	<input checked="" type="checkbox"/>	Cultural and/or Organisational Development	<input type="checkbox"/>
Strategic Planning	<input checked="" type="checkbox"/>	Procurement and/or Contract Management	<input type="checkbox"/>

Conflicts of Interest:

No conflict identified

Completion of Impact Assessments:

Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this item.
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this item.

Risk(s):

No risks are identified within this report.

Confidentiality:

No

Recommendation(s):

The Governing Body is requested to:

- **RECEIVE** the Accountable Officer's Report for information.

Accountable Officer's Report

COVID-19 update

1. Local prevalence and response

As of 20 May, 202 beds in Nottinghamshire's hospitals were occupied by patients with Covid-19 (which compares to 350 beds in March).

Information on the latest Covid-19 related data is published on a weekly basis on the CCG's website at <https://nottscgg.nhs.uk/news>.

2. Covid-19 Vaccination Programme

The Spring booster campaign commenced on 21 March. Latest figures show in Nottingham and Nottinghamshire that 2,127,331 vaccinations (first, second, third and boosters) have been administered since the start of the programme. This means that 85.8% per cent of over 18s have now received two doses and 69.2% of over 18s have had a booster dose.

All adults aged 75 and over, residents in care homes for older people and those age 12 and over with a severely weakened immune system are eligible for a vaccine. Vaccines can be obtained from over 50 sites across Nottinghamshire, including pharmacies, vaccination centres and GP practices. These sites also remain open for those individuals who have not yet come forward for their first, second or booster dose.

3. Next steps and recovery

On 19 May 2022 NHS England announced a stepping down from a Level 4 (national) to a Level 3 (regional) incident level. The NHS has been on a Level 4 incident alert since December 2021 following the surge in Omicron cases and to deliver the vaccination booster programme. With community cases and hospital inpatient numbers showing a sustained decline, the incident level has been lowered.

Whilst the NHS needs to remain vigilant, and local systems need to ensure their resilience and capability to re-establish full incident responses in the event this is warranted, the lowering of the national incident level signals the move to refocus operational time and resource, previously assigned to incident response to the recovery of services.

The announcement was accompanied by the areas of immediate focus for local systems:

- **Delivering timely urgent and emergency care and discharge:** Continuing to work as whole systems – including colleagues in local authorities, social care and the voluntary sector – to address the ongoing pressures across the urgent and emergency care system and discharge pathways. This includes improving discharge planning and processes for those patients who no longer require acute care, including ensuring that the levels of discharges on weekend days matches those on weekdays, while working with social care partners to identify and address wider system capacity challenges.

- **Providing more routine elective and cancer tests and treatments:** Continuing the strong progress already seen towards ensuring those people who have been waiting the longest for elective care are offered treatment by July 2022, and people who are diagnosed with cancer are able to begin treatment within 62 days of first seeing their GP.
- **Improving patient experience:** Providers should implement in full the recently updated UK Infection Prevention and Control guidance given the significant benefits this can bring to increasing capacity and reducing waiting times.

CCG updates and developments

4. Final meeting of the Governing Body

With the passing into statute of the Health and Care Act 2022, CCGs will be disestablished on 30 June 2022, and as such, this will be the last formal meeting of the CCG's Governing Body. The first meeting of NHS Nottingham and Nottinghamshire Integrated Care Board will be held on 1 July 2022 and at this meeting the Board will receive its establishment and transfer orders, including its Constitution, and approve all other arrangements that will govern the Integrated Care Board (ICB).

CCGs have been in operation for nine years. Originally established to combine clinical and managerial expertise to make commissioning decisions that drive quality improvement, their collaborative role in working with their local health providers, local authorities and the private sector, has laid the foundations for ICBs. ICBs can build on the legacy of CCGs and are the natural next step towards a fully integrated health and social care system.

The CCG's governance and decision-making will continue until 1 July in line with the arrangements agreed by the Governing Body in February 2022 and a robust handover of assets, liabilities, risks, actions and wider corporate memory is taking place, as overseen by the Audit and Governance Committee.

5. Consultation on the transfer of CCG staff to the Integrated Care Board

The Health and Care Act 2022, which received Royal Assent on 28 April 2022, included an employment commitment to existing CCG staff below board level in the transfer of CCG functions to the Integrated Care Board. The TUPE/COSOP consultation period for CCG staff, which ran from 4 April to 3 May, received no feedback from colleagues on the formal transfer. This means that everyone who is employed by Bassetlaw CCG and Nottingham and Nottinghamshire CCG will commence their employment in the ICB on 1 July, in line with the employment commitment.

6. Giving thanks

On behalf of all CCG staff, I would also like to express sincere thanks and appreciation to members of the CCG's Governing Body who are stepping down from their roles.

Dr Adedeji Okubadejo, as our Secondary Care Specialist, and Shaun Beebe, Sue Clague, Eleri de Gilbert and Sue Sunderland, as Non-Executive Directors, have all dedicated many

years of support and commitment, both within Nottingham and Nottinghamshire CCG, and within their respective former CCGs. I wish you all the best for the future.

This will also be the last meeting of Dr Stephen Shortt and Dr James Hopkinson, as Joint Clinical Leaders of the CCG and Dr Manik Arora, as GP Lead for Nottingham City. All will continue to play key roles in clinical leadership within the ICB. I am sure members will join me in conveying our thanks to each for their hard work and dedication shown to the CCG and its predecessor CCGs and we look forward to their continued work within the system.

7. Constitution for the Integrated Care Board

The Health and Care Act 2022 requires CCGs to propose the first constitutions for the ICBs in their areas to NHS England as part of the legal establishment arrangements. The CCG's Governing Body received a final draft of the proposed Constitution and approved the draft ahead of the submission date of 20 May 2022. NHS Bassetlaw CCG's Governing Body also approved the proposed Constitution.

The Health and Care Act 2022 also required CCGs to "consult any persons they consider it appropriate to consult" on the proposed ICB constitution. All system partners have been involved in the drafting the Constitution, including NHS trusts/foundation trusts, primary care representatives, our local Healthwatch organisation, and both city and county local authorities.

Partner updates

8. Integrated Care Board designate appointments

I am pleased to announce that Caroline Maley has been appointed to the fourth and final designate Non-Executive Director post; and Dave Briggs has been appointed as designate Medical Director.

Caroline is a qualified chartered accountant by background and brings more than 30 years of experience across the NHS, private sector and education. Caroline retired from Derbyshire Healthcare NHS Foundation Trust in September 2021, where she served as Chair and prior to that, Senior Independent Director and Chair of the Audit and Risk Committee. Her last executive role was as Chief Operating Officer for the National College for School Leadership, where she oversaw all corporate services and was a member of the strategic leadership team.

Dave is a qualified GP who worked as a GP principle with an interest in ENT before becoming the Accountable Officer for the East Leicestershire and Rutland Clinical Commissioning Group. In this latter role Dave was the system lead for both urgent and emergency care as well as for the Better Care Together System Programme. More recently Dave has held roles within the Emergency Department as a practicing clinician and as the Medical Director for Professional Standards and System Improvement at NHS England and NHS Improvement Midlands.

Appointments to the five Partner Members of the ICB Board are currently ongoing.

9. Integrated Care System (ICS) Board update

The Nottingham and Nottinghamshire Integrated Care System (ICS) Board met for the final time on 5 May 2022 and received reports on the work to date to develop the system approach to addressing health inequalities; an update on the delivery of the ICS People and Culture Strategy; and reports on preparations for the establishment of the Integrated Care Board and Integrated Care Partnership, including the development of the Provider Collaborative at scale.

All meeting papers are published on the ICS website at <https://healthandcarenotts.co.uk/>.

10. Appointment of new Chief Executive for Nottingham University Hospitals Trust

Nottingham University Hospitals NHS Trust announced the appointment of Anthony May as its new Chief Executive. Anthony is currently Chief Executive of Nottinghamshire County Council. He is also Chair of the Midlands Engine Operating Board and was for three years Chair of the Association of County Council Chief Executives. A start date for Anthony is still to be agreed, but they are working towards early autumn. Anthony's focus will be on the current challenges facing the Trust, including improvements in the maternity service, flow through the hospital, and the way the organisation is led.

11. Care Quality Commission Inspection of Nottingham University Hospitals Trust

The Care Quality Commission (CQC) carried out unannounced inspections during March to follow up on concerns about the safety of services. The inspection was also to check if improvements had been made since conditions were placed on the Trust's registration around staffing, following an inspection in October 2020, and to check on the progress of improvements the Trust were told to make following an inspection in April 2021.

Following the latest inspection, the overall rating for both Nottingham City Hospital and the Queen's Medical Centre remains rated at 'requires improvement'.

Maternity services at both sites remain rated inadequate overall, as well as for being safe and well-led. The CQC has also issued the Trust with a warning notice in relation to safe care and treatment around how they are managing observations, and with regards to the care women are receiving within triage services. However, caring remains rated as good and the CQC reported that staff in maternity departments were working hard under very challenging circumstances; and although some improvements were evident, they were not widespread enough to address the areas of concern highlighted in previous inspections.

A letter has also been sent from Sir David Sloman Chief Operating Officer NHS England and NHS Improvement to bereaved families about the closure of the current review of maternity services at the Trust and next steps. Donna Ockenden has been appointed as the new Chair and the final report of the current review team has been published and can be access here: <https://independentmaternityreviewnotts.nhs.uk/>

The CCG is committed to supporting senior leaders in the Trust and will continue to work closely with the newly appointed Chief Executive and with NHS England to ensure progress is made on improvements needed to provide safe care to all families on a sustained basis.

12. National Rehabilitation Centre

A milestone has been reached in the National Rehabilitation Centre (NRC) Programme, with the appointment of Integrated Health Projects (IHP) as main contractor to construct the NRC. Pre-construction activity can now move forward on site which is part of the Stanford Hall Rehabilitation Estate near Rempstone in Nottinghamshire. Main construction will start subject to final agreements from Government. The NRC will be a unique facility with the potential to transform clinical rehabilitation across the NHS in England and Wales. With the University of Nottingham and Loughborough University as the leads for to a wider national clinical partnership of over 22 academic institutions, the NRC will combine under one roof clinical rehabilitation, research, development and commercial innovation, and training and education.

13. Health and Wellbeing Board updates

Nottinghamshire County Health and Wellbeing Board

The Nottinghamshire County Health and Wellbeing Board last met on 4 May 2022. The meeting received a report on the Nottinghamshire Joint Health and Wellbeing Strategy 2022-2026, an annual progress report and the work programme for the coming year.

The papers and minutes from the meeting are published on Nottinghamshire County Council's website here: <https://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board>.

Nottingham City Health and Wellbeing Board

The Nottingham City Health and Wellbeing Board met on 25 May 2022. The meeting received a report on children and Young People's Mental Health, the Public Health Annual Report and an update from the Health Protection Board.

The papers and minutes from the meeting are published on Nottingham City Council's website here: <https://committee.nottinghamcity.gov.uk/ieListMeetings.aspx?CId=185&Year=0>.

National updates

14. NHS England and NHS Improvement's Equality Objectives for 2022/23 and 2023/24

NHS England/Improvement have recently published their equality objectives for the next two years, which considers both the societal changes brought about by the pandemic and the significant changes to the landscape of the NHS set out in the Health and Care Act 2022.

This report sets out new equality objectives and targets, with the aim to drive strategic and demonstrable equality improvements by reference to the nine protected characteristics in the Equality Act 2010. Although the focus is on the requirements of the Equality Act 2010 and Public Sector Equality Duty as the Specific Equality Duties require, current health

inequalities targets are incorporated where these naturally align with the equality objectives and equality targets.

Within the document there is a new proposed equality objective: To work with Integrated Care Boards to support their, and their systems, compliance with the Equality Act 2010's Public Sector Equality Duty and the associated Specific Equality Duties.

There full report can be found here: www.england.nhs.uk/wp-content/uploads/2022/05/B1588-nhsei-equality-objectives-for-2022-2023-2023-2024.pdf

Recommendation(s)

The Governing Body is requested to:

- **RECEIVE** the Accountable Officer's Report for information.



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	Date:	01 June 2022
Paper Title:	Highlight report from the (virtual) meeting of the CCG's Primary Care Commissioning Committee	Paper Reference:	GB 22 022
Chair of the meeting:	Eleri de Gilbert – Non-Executive Director	Attachments/ Appendices:	
Summary Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>
			Receive/Note for: <input checked="" type="checkbox"/>
			<ul style="list-style-type: none"> • Assurance • Information

Summary of the Meetings

The Primary Care Commissioning Committee (PCCC) met on the 20 April 2022 and 18 May 2022. The meeting was held virtually.

At the April meeting, the Committee:

- **RECEIVED** routine reports in relation to, Primary Care Contracting, finance, OPEL and staff absence reporting.
- **RECEIVED** an update on the winter access fund. The fund is subject to a high level of scrutiny from NHSE/I and runs to 31 March 2022.
- **RECEIVED** the risk report which included six risks two of which are rated red. Risk RR 160 relates to the pressure on the primary care workforce and has a score of 16. The second, risk RR 171 with a score of 16 addresses the loss of public confidence in primary care due to increased demand and waiting times.
- **NOTED** the Committee Annual report which captures the work the Committee has undertaken to fulfil its statutory duties.

At the May meeting, the Committee:

- **RECEIVED** routine reports in relation to, contract performance and OPEL and staff absence reporting.
- **RECEIVED** a further review of the impact of a reduction in opening hours at Bull Farm surgery, the branch surgery to Oakwood surgery following a patient engagement exercise to assess impact. Members were assured that no adverse impact has resulted.
- **RECEIVED** the final winter access fund update and an evaluation of the schemes put in place. Positive outcomes from the WAF will be incorporated into the Primary Care Strategy.
- **RECEIVED** a summary of practice sign up to Local Enhanced Services 2022/24.
- **RECEIVED** the quarterly Quality briefing which detailed significant improvement from quarter three. Five practices achieved a 'green star' rating against the primary care quality dashboard. The majority received a green rating (98 of 124) and 21 practices were rated amber. No practices received a red rating.
- **RECEIVED** the finance report which detailed a balanced position at month one. The planning regime for 2022/23 consists of a financial plan for the full year 2022/23 with budgets for the CCG relating to the April 22 – June 2022 period. This reflects the cessation of the CCG on 30 June 2022

and the establishment of Nottingham and Nottinghamshire Integrated Care Board (ICB) on 01 July 2022.

- **RECEIVED** the risk report noting that two risks remain red rated. Assurance was provided regarding the process to incorporate Bassetlaw CCG risks into the ICB risk register.
- **NOTED** that the meeting in May was the last meeting of the Committee before the CCG was disestablished. Ongoing issues and actions from the Committee would be mapped into the ICB's arrangements as part of the transition.

Key messages for the Governing Body

The Committee:

- **RECEIVED** an update on the development of the Primary Care Strategy detailing plans for engagement, communication and production. The committee was disappointed that the final draft had not been ready for the committee to be able to consider prior to its disestablishment but welcomed the engagement which was taking place to secure ownership of primary care, public and other stakeholders. The Fuller National Stocktake report is also imminent and will be important to be considered as part of the development of the strategy. The committee see the primary care strategy as a massive opportunity to create a sustainable primary care sector going forward.

The ratified minutes of the April 2022 meeting are available in the information items section of the agenda.

The ratified minutes of the 18 May meeting will be circulated to all Governing Body members.



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Nottingham and Nottinghamshire Patient and Public Engagement Committee	Date:	01 June 2022
Paper Title:	Highlight report from meetings held on 26 April 2022 and 24 May 2022	Paper Reference:	GB 22 034
Chair of the meeting:	Sue Clague/Jasmin Howell	Attachments/ Appendices:	
Summary Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>
			Receive/Note for: <input checked="" type="checkbox"/>
			<ul style="list-style-type: none"> • Assurance • Information

Summary of the Meeting

The Nottingham and Nottinghamshire Patient and Public Engagement Committee (PPEC) has continued to meet virtually and most recently meetings have taken place on 26 April 2022 and 24 May 2022.

The main agenda items considered by PPEC members during the above mentioned meetings have included;

- Framework for ICS transition for involving people and communities with a focus on governance structures
- Tomorrow's NUH/Reshaping Health Service in Nottinghamshire
- Primary Care Strategy
- Elective Care Recovery
- Community Transformation Programme
- Community Diagnostic Hubs
- National Health Service Act Section 251
- Update on other key areas of work including;
 - Covid vaccination programme
 - Nottingham and Nottinghamshire Dementia Wellbeing Pathway
 - Children and Young People Mental Health Services

Key Messages for the Governing Body

The key messages that PPEC members agreed to share with the Governing Body from its meeting held on 26 April 2002 and 24 May 2022 are:

- Concerns were raised by PPEC Member around the vaccination programme for 5 – 11 year olds in the Newark and Sherwood area and the community being unable to access these. It was agreed that conversations would take place with the roving team to identify key hot spots where the median or teams could be placed to allow 5 – 11 year olds to obtain their vaccinations and supported by a paediatric nurse.
- PPEC members received a presentation around the ongoing work around the Co-Production Strategy. Questions were raised around how patient/citizen involvement in this piece of work could be further supported. PPEC Members were asked to contact Amy Calloway should they wish to be involved in this piece of work.

- PPEC members received a presentation around the Primary Care Strategy and acknowledged severe work force challenges and more engagement is needed to ensure digitally excluded communities and those who have lost trust with NHS are heard.
- Update received on community transformation programme. Some concerns over the lack of progress and lack of patient and citizen involvement and how this links with the Mental Health Programme. It was agreed to raise this concern at Governing Body in that the Programme Team need to make links with the Senior Team Mental Health Team.
- PPEC members welcomed a presentation around the National Health Act S251 and opportunities to provide feedback around data and the opportunities that this meant around accessing meaningful insight data and how this will impact on our communities moving forward.
- Alex Ball provided a Covid Update which was welcomed. An update was also provided and update around the Health and Care Act 2022 which had recently received Royal Assent. The CCG are currently moving forward to transition from the 1 July 2022 into the new Integrated Care Board.
- Reshaping Health Services in Nottinghamshire/Tomorrow's NUH. A copy of the engagement report had been circulated to PPEC members for their thoughts, comments and feedback following Phase 2 and the recommendations outlined. An action plan is currently being prepared to address the recommendations identified. PPEC members expressed their desire to increase engagement and involvement with ethnic minority communities across Nottingham/Nottinghamshire. Further consideration needs to be taken onboard around how to engage our underrepresented communities moving forward. Comments were made around the utilisation of Community Champions and also the need to reach out and go out to communities not expecting them to come to us.
- PPEC members received an update around Community Diagnostic Hubs in Nottingham and Nottinghamshire. PPEC members were concerned around the reduction in funding that had been allocated together with the potential sites. Further engagement needs to continue with PPEC Members as previously discussed and involvement with the programme with members who have expressed an interest.
- Members noted that the meeting in May was the last meeting of the Committee before the CCG was disestablished. Ongoing issues and actions from the Committee would be mapped into the ICB's arrangements as part of the transition.



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	Date:	01 June 2022
Paper Title:	Finance and Resources Committee Highlight report – 27 April 2022 and 25 May 2022.	Paper Reference:	GB 22 035
Chair of the meeting:	Shaun Beebe – Non-Executive Director	Attachments/ Appendices:	None
Summary Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>
			Receive/Note for: <input checked="" type="checkbox"/>
			<ul style="list-style-type: none"> • Assurance • Information

Summary of the Meeting

The Finance and Resources Committee met on 27 April and 25 May 2022. Both meetings were held virtually.

At these meetings, the Committee:

- **RECIEVED** the finance reports for months twelve of 2021/22 and month one of 2022/23. For 2021/22 the CCG reported a breakeven position. Members recognised this significant achievement, particularly the achievement of the cash balance target, as this was a significant area of challenge. For month one of 2022/23, the CCG reported an on-plan position. This is an assumed position, as a detailed ledger transaction does not take place for month one.
- **DISCUSSED** the System Financial Position and plans to reduce the underlying deficit at the April meeting. Members noted that 2022/23 will be a challenging year for many system partners.
- **RECIEVED** an update on the system financial position as at month one, at the May meeting. The system reported an adverse variance to plan of £2.8m at month one with the variance seen wholly in Nottingham University Hospitals (NUH).
- **RECEIVED** a summary of the 2022/23 final submitted financial plan at its May meeting. This described the approach to delivery and monitoring of the in-year financial recovery programme
- **RECEIVED** a presentation including analysis of demand and activity trends at the May meeting. The presentation described referral trends across all specialties from 2019 to date, however; did not suggest reasons for the changes. Whilst undertaking the analysis, some data quality issues had been uncovered and addressed. Members were assured that the information was accurate and discussed the numbers in the context of the activity assumptions and the impact on efficiency savings targets.
- **RECEIVED** the Cross Provider Reports which provided the in-month position and the year-to-date position on activity.
- **DISCUSSED** the impact of inflation over and above assumed levels and the ongoing discussions at a national level regarding 'allowable' deficit, which takes these increased costs into account.
- **RECEIVED** the Committee Annual Report at the April meeting. The report summarised the work undertaken by the Committee throughout 2021/22.

- **CONSIDERED** risks specific to the Committee's remit.
- **NOTED** that the meeting in May was the last meeting of the Committee before the CCG was disestablished. Ongoing issues and actions from the Committee would be mapped into the ICB's arrangements as part of the transition.

Key Messages for the Governing Body

The Committee agreed to update the Governing Body on the following matters; -

- 2022/23 CCG and System Financial position

The ratified minutes of the April meeting are provided to the Governing Body in the 'Information Items' section of this meeting.

The ratified minutes of the May 2022 meeting will be circulated to the Governing Body.



Meeting Title:	Governing Body (Public Session)	Date:	01 June 2022					
Paper Title:	Finance Report Month One	Paper Reference:	GB 22 036					
Sponsor:	Stuart Poynor, Chief Financial Officer	Attachments/ Appendices:						
Presenter:	Michael Cawley, Operational Director of Finance							
Purpose:	Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Review	<input type="checkbox"/>	Receive/Note for:	<input checked="" type="checkbox"/>
							<ul style="list-style-type: none"> • Assurance • Information 	

Executive Summary

The CCG (and ICS) have finalised the financial plan for the 2022/23 financial year with NHS England/Improvement (NHS EI). That plan reflects key organisational changes. Namely that on the 30th June 2022 the Nottingham & Nottinghamshire (N&N) CCG and Bassetlaw (B) CCG will cease to operate as stakeholder organisations. On 1st July 2022 the Nottinghamshire and Nottinghamshire (N&N) ICB will be created covering the populations of Nottingham & Nottinghamshire and Bassetlaw.

The document's primary purpose is to report on the N&N CCG position for the three months to 30th June 2022 and the full year plan position. Where reference is made to the full year position this is CCG/ICB information for the N&N population only.

However, there are references in the report to the ICB wide and ICS position as well. The ICB wide position considers the N&N and B population. Finally, the ICS position refers to the NHS system position which includes both CCGs (first three months), the ICB (next 9 months), Nottingham University Hospitals NHS Foundation Trust, Sherwood Hospitals NHS Foundation Trust, and Nottinghamshire Healthcare NHS Foundation Trust (full 12 months).

The full year plan is a £6.9 million deficit plan (£7.7 million deficit ICB wide) gross of allowable "excess" inflation. The term "allowable" inflation has been used in conjunction with NHSEI to cover "excess" inflation due to material recent events impacting on costs of energy, fuel, and care costs since publication of guidance. The identified planning variances in these specific areas have been deemed allowable by NHSEI. In the CCG/ICB positions this specifically relates to care costs of £6.9m (£7.8m ICB wide) for the year. The report shows the position gross of these events, because at the time of writing no allocation adjustment is anticipated. The report shows a net plan position, after adjusting back for these events, of breakeven.

The position above is inclusive of a £31.8 million efficiency requirement (£37.0 million ICB wide). This level of efficiency presents a risk. In addition to the efficiency risk there are other risks embedded in the plan – these are described in this report

The month one year to date position of the CCG is reporting an on plan position, with a £0.6 million overall deficit inclusive of “excess” inflation which would be breakeven after adjusting back for “excess” inflation. This is an assumed on plan position as a detailed ledger transaction position does not take place for month one. There are no known material variances that should be reported at this stage.

The capital plan remains as presented to the Governing Body in April. At this stage CCG is forecasting to spend the full £2.018 million allocation. Note that this is an ICB wide allocation.

This report was discussed in detail at the Finance and Resources Committee at its meeting on 25th May 2022.

Relevant CCG priorities/objectives:

Compliance with Statutory Duties	<input type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input type="checkbox"/>
Financial Management	<input checked="" type="checkbox"/>	Cultural and/or Organisational Development	<input type="checkbox"/>
Performance Management	<input type="checkbox"/>	Procurement and/or Contract Management	<input type="checkbox"/>
Strategic Planning	<input type="checkbox"/>		

Conflicts of Interest:

No conflict identified

Completion of Impact Assessments:

Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this item.
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this item.

Risk(s):

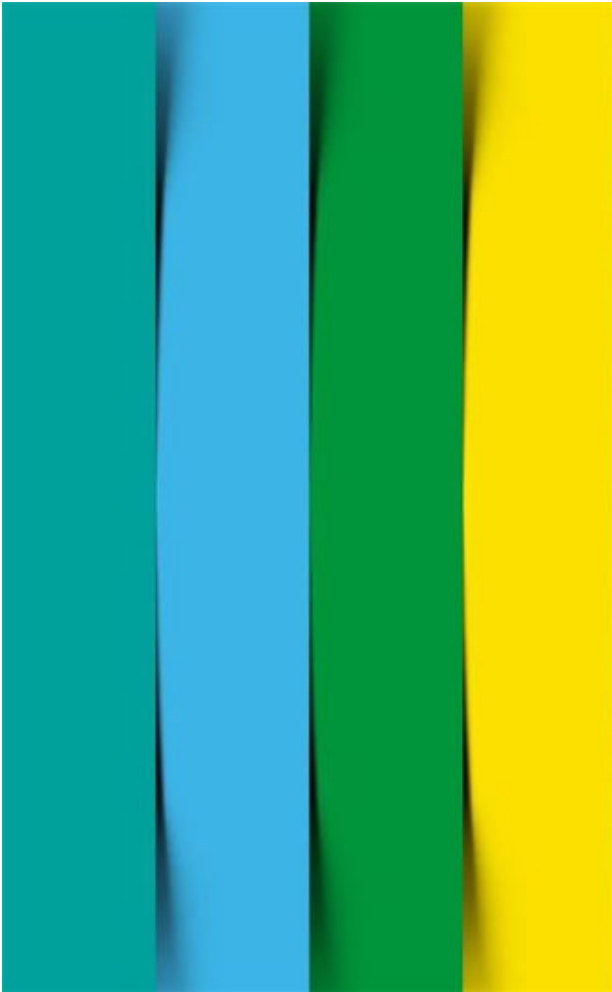
None identified.

Confidentiality:

No
 Yes

Recommendation(s):

1. To **NOTE** the Finance Report
2. To **NOTE** the final Financial Plan



NHS

Nottingham and Nottinghamshire
Clinical Commissioning Group

Plan update and month one finance report

Month 1 2022/23

1

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- Capital plan update slide 10
- Conclusion and recommendations slide 11

Introduction and executive summary

- The CCG (and ICS) have finalised the financial plan for the 2022/23 financial year with NHS EI.
- On the 30th June the Nottingham & Nottinghamshire (N&N) CCG and Bassetlaw (B) CCG will cease to operate as stakeholder organisations. On 1st July the Nottinghamshire and Nottinghamshire (N&N) ICB will be created covering the populations of Nottingham & Nottinghamshire and Bassetlaw.
- The primary purpose of this document is to report on the N&N CCG position for the three months to 30th June 2022. Where reference is made to the full year position this includes CCG/ICB information for the N&N population only. However, references to a ICB wide full year position considers the N&N and B population.
- Any references in the report to an ICS position is an NHS system position which includes both CCGs (first three months), the ICB(next 9 months), Nottingham University Hospitals NHS Foundation Trust, Sherwood Hospitals NHS Foundation Trust, and Nottinghamshire Healthcare NHS Foundation Trust(full 12 months).
- The full year plan is a £6.9 million deficit plan (£7.7 million deficit ICB wide) gross of allowable "excess" inflation. The term "allowable" inflation has been used in conjunction with the NHS England & Improvement (NHSEI) to cover "excess" inflation due to material recent events impacting on costs of energy, fuel, and care costs since publication of guidance. As a consequence the identified planning variances in these specific areas have been deemed allowable. In the CCG/ICB positions this specifically relate to care costs of £6.9m (£7.8m ICB wide) for the year. The report shows the position gross of these material events, as at this time we are not expecting an allocation adjustment for them. The report shows a net plan position, after adjusting back for these material events, of breakeven.
- The position above is inclusive of a £31.8 million efficiency requirement (£37.0 million ICB wide). This level of efficiency presents a risk. In addition to the efficiency risk there are other risks embedded in the plan – these are described in this report
- The month one year to date position of the CCG is reporting an on plan position, with a £0.6 million overall deficit inclusive of "excess" inflation which would be breakeven after adjusting back for "excess" inflation. This is an assumed on plan position as a detailed ledger transaction position does not take place for month one. There are no known material variances that should be reported at this stage.
- The capital plan remains as presented to the committee in April. At this stage CCG is forecasting to spend the full £2.018 million allocation. Note that this is an ICB wide allocation

Financial plan update

- Recap: the draft financial plan presented in April had a balanced plan (planned expenditure equals notified allocations). To deliver this position an efficiency of £31.8 million was required. The ICS/system position at this point was a £97 million deficit.
- NHSEI have required the system to significantly reduce this deficit primarily by reducing the level of planned Covid funding and the level of investments. NHSEI have recognised significant excess inflationary costs affecting the system. Hence the reporting of the plan position in "gross" and "net" terms.
- The gross system deficit is £64.7 million. System excess inflation costs are £45.8 million after which the system has a resultant net deficit of £18.9 million.
- The CCG position has moved from the above draft balanced plan to a £6.9 million deficit plan (£7.7 million deficit after including Bassetlaw CCG to therefore give the overall ICB position). This deficit represents the excess inflation.
- There have been a number of improvements to the CCG plan (the CCG's share of reduced Covid spend and reduced investments as noted above). In addition some additional costs have been added reflecting an increase in elective activity to line with ERF targets.
- Notwithstanding the above, there is an overriding agreed principle that organisations that are in surplus should look to redistribute the surplus across NHS organisations within the N&N ICS. That principle has been applied to the CCG position and is why a initial reported surplus gets adjusted to a reported breakeven position (after adding back excess inflation).
- The next slide presents all of the above movements.
- The CCG efficiency ask remains at £31.8 million

Financial plan update continued

£000	N&N CCG	ICB
Draft plan (April):		
Gross total resources	£2,013,517	£2,229,770
Gross expenditure	£2,013,517	£2,229,770
Gross Surplus/(deficit)	£0	£0
Adjustments:		
Covid funding reduction	£5,793	£6,025
CCG investment reduction	£2,578	£2,785
ICS D2A investment reduction	£3,000	£3,000
Elective/ERF additions	-£1,614	-£3,192
Minor adjustments	-£36	-£66
Unidentified system mitigation	£7,800	£7,800
Surplus redistribution	-£24,445	-£24,100
Gross surplus/(deficit)	-£6,924	-£7,748
Allowable excess inflation	£6,924	£7,748
Net surplus/(deficit)	£0	£0

- Covid only funded for April and May as per NHSEI guidance
- Investment reduction has been transacted via reduced growth for prescribing and CHC plus removal of a duplicated investment
- The system wide D2A investment has been reduced, this will give a system wide risk as costs are already being incurred
- The elective adjustments bring contracted activity up to required ERF levels
- The unidentified system mitigation will sit in the CCG books and will need a system solution
- The surplus redistribution is presentational and does not impact on the CCG financial risk position

Bottom line gross deficit of £6.9 million N&N CCG component (£7.7 million ICB wide) before adjusting back for excess inflation.

Final financial plan by programme

Emillion	Full year-ICB	Full year-N N	Quarter 1 - N & N		
			Month 1	Month 2	Month 3
Allocation	£2,229.8	£2,013.5	£168.4	£168.4	£167.9
Costs					
Acute	£1,148.3	£1,044.1	£89.6	£89.6	£89.6
Community	£184.9	£170.7	£14.7	£14.7	£14.6
Mental health	£237.1	£212.9	£16.9	£16.9	£16.9
Delegated primary care	£197.0	£175.5	£14.6	£14.6	£14.6
Prescribing	£184.1	£162.5	£13.5	£13.5	£13.5
Other primary care	£45.4	£40.2	£3.4	£3.4	£3.3
Continuing healthcare	£138.7	£122.1	£10.3	£10.3	£10.0
Other contracts	£70.1	£64.8	£6.1	£6.1	£5.9
Corporate non-running costs	£22.7	£21.2	£1.8	£1.8	£1.8
System risk reserve	-£7.8	-£7.8	£0.0	£0.0	£0.0
Other reserves	-£3.9	-£4.2	-£3.4	-£3.4	-£3.4
Running costs	£20.8	£18.4	£1.5	£1.5	£1.5
Total Costs	£2,237.5	£2,020.4	£169.0	£169.0	£168.5
Surplus/(deficit)	-£7.7	-£6.9	-£0.6	-£0.6	-£0.6

2022/23 Efficiencies

Scheme	Rec/Non Rec	Risk status	N&N	ICB
Vacancy Factor	Rec	Low	-2,666	-2,666
Tariff efficiency - Acute	Rec	Low	-975	-2,026
Tariff efficiency – Community	Rec	Low	-726	-758
Tariff efficiency – Mental Health	Rec	Low	-565	-649
Tariff Efficiency – Prescribing	Rec	Low	-1,766	-2,005
Tariff Efficiency – other primary care	Rec	Low	-317	-364
Tariff Efficiency – CHC	Rec	Low	-1,360	-1,536
Tariff Efficiency – other	Rec	Low	-558	-614
Community cost and volume contracts	Rec	Medium	-1,294	-1,594
Stretch Prescribing	Rec	Medium	-2,500	-3,200
Stretch CHC	Rec	Medium	-3,994	-4,594
CCG wide stretch	Rec	Medium	-10,429	-10,800
CCG wide stretch	Non Rec	High	-4,620	-6,170
Total			-31,771	-36,977
Percentage of allocation (excluding intra-ICB contracts)			3.8%	3.5%

The efficiency programme for 2022/23 is in development.

- The vacancy factor is set at a similar level to last financial year which was achieved
- The financial savings group is working with programme leads/budget holders to identify 'plans on a page'
- The CCG wide stretch targets are medium to high risk. These will be achieved via balance sheet measures and/or slippage on in year allocations. An element of this has been identified at this stage but further work is required.

Risks within the plan

There are a number of risks within the plan including:

- Covid funding only covering April and May
- Unidentified system mitigation
- The efficiency requirement of £31.8 million, which includes circa £15 million of high-risk efficiency that is not allocated to budgets
- Delivery of ERF activity which in turn will risk the receipt of the assumed ERF allocation
- Prescribing horizon scanning/new medications
- Reduced level of growth within CHC and prescribing, leading to potential overspends in these areas
- EMAS risk-share
- Associate contracts still being concluded

Mitigations include

- Budget managers preparing plan on a page efficiency plans
- NHSEI acknowledgement of Covid funding limitation
- System ownership/delivery of the unidentified system mitigation
- Balance sheet flexibilities

CCG month one reporting

£million	Month 1		
	Plan	Actual	Variance
Allocation	£168.4	£168.4	£0.0
Costs			
Acute	£89.6	£89.6	£0.0
Community	£14.7	£14.7	£0.0
Mental health	£16.9	£16.9	£0.0
Delegated primary care	£14.6	£14.6	£0.0
Prescribing	£13.5	£13.5	£0.0
Other primary care	£3.4	£3.4	£0.0
Continuing healthcare	£10.3	£10.3	£0.0
Other contracts	£6.1	£6.1	£0.0
Corporate non-running costs	£1.8	£1.8	£0.0
System risk reserve	£0.0	£0.0	£0.0
Other reserves	-£3.4	-£3.4	£0.0
Running costs	£1.5	£1.5	£0.0
Total Costs	£169.0	£169.0	£0.0
Surplus/(deficit)	-£0.6	-£0.6	£0.0

- At this stage of the financial year the general ledger is not open for either budget input or comprehensive I&E transactions. As such it is not possible to produce a detailed Operating Cost Statement (OCS). In the absence of any known material issues or variations to the financial plan, the month one reported position is as per the month one phased financial plan.
- The risks noted in slide six are assumed to be resolved within this reported position.
- Bottom line, CCG is reporting a “gross” £0.6 million deficit.

CCG 2022/23 Capital

The 2022/23 CCG capital plan remains as presented to the April committee.

At this stage of the financial year, the CCG is forecasting to spend the £2.018 million capital allocation in line with the plan

CCG	Category	Scheme	2022/23 £000
Notts	GPIT	Remote working	125
Notts	GPIT	Hardware refresh	158
Notts	CCG IT	Meeting room kit	40
Notts	CCG IT	Hardware refresh	20
Notts	GPIT	WLAN refresh	200
Bassetlaw	GPIT	Hardware replacement	300
Bassetlaw	GPIT	Equipment for additional GP requirements due to growth in primary care	40
Bassetlaw	GPIT	Equipment for additional staffing engaged through additional roles funding	30
Bassetlaw	GPIT	Newgate development GPIT equipment	0
Bassetlaw	PC estates	Kilton Forest	100
Notts	PC estates	Greenfields Medical Practice	33
Notts	PC estates	Forest Medical	160
Notts	PC estates	Roundwood Surgery	46
Notts	PC estates	Westdale Lane	11
Notts	PC estates	Castle Healthcare Practice	28
Notts	PC estates	Deer Park	127
Notts	PC estates	To be confirmed – out to liaison with practices	600
Total			2018

Conclusion and recommendations

- The financial planning process has concluded for 2022/23. The CCG has a deficit plan of £6.9 million for the financial year
- CCG plan includes an efficiency requirement of £31.8 million. There are a number of risks to delivery of the overall plan, including the efficiency requirement
- The month one reported position is as per plan at £0.6 million deficit
- Final capital plan for the year is as presented last month and it is forecast to spend the full £2.018 million allocation

The Committee is recommended to:

- **Note** the final financial plan
- **Note** the financial position for the reporting period
- **Approve** the finance report for onwards submission to the Governing Body

Ian Livsey
Deputy Director of Finance
May 2022



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	Date:	01 June 2022
Paper Title:	Highlight Report from the meeting of the CCG's Quality and Performance Committee	Paper Reference:	GB 22 037
Chair of the meeting:	Eleri de Gilbert, Non-Executive Director	Attachments/ Appendices:	None
Summary Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>
			Receive/Note for: <input checked="" type="checkbox"/>
			<ul style="list-style-type: none"> Assurance Information

Summary of the Meetings

The Quality and Performance Committee met on 28 April 2022 and 26 May 2022. The meeting was held virtually.

At its April meeting the Committee:

- **RECEIVED** the Integrated Performance Report. Discussion focused on 104 week waits, Cancer and Mental Health services recovery. The impact of workforce pressures and a shortage of diagnostic capacity was also a focus for discussion.
- **RECEIVED** an Engagement update detailing the key projects underway or completed during the last six months and assurance of compliance with legal duties and national standards for patient and public engagement.
- **RECEIVED** the Nursing and Quality Exception report noting that Nottinghamshire Healthcare NHS Foundation Trust (NHT) remains under enhanced surveillance. Seven of the 16 core services have recently been inspected by the CQC. It is anticipated that a further two core services will be inspected before the final well led inspection. A review of the NHT risk will take place following publication of the CQC report(s).
- **NOTED** that a new Chair has been appointed to the NUH Maternity Thematic review and that NHSE/I has assumed the leadership role for the review.
- **RECEIVED** the updated risk register for February 2022. The risk register includes twelve risks, seven of which are rated red. Members agreed the narrative and score of new risks **RR 182** (*Multi-Agency Safeguarding Hub (MASH)*) and **RR 190** (*potential impact on quality as a result of urgent (non-elective) pressures*).
- **RECEIVED** the Committee Annual report which captures the focus and activity of the Committee during 2021/22.

At its May meeting the Committee:

- **RECEIVED** an exception performance report which specifically highlighted trajectories for 104 week waits, Cancer performance and system capacity and flow. Mental Health services continue to experience pressure due to high levels of sickness and a sustained increase in the demand for services.
- **RECEIVED** the quarterly Nursing and Quality report which provided a comprehensive review of system quality and operational challenges.

- **RECEIVED** the draft System Quality Strategy for year one of the ICB. The strategy outlines the commitment to system working and defines twelve shared priorities for quality in 2022/23. The final strategy will be approved by the ICB and a 'plan on a page' will be produced to share with communities.
- **RECEIVED** the updated risk register for May 2022. The register includes twelve risks, seven of which are rated red. Consideration will be given to a new risk addressing the provider workforce risk. **CONCLUDED** that workforce planning, including capacity and well-being was a thread covering services across the system and impacting on quality and performance. The Committee stressed the importance of this issue being addressed across the system if services are to be sustainable.
- **NOTED** that the meeting in May was the last meeting of the Committee before the CCG was disestablished. Ongoing issues and actions from the Committee would be mapped into the ICB's arrangements as part of the transition.

Key messages for the Governing Body:

The Committee:

- **RECEIVED** an update on quality assurance and oversight of services provided by NUH in April and May 2022. NUH remains at System Oversight Framework level 4 which involves mandated intensive support delivered through the Recovery Support Programme. There are concerns related to the fragility of some services, primarily the Emergency Department (ED), Gynaecology services and Colposcopy. In addition, whilst there is evidence of some improvements in maternity services there is still concern that many actions remain off track and not all completed actions have yet been embedded. By the time the Governing Body meet on 01 June 2022, the CQC report following an inspection in April 2022 will have been published. It is expected to recognise improvements made by NUH but highlight that the pace of change is lacking and that significant issues remain, consistent with the findings of this Committee. In addition, an announcement from NHSE/I in relation to the Maternity Independent Thematic Review will have been made.
- **RECEIVED** the final Ockenden report in April 2022 and a report on the local position in respect of the recommendations and Immediate and Essential Actions (IEAs). The Committee **NOTED** the significance and relevance of the final Ockenden report in relation to maternity services safety and scrutiny across Nottingham and Nottinghamshire.
- **RECEIVED** the Engagement Annual Report. Thanks were expressed to the Engagement team for the clear and comprehensive report that clearly defined the impact of engagement activities. Members **NOTED** The importance of ensuring the patient/citizen voice is not lost in the transition to the ICB.
- **RECEIVED** a deep dive review of Mental Health services in April 2022. The review included an overview of performance and highlighted areas of challenge and risk. Progress has been made with regard to transformation and performance during the Covid-19 pandemic, although challenges remain with regard to workforce due to a national shortage of trained mental health staff. Nottinghamshire Healthcare NHS Foundation Trust (NHT) remains under enhanced surveillance. The CQC well led inspection report is expected to be published in June 2022.
- **RECEIVED** provider Quality Accounts and reviewed the CCG Corroborative statements. The Committee **APPROVED** the corroborative statements for Sherwood Forest NHS Foundation Trust (SFH) and CityCare. The corroborative statements for Nottingham University Hospitals NHS Trust and Nottinghamshire Healthcare NHS Foundation Trust (NHT) required further work to articulate the risks and challenges faced by the providers. The statements were subsequently amended and approved by the Chair of the committee.

The ratified minutes of the April 2022 meeting are available in the 'Information Items' section of this agenda.

The ratified minutes of the 26 May meeting will be circulated to all Governing Body members.

Meeting Title:	Governing Body (Open Session)	Date:	01 June 2022	
Paper Title:	Ockenden Review Final Report 2022: Summary of Findings & the Nottingham and Nottinghamshire Position	Paper Reference:	GB 22 038	
Sponsor:	Rosa Waddingham, Chief Nurse	Attachments/Appendices:	-	
Presenter:	Danni Burnett, Deputy Chief Nurse			
Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>	Receive/Note for: <input checked="" type="checkbox"/>
				<ul style="list-style-type: none"> Assurance Information

Executive Summary

The findings of the final Ockenden report on 30 March reflect a comprehensive and wide-ranging review, focusing on the experience of families in receipt of care, setting out a clear mandate for all maternity services.

This briefing details how we are working across Nottingham and Nottinghamshire to meet the Ockenden requirements and improve safety in our maternity services. The Local Maternity and Neonatal System (LMNS) are working as partners supported by our Maternity Voices Partnership (MVP). The briefing details the partnership and oversight arrangements in place and the progress made against the Ockenden immediate and essential actions (IEAs).

the LMNS Programme Management Office team are working with maternity providers Sherwood Forest Hospitals NHS Foundation Trust and Nottingham University Hospitals NHS Trust to formulate and agree a plan for delivery of the entire set of Ockenden recommendations. Oversight of this plan will be led by the LMNS Executive Partnership reporting into the ICB Board.

Relevant CCG priorities/objectives:

Compliance with Statutory Duties	<input type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input checked="" type="checkbox"/>
Financial Management	<input type="checkbox"/>	Cultural and/or Organisational Development	<input checked="" type="checkbox"/>
Performance Management	<input checked="" type="checkbox"/>	Procurement and/or Contract Management	<input type="checkbox"/>
Strategic Planning	<input type="checkbox"/>		

Conflicts of Interest:

No conflict identified

Completion of Impact Assessments:

Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not applicable to this item
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not applicable to this item
Risk(s):				
-				
Confidentiality:				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (please indicate why it is confidential by ticking the relevant box below)				
Recommendation(s):				
1. To NOTE the significance and relevance of the final Ockenden report in relation to maternity services safety and scrutiny across Nottingham and Nottinghamshire.				

Ockenden Review Final Report 2022: Summary of Findings and the Nottingham and Nottinghamshire position

Background

1. An [interim Donna Ockenden Report](#) was published in December 2020 following an independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust (SaTH). The interim report contains seven immediate and essential actions (IEAs) which align with existing maternity safety improvement and assurance measures. All Trusts providing maternity services in England were asked to assess their current position against seven IEAs:
 - Enhanced Safety
 - Listening to Women & Families
 - Staff Training & Working Together
 - Managing Complex Pregnancy
 - Risk Assessment Throughout Pregnancy
 - Monitoring Fetal Wellbeing
 - Informed Consent
2. Since the publication of the first report, the government has introduced a range of measures and invested in supporting maternity services across the country. This focus and funding elevate maternity services and creates much needed visibility of the quality of care being provided. The Ockenden report asked for workforce planning actions to be assessed and implemented and it is expected that a large proportion of the national investment is for workforce expansion¹.

Introduction

3. This briefing paper follows the publication of the [final Ockenden report](#) on 30 March 2022.

'This final report...is about an NHS maternity service that failed. It failed to investigate, failed to learn and failed to improve and therefore often failed to safeguard mothers and their babies at one of the most important times in their lives.' **Ockenden 2022 (pi)**

4. The report findings reflect a comprehensive and wide-ranging review, focusing on the experience of families in receipt of care, setting out a clear mandate for all maternity services.
5. The final report builds upon the seven IEAs and includes fifteen recommendations for changes to all maternity services in England. These include funding a safe maternity workforce, ensuring time for training for staff, and having a clear escalation and mitigation policy when staffing levels are not met. A summary is contained in Appendix A.
6. The Local Maternity and Neonatal System (LMNS) are working as partners supported by the Maternity Voices Partnership (MVP). This briefing details how the system are working to meet the Ockenden requirements and improve safety in maternity services as well as the partnership and oversight arrangements in place.

¹ NHS Providers has estimated the cost of full expansion of the maternity services workforce to be £200 to £250 million.

Current Oversight Arrangements: Implementing the Ockenden Recommendations

7. Maternity safety, improvement and transformation is co-ordinated through the LMNS with both Nottingham University Hospitals (NUH) and Sherwood Forest Hospitals (SFH) holding key membership. The LMNS Executive Partnership Board currently reports through the Quality Assurance and Improvement Group (QAIG) chaired by Chief Nurse for the Nottingham and Nottinghamshire, Clinical Commissioning Group (CCG) / Integrated Care System (ICS). The governance is outlined in Appendix B.
8. The LMNS Executive Partnership and LMNS Programme Management Office (PMO) Team have maintained oversight from the previous Ockenden submission, working with providers to assess actions plans to embed work.
9. The LMNS Executive Partnership have formalised oversight of the actions and recommendations through an agreed standard operating procedure (SOP). This aligns with the LMNS transformation programme plus maternity service Trust governance. The SOP proposes the following principles:
 - Quarterly reviews in advance of formal NHSEI submissions, to support discussion around areas where compliance ratings have changed, and to provide opportunities for shared learning.
 - Monthly review meetings with representatives from the LMNS PMO, CCG/ICB and Provider Representatives to monitor and provide ongoing assurance of progress against the IEAs.
 - Engagement and involvement from women, their families, and staff to inform triangulation of evidence and intelligence.
 - A Quality Insights programme for maternity service is established. This allows partners the opportunity to seek operational assurance of the quality of services being provided. IEA compliance will provide key lines of enquiry for the visit plans and focus.
10. The LMNS PMO are currently working with the NHSEI Regional Maternity Team to schedule follow-up Ockenden visits to each provider as part of the April 2022 submission of evidence. Visits are currently scheduled for 6 and 7 September 2022.

Progress against the Ockenden Immediate and Essential Actions (IEAs)

11. The seven IEAs from the interim Ockenden Report (2020) and workforce planning actions have been mapped locally and assessed through a combination of self-assessment and independent external validation and feedback facilitated by NHSEI.
12. An Ockenden Review Panel was held on 23 March 2022. This panel received progress reports and evidence presented by NUH and SFH representatives ahead of the Ockenden progress submission to Trust Boards and NHSEI. The panel provided a supportive confirm and challenge to review submissions on compliance and share learning.
13. Actions have continued to be monitored and a refresh of the progress against the seven IEAs is outlined in Appendix C. Progress has continued across all IEA domains, and apart from the "Informed Consent" action SFH are declaring compliance. Progress against this action has been impacted by the chair vacancy within the MVP and the wider system review of MVP.

14. For NUH, work and focus continues to ensure plans are in place to reach compliance. “Enhanced Safety” was assessed as the domain where there has been significant progress with evidence provided on the development of the Maternity Dashboard in addition to engaging with the LMNS on aligning internal quality, risk, and governance with the LMNS perinatal surveillance work, such as seeking independent clinical input into all serious incident investigations.
15. The LMNS are mapping current engagement with the public and staff to identify gaps to inform the LMNS review of the MVP in addition to the development of the Equity Strategy.
16. The final Ockenden report builds upon the foundations of the initial seven IEAs and concludes with a revised list of fifteen IEAs:

IEA1 Workforce planning & sustainability	IEA9 Preterm Birth
IEA2 Safe Staffing	IEA10 Labour and Birth
IEA3 Escalation & Accountability	IEA11 Obstetric anaesthesia
IEA4 Clinical Governance (Leadership)	IEA12 Postnatal care
IEA5 Clinical Governance (Investigations & Complaints)	IEA13 Bereavement care
IEA6 Learning from maternal deaths	IEA14 Neonatal care
IEA7 Multidisciplinary training	IEA15 Supporting families
IEA8 Complex antenatal care	

17. A benchmarking exercise to align actions, reassess progress and propose recommendations is being undertaken by the LMNS PMO. By end of May 2022, transformation workstreams will be refreshed to ensure alignment and improve the use of data by workstream leads to measure impact.

Next Steps

18. There are real challenges to delivering the Ockenden requirements, especially for NUH in the context of delivering a complex improvement programme whilst managing operational services in challenging circumstances. At SFH the safety culture is more embedded, however, operational challenges are not diminished, and the potential impact of increased demand poses a substantial risk. The final Ockenden report is a critically significant publication which requires immediate attention and action.
19. The CCG (and from 1 July 2022, the ICB) with the support of the whole system will be in a strong position to provide consistent and proportionate support, challenge and scrutiny than was the case pre-2019. As Donna Ockenden states *“if the ‘whole system’ underpinning maternity services commits to implementation of all the IEAs within this report, with the necessary funding provided, then this review could be said to have led to far-reaching improvements for all families and NHS staff working within maternity services”*.
20. The LMNS Executive Partnership will take the lead on this system response. System partners are fully committed to safeguarding mothers, their babies, and their families.
21. A proactive approach will be taken rather than awaiting the findings of the Independent Thematic Review. This includes implementing the recommendations outlined in Donna

Ockenden's review of care at SaTH and Dr Bill Kirkup's review of care at East Kent Hospitals University NHS Foundation Trust.

22. Good progress has been made across the system in response to the initial seven IEAs, despite the operational demands and issues around workforce. The work done to date provides a valuable foundation for future action, and the heightened system awareness has resulted in widespread support as well as surveillance. boar

Recommendations

23. Whilst the LMNS PMO, SFH, and NUH formulate and agree a plan for delivery of the entire set of Ockenden recommendations the Governing Body is asked to **NOTE** the significance and relevance of the final Ockenden report in relation to maternity services safety and scrutiny across Nottingham and Nottinghamshire.

'This final report...is about an NHS maternity service that failed. It failed to investigate, failed to learn and failed to improve and therefore often failed to safeguard mothers and their babies at one of the most important times in their lives.'

Ockenden 2022 (pi)

Appendix A

Immediate and Essential Action



In December 2020, a review into maternity services was published by Senior Midwife Donna Ockenden and a team of leading health care professionals. The report had seven immediate and essential actions that NHS Trusts needed to follow. Here are some of the ways we are working together to provide the best maternity care possible for women and their families across Nottingham and Nottinghamshire.

1 Enhanced Safety

What we need to do:
Neighbouring Trusts must work together to make sure that investigations into serious maternity incidents (SIs) are looked into by local and regional maternity teams.

Our plan:

- We have set up a system working group to review and learn from serious incidents.
- Our Local Maternity and Neonatal System (LMNS) Board will have oversight of safety and learning from serious incidents will be shared across our local NHS organisations to make services safer.

2 Listening to Women and Families

What we need to do:
Maternity services must make sure that women and their families are listened to with their voices heard.

Our plan:

- We are working closely with our Maternity Voices Partnership (MVP) to involve women and families in planning and decisions about their care.
- We are working with local partners to make sure services involve fathers and partners in discussions about appointments and care.

3 Staff Training and Working Together

What we need to do:
Staff who work together must train together

Our plan:

- We will make sure staff have the right skills needed to safely care for women and their families.

4 Managing Complex Pregnancy

What we need to do:
Make sure there are processes in place to help manage and support women with complex pregnancies

Our plan:

- Trusts have developed ways to help support women with complex pregnancies and will continue to review this.
- We are working with neonatal services to make sure women are able to give birth in the setting that is safest for them and their babies.

5 Risk Assessment Throughout Pregnancy

What we need to do:
Staff must make sure women have a risk assessment at each contact throughout their pregnancy.

Our plan:

- Midwives will continue to support women to make the right choice for them about where they want to have their baby.
- We are working together with women and their families to plan their care based on their needs.

6 Monitoring Fetal Wellbeing

What we need to do:
All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with expertise to focus and show best practice in fetal monitoring.

Our plan:

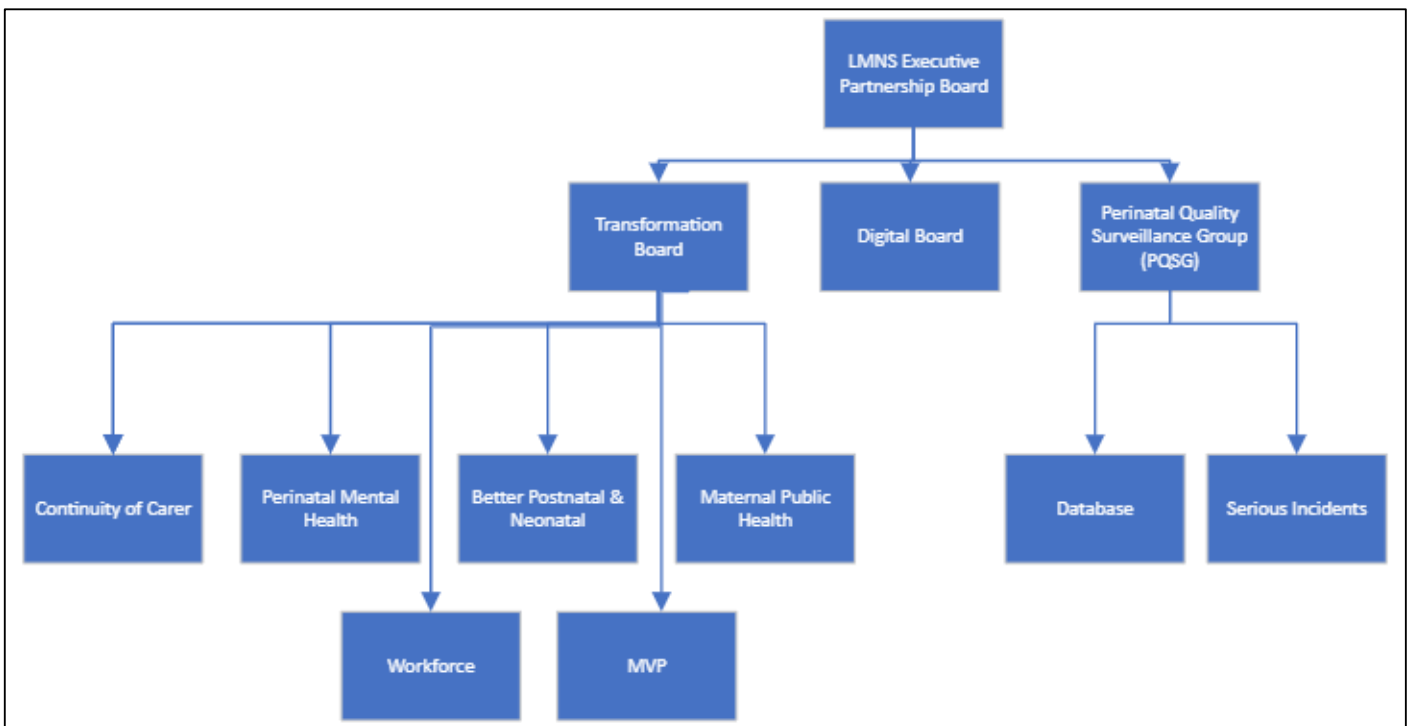
- Trusts will have Midwife and Consultant Fetal Monitoring leads to improve practice, share learning and support staff with fetal wellbeing monitoring.

7 Informed Consent

What we need to do:
All Trusts must make sure women have access to accurate information so they can make choices about where they want to give birth and the mode of birth, including maternal choice for caesareans.

Our plan:

- Trusts will continue to update their websites to provide women and families with information about places of birth and how they will receive care, with printed and translated information also available.
- Trusts will work with the MVP and other partners make sure information is easy to find and suitable.



Appendix B

Appendix C

Table 1

NOTTINGHAM AND NOTTINGHAMSHIRE LMNS <i>Ockenden Reference (Action/Theme)</i>	NUH		SFH	
	Jan 22	April 22	Jan 22	April 22
IEA1 Enhanced Safety	56%	100%	100%	100%
IEA2 Listening to women and families	88%	99%	88%	100%
IEA3 Staff training and working together	56%	63%	100%	100%
IEA4 Managing complex pregnancy	79%	89%	100%	100%
IEA5 Risk assessment throughout pregnancy	67%	70%	100%	100%
IEA6 Monitoring fetal well being	67%	94%	100%	100%
IEA7 Informed consent	50%	57%	71%	71%
Workforce	70%	80%	100%	100%

Table 2

IEA3	<ul style="list-style-type: none"> - Consultant cover increased to support full implementation twice daily ward rounds. Active recruitment expedited. - Utilisation of additional funds to support training - PROMPT training provision for Multi-Disciplinary Training - LMNS oversight and validation of training data
IEA4	<ul style="list-style-type: none"> - Review and development of antenatal care pathways to ensure NICE compliance and emerging Maternal Medicine Centre - Continued work towards full SBLCBv2 compliance overseen by the LMNS and Regional Perinatal Team
IEA5	<ul style="list-style-type: none"> - Personal care and support plans developed and embedded supporting formal risk assessment at each contact, this will be supported by the implementation of a new systemwide Maternity Information System



Meeting Title:	Governing Body (Open Session)	Date:	01 June 2022	
Paper Title:	Nursing and Quality Quarter Four (2021/2022) Report	Paper Reference:	GB 22 039	
Sponsor:	Rosa Waddingham, Chief Nurse	Attachments/ Appendices:		
Presenter:	Danni Burnett, Deputy Chief Nurse			
Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input checked="" type="checkbox"/>	Receive/Note for: Assurance Information <input checked="" type="checkbox"/>

Executive Summary

This Nursing and Quality Quarter Four Report intends to give assurance to the Quality and Performance Committee in relation to the activity of the Nursing and Quality Team and its statutory duties. The report provides updates on quality and safety issues of individual providers and the impact this is having on the wider system.

The system has continued to face tremendous pressure with higher demand for services, high staff absences, and challenges with flow through the health and care system. Services and workforce are fragile and disruptions and backlogs to care continue. Work continues to evaluate and describe a system level view of harm in the context of delays in access to care across all settings. Highlights from Q4 include:

- Workforce is a significant concern across the whole system, staff sickness, absence, and turnover rates
- COVID-19 outbreaks during January 2022 significantly increased however an improved position across the system during March 2022. Omicron is no longer considered to be a variant of concern and the main circulating strain continues to be BA.2 which is highly transmissible. High community transmission of the ultra-transmissible BA.2 continues to impact of services across primary and secondary care.
- Notable increases in the number of 12hr 'decision to admit' (DTA) breaches at Nottingham University Hospitals (NUH), Sherwood Forest Hospitals (SFH), and Nottinghamshire Healthcare Trust (NHT)
- Ongoing regional and national concerns persist in relation to Tier 4 Child and Adolescent Mental Health Services (CAMHS) bed pressures and children in crisis, whilst local performance for health assessments continues to be monitored
- NUH and NHT remain on enhanced surveillance as part of quality improvement requirements, system-wide quality assurance groups are in place. Support and oversight from commissioners and regulators of Maternity Services at NUH.
- Outstanding serious incident investigations continue to rise.
- The development of Quality Risk Profiles and Quality Dashboards continue which will improve our 'Insights' and support focus on Quality Improvement across all areas
- Homecare continues to be one of the biggest risks for the care sector. The homecare market is fragile whereby providers are not able to sustain or be business / financially viable.

<ul style="list-style-type: none"> • Case management for continuing healthcare, children continuing care, and learning disability inpatients, continues to prioritise reviews in accordance with changing needs which are e.g., deteriorating conditions, creative discharge planning, and higher cost packages of care. • The Long-Term Plan trajectory for reducing reliance on inpatient care for Learning Disability and Autism was not achieved for 2021/2022, recovery actions are in place. Significant improvement in the number of Annual Health Checks completed during Q4 for individuals with learning disabilities and autism (LDA) missing the end of year target by 2%. 				
Relevant CCG priorities/objectives:				
Compliance with Statutory Duties	<input checked="" type="checkbox"/>		Wider system architecture development (e.g., ICP, PCN development)	<input checked="" type="checkbox"/>
Financial Management	<input type="checkbox"/>		Cultural and/or Organisational Development	<input type="checkbox"/>
Performance Management	<input checked="" type="checkbox"/>		Procurement and/or Contract Management	<input type="checkbox"/>
Strategic Planning	<input type="checkbox"/>			
Conflicts of Interest:				
<input checked="" type="checkbox"/> No conflict identified <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion and decision <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion, but not decision <input type="checkbox"/> Conflict noted, conflicted party can remain, but not participate in discussion or decision <input type="checkbox"/> Conflict noted, conflicted party to be excluded from meeting				
Completion of Impact Assessments:				
Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.
Confidentiality: (please indicate whether the information contained within the paper is confidential)				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (please indicate why it is confidential by ticking the relevant box below)				
Recommendation(s):				
<ul style="list-style-type: none"> • To RECEIVE the Quarter Four Report and support the actions outlined. 				

Nottingham and Nottinghamshire CCG
Nursing & Quality
Quarter 4 Report (2021/2022)

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PART ONE A: SYSTEM CHALLENGES

The system has continued to face tremendous pressure with higher demand for services, high staff absences, and challenges with flow through the health and care system. Services and workforce are fragile and disruptions and backlogs to care continue.

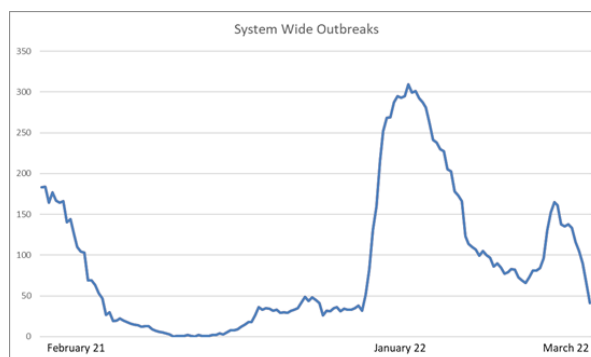
Work continues to evaluate and describe a system level view of harm in the context of delays in access to care across all settings, and a more detailed update is included below.

1. HARMS ASSOCIATED WITH DELAYS

- 1.1. In collaboration with the East Midlands Academic Health Science Network, the ICS Patient Safety Specialist Steering Group (PSSSG) and the CCG Quality Assurance & Quality Improvement (QA/QI) team commenced a system-wide scoping exercise during Quarter 4 (Q4) to explore and define an approach for partners to understand 'harms associated with delays.'
- 1.2. Recommendations at the ICS Planned Care Board (March 2022) were made to develop a suite of appropriate quality and safety metrics to capture harm and waiting times. This would be underpinned by an agreed data collection methodology and reporting. It was agreed that this work aligns to the findings of the NHS England and NHS Improvement (NHSEI) harm review survey (currently awaiting outputs).
- 1.3. An update on the progress of this work is scheduled for discussion at both the ICS Planned Care Board & ICS A&E Delivery Board (May 2022).
- 1.4. System partners have been invited to identify and nominate stakeholders to join the scoping and review panel; provider-led harm reviews will be included in the review as these will include further valuable data around metrics, outcomes, and patient stories.

2. COVID OUTBREAKS AND IMPACT ON ACCESS TO CARE

- 2.1. There is an improving position across the system of reported Covid outbreaks (see chart). Omicron is no longer considered to be a variant of concern and the main circulating strain continues to be BA.2 which is highly transmissible.



- 2.2. The impact of Covid outbreaks across all settings was seen on workforce absences and bed closures due to staffing and infection and prevention (IPC) compliance in some areas.
- 2.3. Two parts of our system were significantly impacted: Nottinghamshire Healthcare Trust (NHT); plus, the Care Sector (availability of care home placements which was further exacerbated by the flow and capacity challenges in the acute settings).

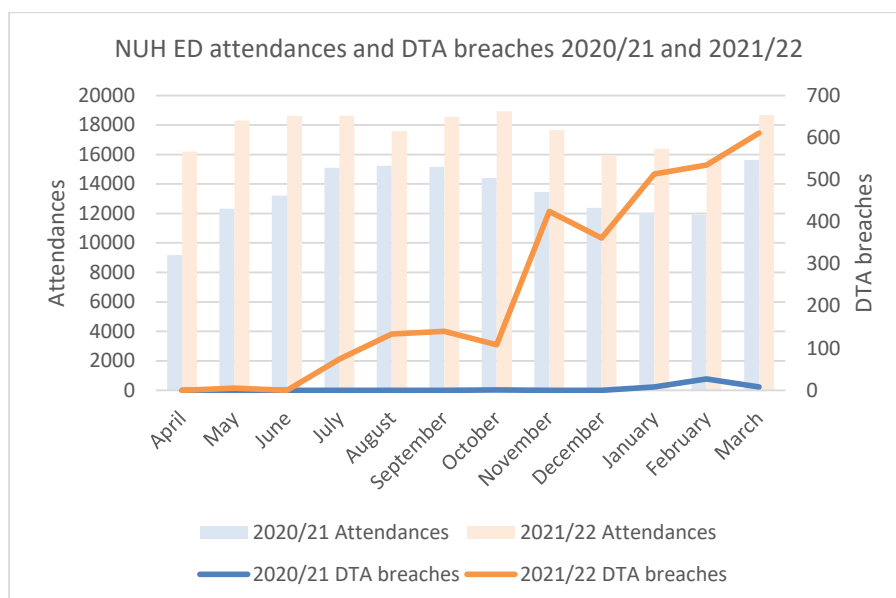
- 2.4. NHT used the national community services prioritisation framework to support decision making to manage outbreaks and maintain services. No patient risks were identified in the plans submitted and to date there is no evidence of increased harm as a direct result of staff redeployment. Oversight of community waiting times position and progress against recovery times is maintained via the Trust Board and work is underway to understand equity data and populations impacted long waiting lists which is outlined within Divisional Equality, Diversity, and Inclusion Plans.
- 2.5. In addition to IPC derogations, those specialist community services which were affected by staff redeployment have now returned to 'business as usual' with the redeployments ending February 2022.
- 2.6. The entire Care Sector was offered additional IPC training since COVID-19 commenced. Uptake of this remains variable and outbreaks have impacted on cancellation rates. Outbreak Control Team (OCT) meeting and the support of the Enhanced Care Response Team (ECRT) have provided targeted support (such as swabbing) during this time.
- 2.7. The Nottingham and Nottinghamshire Healthcare System Infection Prevention and Control Assurance Group (HSIPCAG) agreed an IPC SOP to support with winter pressures and IPC derogations in exceptional circumstances (approved November 2021). Since approval 3 derogations are known to the CCG with no adverse effects reported.
- 2.8. The SOP has primarily been utilised to facilitate appropriate care home discharges using IPC support to risk assess placements. This process has been utilised by both acute providers within the county.

	Agreed System Derogations	Referrals for IPC Care Home Discharge Support	Appropriate Referrals	Appropriate Referrals Agreed/Accepted
Dec 2021	3	27	15%	100%
Jan 2022	No requests	23	48%	82%
Feb 2022	No requests	1	100%	0%
Mar 2022	No requests	2	100%	50%

- 2.9. HSIPCAG and IPC Leads continue to focus on:
 - COVID-19 outbreak management
 - IPC capacity and maintaining wellbeing
 - Preventing and reducing HCAI including nosocomial COVID-19

3. 12 HR BREACHES

- 3.1. 12hr 'decision to admit' (DTA) breaches continued to rise through Q4 at Nottingham University Hospitals (NUH), Sherwood Forest Hospitals (SFH), and NHT. NUH was significantly affected (see chart below).



Data source: [Statistics » A&E Attendances and Emergency Admissions \(england.nhs.uk\)](https://statistics.aandem.nhs.uk)

- 3.2. At SFH there were 130 breaches (vs 82 in Q3); and at NHT there were 20 breaches (vs 16 in Q3).
- 3.3. Analysis at NUH and SFH showed a correlation between length of stay in the Emergency Department (ED) and the number of medically fit patients occupying inpatient beds.
- 3.4. Both NUH and SFH have developed internal mechanisms for monitoring the quality of care provided to patients experiencing long stays. Audits to date demonstrate areas for improvement whilst starting to understand the real-time impact of harms related to delays in ED.
- 3.5. Ongoing system actions:
 - Maximisation of Same Day Emergency Care (SDEC)
 - Provision of additional capacity beds in step down and community settings
 - Engagement with national projects around virtual wards (where care is provided outside of hospital); criteria led discharge (which promotes an individualised approach to discharge following an acute admission); and the development of production boards (which use digital capability to identify flow and capacity issues).

4. HEALTHCARE ACQUIRED INFECTIONS (HCAI)

- 4.1. High community transmission of the ultra-transmissible BA.2 continues to impact of services across primary and secondary care. There has been a recent surge in cases over Q4 and subsequent outbreaks. Contributory factors include school and community transmission rates affecting staff and visitor carriage and the relaxation of public guidance on COVID-19 precautions, testing and self-isolation. Whilst PPE remains in place in health and social care settings this is causing increased compliance issues, particularly with visitors.

- 4.2. All outbreaks and nosocomial cases are reviewed for learning purposes, more recently these reviews have yielded minimal new learning. Ventilation, appropriate isolation and testing to detect asymptomatic carriage alongside robust IPC precautions are considered essential factors in effective outbreak management.
- 4.3. The impact of COVID-19 on services and staff is a contributory factor in the increase in some HCAI. High bed occupancy rates and the increasing complexity of patients presenting unwell may be impacting of *C. difficile* and gram- negative bloodstream infections. System meetings are in place to review *C.difficile* cases to identify learning from those cases where a lapse in care has been identified and those considered to be avoidable. All cases continue to be reviewed and reduction action plans are in pace at both NUHT and SFHT.
- 4.4. There has been an increase in reported MRSA bloodstream infections reported over Q4, three cases and post infection reviews (PIR) are in progress to identify root causes and to determine the improvement actions required.
- 4.5. IPC services and Leads continue to be in demand.

5. DISCHARGE FROM THE ACUTE SETTING

5.1. **Personal Health Budget (PHB) Facilitated Offers:** To provide a more personalised approach with a discharge and in response to the pressures in the health and care system the CCG piloted a one-off discharge PHB offer commenced December 2021. The offer was aligned to the government [hospital discharge pathways and community support guidance](#). 23 people received a PHB and 10 declined following discussions with the person or family. The PHB supported people to achieve a range outcome so they could return home, from paying travel costs to enable family members to support the person, to paying private carers or an agency, deep clean of the home, a washing machine, furniture removal, pest control and fridge.

5.2. **What did we learn?** The pilot sought feedback from the participants:

“The funding provided was extremely useful and has helped to smooth the transition for my husband back home.”

“Whilst the surprise call from you saying there was this small payment to help with Mum's settlement was very welcome, I'm afraid it was nowhere near enough.

Daughter said “the process itself was great in terms of the communication from the Personalised Care Team and then the payments were set up and made within a couple of days of being ready for discharge. The money definitely helped”

5.3. **What worked?** The CCG Personalised Care Team were able to initiate rapid payments to people and families and suppliers to enable a quick response to need. There was collaborative working with the social care teams in receiving referrals and discharge teams.

5.4. **What could be better?**

- Budget level is too low to meet a range of needs, there was examples where the average allocated budget was insufficient to enable creative approaches to delivering care and support to the person
- Earlier personalised and strength-based conversations need to take place at ward level with the person and / or family on what would help for them to get home earlier.
- Not having a system wide approach to delivering the discharge personal health budget

5.5. **Next steps?** The pilot funding for discharge PHBs has come to an end, the offer concluded in April 2022. The Personalised Care Team will share findings of the pilot with the Urgent Care Team to develop triggers and a system-wide approach for the future. In the meantime, system executive has supported approach in principle if the system pressures indicated. The team are also working with Mental Health Commissioners and NHT to offer PHBs to people with a personality disorder, supporting discharge from hospital.

6. IMPACT ACROSS PRIMARY CARE: GENERAL PRACTICE (GP)

6.1. There have been 11 GP COVID-19 related outbreaks reported during Q4 to IPC. All episodes were staff related with no patients affected. Staff socialising outside of work and breaches in PPE use particularly in those working in shared offices are contributory factors. IPC supported with outbreak advice and testing arrangements.

6.2. Although no surgeries were closed during this period, practices across all 3 Localities continued reporting their Operational Pressures Escalation Levels (OPEL) daily. Reporting during Q4 has demonstrated an increasing risk to the provision of primary care services due to the rising number of staff COVID-19 cases. However, with the support of the CCG Locality Teams, practices and Primary Care Networks (PCNs) have enacted business continuity plans to ensure robust arrangements are in place for individual practices or multiple practices within a PCN. This includes practices working with neighbouring practices, temporary closure of branch sites and prioritising of urgent appointments to ensure continued and safe service delivery for patients.

7. CHILDREN & YOUNG PERSONS (CYP) SERVICES

7.1. During Q4 there has been a responsive focus on:

7.2. **Health Visiting Services:** Work is underway to understand the performance of mandatory reviews across the county.

7.3. **Tier 4 CAMHS bed pressures:** ongoing regional and national concerns persist. Refer to CCG Quarter 3 Nursing & Quality Report for further detail in the 'Children in Crisis' section. Active engagement continues across partners to establish a system response and escalation process, expected to be completed by the end of Q1 (2022/23).

7.4. **Harlow Academy:** A school in Mansfield for children with Special Educational Needs and Disabilities (SEND). The school closed briefly, and multiagency support was put into place.

The CCG Safeguarding Team and Associated Designated Clinical Officer for SEND remain involved in partnership strategic meetings.

QUARTER 1 (2022/2023) SYSTEM OPERATIONAL FOCUS

- Work continues to develop and scope the system harms work, including consideration of additional system requests. Further update proposed for Q1 report (ICS PSSSG)
- Care Homes will be identified as requiring additional IPC training and this will be delivered through multiple routes including CCG IPC team, PICS, CityCare, and ECRT (ICS Care Sector Operational Group)
- Further work required to understand performance of mandatory 2.5yr reviews within Health Visiting Services (CCG QA/QI and Provider Quality Risk Profiles)
- Continued focus on Children in Crisis and CAMHS Tier 4; to implement and embed both operational and strategic oversight as part of the system response (ICS CYP Strategic Partnership / ICS Safeguarding Assurance Group / NHT Quality Assurance Group)
- Findings of the pilot PHB discharge offer to inform future planning for urgent care pressures (CCG Personalised Care Team / ICS D2A)
- Ongoing oversight and support of Interim Beds (CCG QA/QI and CCG UEC Team)

PART ONE B: SYSTEM QUALITY & SAFETY REPORTING¹

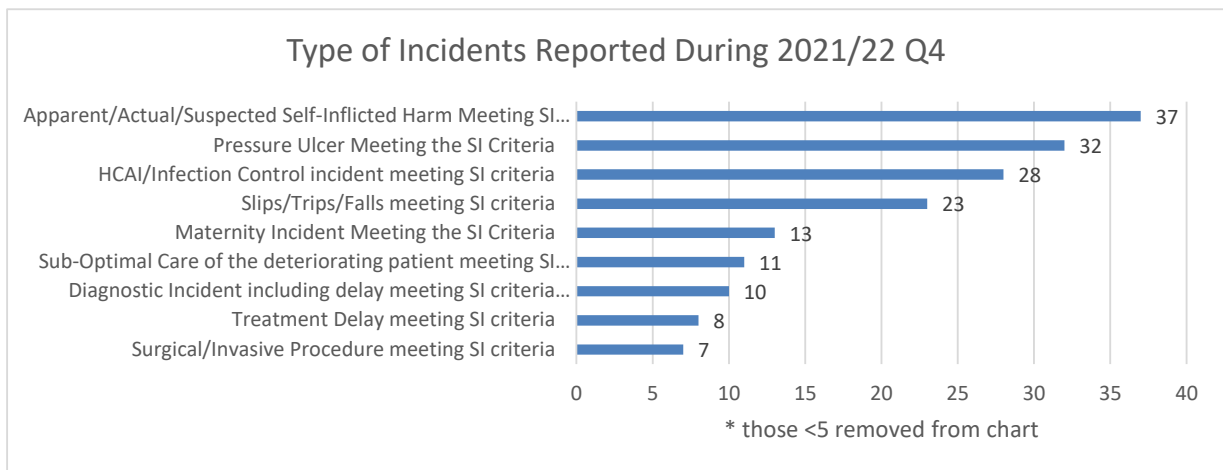
8. SERIOUS INCIDENTS (SIs): ACTIVITY

8.1. The table below shows SI reporting activity during Q4 (Source: ICS SAIU PowerBI)



8.2. It is important to note caution when comparing reporting periods, recognising that some retrospective reporting continues to occur. Around half of the total incidents reported in Q4 occurred prior to January 2022 (source: SI database).

8.3. The top 5 incidents in Q4 are shown below

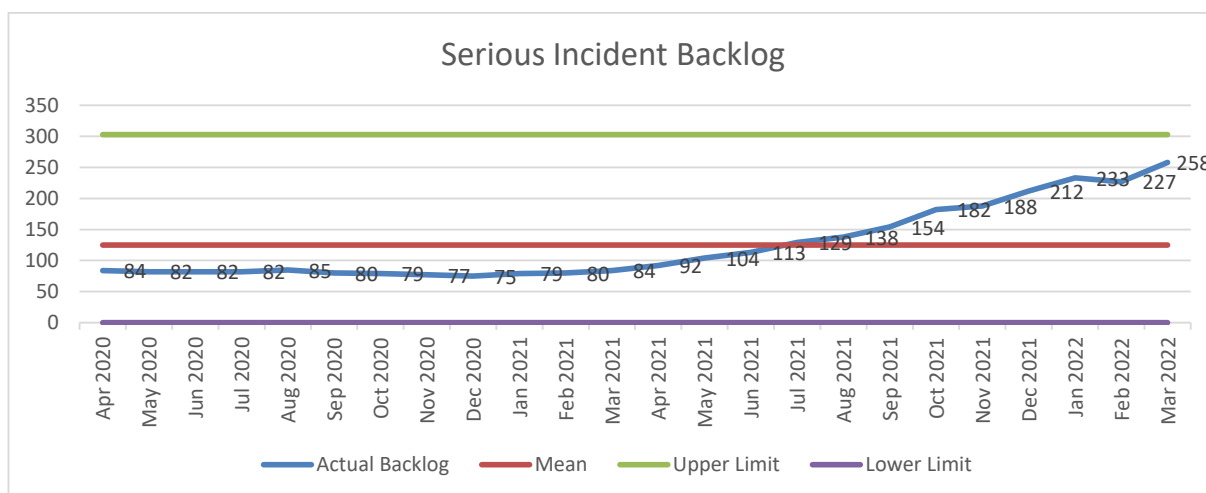


8.4. There has been an increase in the number of incidents reported under the categories of: HCAI/Infection Control incident and Treatment Delay meeting SI criteria. 97% of the HCAI incidents reported in this quarter related to COVID-19.

8.5. Across the system, 8 Treatment Delays meeting SI criteria incidents were reported during Q4. 50% (n. 4) occurred in the emergency department, 25% (n. 2) related to cancer diagnosis and 25% (n. 2) are awaiting further information.

¹ This report should be read in conjunction with the CCG Integrated Performance Report (IPR)

- 8.6. There were 17 completed reports received during Q4 and the following themes were identified as significant factors (noting that more than one theme may apply):
- Communication, Information Sharing & Documentation (individuals/teams/record keeping)
 - Undertaking appropriate risk assessment
 - Failure to follow guidelines
- 8.7. **Further analysis will be provided in the SI Annual Report (to be completed during Q1 2022/2023).**
- 8.8. High level information indicates that whilst the system top 5 reported SIs reflect consistent themes on previous years, HCAI and Treatment Delay are emerging issues and have increased significantly during the year.
- 8.9. **SERIOUS INCIDENTS (SIs): REVIEWS & BACKLOGS**
- 8.10. Q4 2021/22 finished with a backlog of 258 outstanding serious incident investigations. System pressures have led to a deteriorating position, the chart below titled 'Serious Incident Backlog' shows the growing trend. Formal investigation timelines were suspended throughout Covid and have not yet been reinstated. Partners continue to liaise closely with the CCG regarding timeframes, with patient/family contact prioritised when deadlines extend.



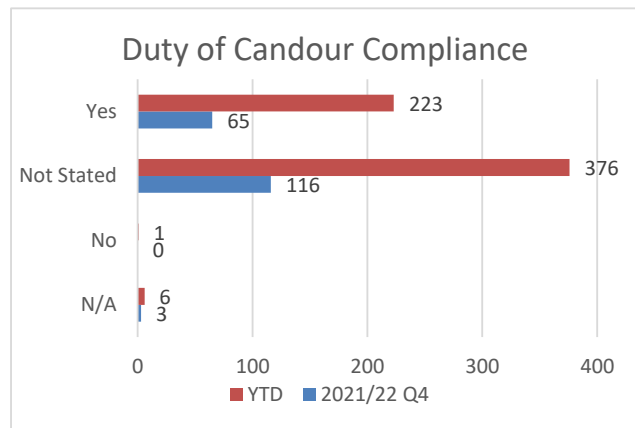
- 8.11. Regular touchpoint meetings with each of the providers and the quality assurance team are in place which enable continued support and oversight regarding incident themes as well as an oversight of the incident backlogs. Some examples of support and engagement include:
- Active membership of the provider incident review or scoping meetings which allows involvement in setting key lines of enquiry, gaining assurance around immediate patient safety, and insight into early learning points and actions
 - CCG Quality Managers joining Trust level harms prevention meetings to support specialised reviews (including pressure ulcer prevention; IPC; safe staffing)
 - Guidance and co-ordination regarding the identification of external partners/ subject matter experts who can support with incident investigations or thematic review

8.12. The most significant backlogs are at NUH and NHT due to the volume of incidents and availability of appropriate staff to undertake investigations, exacerbated by Covid staffing pressures during Q4:

- NUH have fully recruited a new team of incident investigators who are currently undergoing training. NUH is also undertaking a thematic review across 12 specialities with high incident numbers
- NHT have increased investigation capacity by providing additional training to 75 members of staff and recruiting bank investigators while training is underway.

8.13. **DUTY OF CANDOUR (DOC)**

8.14. Duty of Candour (DoC) compliance data is illustrated in the chart below. A review of the 'not stated' position reflects a data quality issue rather than non-compliance. Datix (an incident reporting software) thresholds are set intentionally low which renders them sensitive but not specific. Staff reporting incidents do not always recognise the criteria for DoC and the status is often updated after internal specialist review.



8.15. Both NUH & NHT are working with divisions and corporate governance teams to conduct a focused exercise as part of reporting. The improved collaboration between the CCG QA/QI team and provider colleagues will contribute to the ongoing deliberations around DoC at provider level.

8.16. NHT have employed Family Liaison Officers to provide continued support to those affected by serious incidents; ensuring contact is maintained with patients and families informing of progress/delays is a key requirement of the SI process.

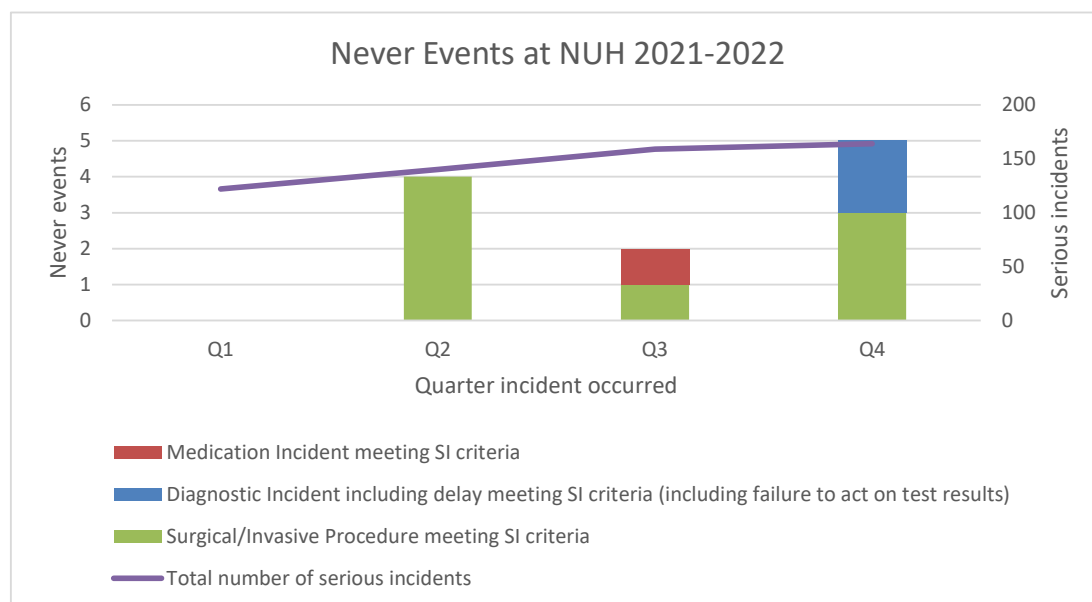
8.17. An external assurance review of NHT Duty of Candour compliance is underway.

8.18. **NEVER EVENT (NE) ACTIVITY**

8.19. The chart below demonstrates the year-to-date position for Never Events (NE).



- 8.20. At NUH the predominant category of NEs involve surgical or invasive procedures, however these events were not confined to one speciality/team/venue and occurred across both Trust sites (City Hospital and Queen's Medical Centre). NUH are also conducting a separate review of these incidents alongside the individual investigations. Key themes identified to date include communication/handover and IT/system issues. A further update on this will be provided when the findings are made available.



- 8.21. During Q4 SFH reported two NEs, one relating to wrong site surgery and one relating to a retained foreign object post procedure. During the last 21 months, the Trust has reported seven never events categorised as wrong site surgery. Learning events have been provided including a themed event around positive patient identification (PPI). This has now been developed into an e-learning package and WHO checklist audits have been introduced for all invasive procedures in line with national safety standards. A further programme of work has been commissioned to investigate all wrong site surgery Never events to ensure that learning is disseminated across the Trust.

9. ICS PATIENT SAFETY SPECIALISTS STEERING GROUP (PSSSG)

- 9.1. The group continued to meet during Q4 with a renewed focus on raising its profile with senior colleagues in anticipation of national developments anticipated during 2022/23. A presentation was made to the ICS Clinical Executive Group in February to this effect, and the group's forward planning includes the following principles:
- Agreement of a workplan for 22/23 (which will include future approaches to learning from SI and NEs)
 - Adoption of the ICS patient safety dashboard as a key reporting item to inform system learning and direction
 - Preparation for adoption of [PSIRF](#) including a self-assessed maturity matrix

- 9.2. **COVID Healthcare Acquired Serious Incidents:** HSIPCAG has agreed a StEIS Standard Operating Procedure (SOP) for local reporting of all COVID-19 nosocomial cases that meet the SI criteria.
- 9.3. Annual data is available per organisation regarding deaths due to definite or probable hospital onset COVID-19. This data will be presented in its entirety in the IPC annual report.

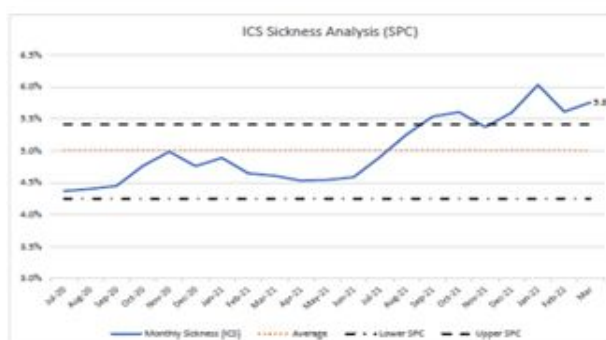
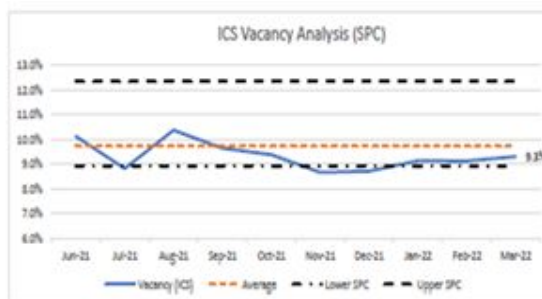
QUARTER 1 (2022/2023) FOCUS

- To support providers with SI backlogs and to ensure timely learning is cascaded (CCG QA/QI)
- CCG-Led SI Annual Report to be completed during Q1 (CCG QA/QI & ICS PSSSG)
- To support the dissemination of findings from the NUH Never Event deep dive (CCG QA/QI team)
- To agree and deliver on the agreed workplan for Patient Safety (ICS PSSSG)

PART TWO: PROVIDER QUALITY & SAFETY REPORTING²

10. SYSTEM WORKFORCE

10.1. The system position at the end of March 2022 was a sickness absence rate of 5.8%, and 2% of this was Covid related absence. For additional context, the system vacancy rate was 9.3% at the end of March. Both sickness and vacancy indicators have seen a slight increase since Q3 and these points are illustrated below:



10.2. The turnover rate is 12%, with the highest levels in nursing/midwifery and the home care setting. Healthcare support worker vacancies have seen the most significant increase in Q4 compared to other roles.

10.3. There are quality and safety issues associated with staffing levels and the IPR reflects safe staffing metrics for all providers. NHT continue to be disproportionately affected by workforce availability and a workforce review is scheduled for the next NHT Quality Assurance Group.

10.4. Assurances around workforce for NHT are provided through the Trust's safer staffing group with operational oversight at matron level. There are clear routes for escalation and the divisions work collaboratively to respond to 'hot spot' low fill areas. The number of staffing related incidents reported during Q4 remained lower than Q2 and Q3.

10.5. Some examples of staffing responses and strategies in place across the system include:

- An LMNS workforce group to focus on maternity and neonatal workforce development, especially maternity support worker vacancies
- International recruitment programmes at NUH and SFH

² The report should be read in conjunction with the CCG Integrated Performance Report (IPR)

- Covid/flu vaccination programmes in place with good take up rates
- Wellbeing offers across the ICS

10.6. The use of temporary staff (bank or agency) is a standard approach however it is acknowledged to be costly and carries the risk of placing staff in unfamiliar and sometimes highly specialised environments.

10.7. Mandatory training and appraisal rates across the system have increased slightly during the quarter, which reflects the recovery plans in place at provider level. With workforce availability, training and development play a key role in preserving and promoting patient safety and improving staff wellbeing.

10.8. In Primary Care, most GP practices have remained resilient and supported at PCN/ICP level where pressures arise. Practices continue to work within IPC guidelines as part of Covid response measures.

11. IPC AND THE BOARD ASSURANCE FRAMEWORK (BAF)

11.1. The CCG Quality Assurance & Quality Improvement (QA/QI) team receive and review provider BAFs from all NHS Provider Trusts as part of quality monitoring. The IPC System Lead and CCG IPC Team provide subject matter expertise to review and advise as required. All NHS providers are expected to implement and self-assess against a Board Assurance Framework (BAF) to determine any improvements needed to improve COVID-19 management and to optimise actions needed. BAF are regularly updated for individual trust sign off by all providers as a minimum this is quarterly. Current work includes making the necessary updates following the recent changes in IPC guidance that include reduced testing and reductions in some distancing requirements and isolation of COVID-19 contacts.

11.2. Across all providers common themes have been identified these include:

- Ventilation concerns in areas of old estate
- Bed movements of patients
- Staffing levels including IPC workforce
- Access to testing
- Difficulty in maintaining 2 metre distancing (ED)
- Compliance with LFT and reporting by staff
- IPC Compliance and PPE use since lockdown easing (NHT)
- Antimicrobial stewardship (NHT)

11.3. Plans are in place with mitigating actions. Some of the requirements require long term planning in relation to the environment issues and the ability to socially distance in some units.

12. PROVIDER QUALITY RISK PROFILES (QRP)

12.1. The CCG QA/QI team continue to develop Quality Risk Profiles (QRPs) which will inform the refreshed ICB Quality Assurance & Oversight Framework.

- 12.2. This work will be underpinned by the development of the system quality dashboards and engagement from partners.
- 12.3. Due to the delays in recruiting a data analyst there has been some slippage with the timelines of the dashboard work however it is anticipated that during Q1 there will be prototypes in place.
- 12.4. A development session for the ICS Quality Assurance & Improvement Group is scheduled for June 2022 which will inform the QRPs and associated escalation and support (future framework).

QUARTER 1 (2022/2023) FOCUS

- Continued development of the Quality Insight Dashboard & Provider Quality Risk Profiles (CCG QA/QI and ICS SAIU)
- Monitoring of IPC BAFs with work to support elective planning (CCG IPC / ICS Planned Care Programme)

13. NHS PROVIDER FOCUS – ENHANCED SURVEILLANCE

13.1. NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST (NUH)

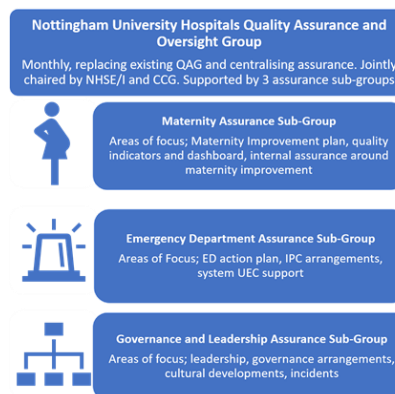
CQC Inspection September 2021

13.2. Following the CQC published report and receiving notice under Section 29a³⁴, an overarching NUH Quality Assurance Group (QAG) was established co-chaired by ICS/CCG Accountable Officer and NHSEI Regional Medical Director in Q3.



13.3. Initially three subgroups were identified based on the overarching themes of the CQC recommendations (Well-Led & Governance; Emergency Department; and Maternity – see infographic below):

13.4. The CCG has continued to work closely with NUH, CQC and NHS England and NHS Improvement (NHSEI) to oversee improvements in maternity services and more widely across the Trust. Concerns persist around the pace and assurance seen across the NUH Maternity Improvement Programme with a lack of evidence around impact and outcomes. Although there has been considerable work to develop a meaningful Maternity Improvement Plan and a Maternity Dashboard there is still not clear and regular triangulation between these or the



³ <https://www.cqc.org.uk/location/RX1RA>

⁴ <https://www.cqc.org.uk/location/RX1CC>

challenges the maternity service faces. Improvement progress in maternity particularly has been hindered by workforce challenges, the change in critical leadership roles as well as the on-going operational demands, and the pandemic.

- 13.5. The **Maternity Assurance Subgroup** was established prior to the arrangements described above. The CCG Nursing & Quality Team are represented on this multi-agency subgroup which oversees actions against eight separate areas of improvement aligned to the CQC findings: Safe Practice, Staffing, Training, Digital, Equipment, Culture & Leadership, Governance, and Engagement. Recent examples of progress include progress with the digital agenda. There has been successful procurement of a maternity information system to support sharing of information between professionals. In addition, there will be a planned roll out of a dedicated app to enable women to have to their electronic records (scheduled for Q3). The subgroup has also received evidence of strong midwifery leadership and investment in the maternity governance to support investigations.
- 13.6. The **Emergency Department (ED) Subgroup** is also supported by the CCG Nursing & Quality team, with actions focusing on initial assessment on arrival to ED; staffing and workforce; and movement of patients out of ED into appropriate settings. The group have made progress during Q4 on workforce reviews and recruitment into medical posts; the promotion of quality nursing assessments with senior nursing leadership in place; and working with other partners including primary care colleagues to promote the effective triaging of patients on arrival. The ED workstream is particularly affected by system pressures which are described in Section 1 above.
- 13.7. The **Well-Led & Governance Subgroup** continues to focus on the overarching Well-Led Improvement Plan aligned to the 14 Must Do CQC actions and NHSEI Recovery Support Programme. The subgroup has focused on the refreshed Improvement Plan and developing methodology to measure progress and impact. This includes the development of an overarching Trust-Wide Quality Dashboard which has had regional and national support, and Board-to-Ward and Divisional accountability arrangements which are developing.
- 13.8. **Fragile Service:** In addition to enhanced oversight and support through system partners and regulators, the CCG QA/QI team have continued to work with NUH outside of QAG to support fragile services. This has included taking part in internal deep dives and review of Gynaecology and Urology Services, reviewing ED quality metrics and surge plans, attending the Harms Free workstreams, and supporting the development of refreshed approached to quality governance i.e., attendance at Incident Review Meetings to provide an external perspective on the determination of serious incidents.
- 13.9. **ICS Designate Chair Visit (March 2022):** Dr Kathy Mclean, Designate Chair of the Integrated Care Board (ICB) was joined by CCG colleagues to undertake a visit to NUH, visiting ED, Critical care, and Maternity. Plans for an ambitious redesign were presented.
- 13.10. The visit illustrated what is already known about the challenges faced by NUH and across the system. Key themes during the visit included:
- Congestion throughout the Urgent & Emergency care pathway
 - Challenges of communicating effectively in highly pressurised circumstances

- Infection Prevention Control (IPC) challenges and the impact on bed capacity
- Evidence of workforce moral injury and burnout.

- 13.11. There were signs of positive change where system support was evidenced to have had an impact.
- 13.12. **Safeguarding:** NUH Trust-wide mandatory safeguarding training stood at 74% at the end of Q4 (against a Trust target of 90%). Improvement in uptake of PREVENT training has been improved with the provision of virtual training. A restoration plan is currently being developed to address the wider situation.
- 13.13. **DoLS:** NUH report that across the year there was a 23% increase in urgent Deprivation of Liberty (DoLS) authorisations compared to last year; application of the DoLS framework is indicative of individualised mental capacity assessments. It reflects increased awareness around the DoLS legislation and should not be viewed as a negative.
- 13.14. **Patient Experience & Complaints (reported to CCG PET):** In Q4 PET received 56 contacts about Nottingham University Hospitals (NUH) Trust, 16 complaints, 36 enquiries and 4 MP enquiries. 12 complaints were redirected to NUH to investigate and respond as they were about an ongoing treatment. One key trend (5 contacts) referred to issues with contacting the X-Ray Department. This has been shared with both NUH and the CCG QA/QI team for action and ongoing assurance.

QUARTER 1 (2022/2023) NUH FOCUS

- Maternity Quality Insight Visit for maternity is planned for Q1. Key lines of enquiry will focus on the 7 Immediate and Essential Actions outlined within the Ockenden Report. The visit will be supported by NHSEI (LMNS / CCG QA/QI)
- Continue to work with the Trust and partners as part of enhanced surveillance (QAG arrangements) and fragile services (CCG QA/QI / LMNS / CCG/ICS UEC)
- Follow-up themes raised by PET regarding X-Ray services & Safeguarding Performance (CCG QA/QI and CCG Safeguarding)

13.15. NOTTINGHAMSHIRE HEALTHCARE NHS FT (NHT)

13.16. The CQC commenced the inspection (core services and well-led) visit to NHT during February 2022 and will conclude during Q1 (2022/23).

CQC Inspected May 2020

Overall Requires improvement <small>Risk: critical summary</small>	Safe	Requires improvement
	Effective	Good
	Caring	Good
	Responsive	Requires improvement
	Well-led	Requires improvement

13.17. The Trust remains on enhanced surveillance with continued focus on three key areas:

- Workforce / staffing fragility
- Embedding and sustainability of governance & oversight arrangements
- Application of strategic and systemic organisational learning

13.18. The CCG-led Quality Assurance Group (QAG) continues to meet as part of system oversight of the Trust wide Improvement programme of work. Workforce & Quality Oversight of Subcontracting are the focus areas for Q1 (2022/23) QAG.

- 13.19. Quality Insight Visits had been planned for Q4 (joint CCG and NHT Quality First Team) however these were stood down considering the CQC visit.
- 13.20. **NHT Subcontracting Arrangements:** NHT has successfully recruited to a Quality Lead for subcontracts. The lead has been in post since December 2021.
- 13.21. **Priory Hospital Arnold:** NHT subcontracts 37 beds at the Priory Hospital Arnold, including two mixed sex acute wards (16 beds per ward) and five female PICU beds. Following a CQC inspection in December 2021, Priory Arnold was issued with a warning notice under Section 29 in relation to the following concerns:
- Ligature risks
 - Documentation
 - Clinical risk assessment
 - Emergency equipment
 - Restrictive practices
- 13.22. NHT are working directly with the provider to ensure actions are taken and appropriate evidence provided to the CQC in response to the warning notice.
- 13.23. **Host Commissioner Arrangements (Independent Hospitals):** The CCG QA/QI team have worked closely with the system LD and Autism Transformation (LDA) Team & CCG LDA Quality/Case Managers to ensure that a comprehensive database is held for all mental health and learning disability acute and rehab beds within Nottinghamshire that are commissioned by other areas. Within this database we have the key contacts for all inpatient settings as well as an overview of the placing commissioners who are using the beds with contact details. Providers are being asked to update the CCG regarding the placing commissioner arrangements so that the data is up to date and current. Where significant concerns are raised via local governance such as the safeguarding hub, or through external channels such as by the CQC or by placing commissioners, Nottingham and Nottinghamshire CCG will review and disseminate information where appropriate to all placing commissioners linked to the service, so that responsible commissioners are aware of issues and incidents and can review their own patients where required. During Q4 there were 5 enquires made by placing commissioners.
- 13.24. **Physical Healthcare:** Physical healthcare monitoring has been identified by the Trust as a quality priority for 2022/23 with application across all settings. NEWS2 (National Early Warning Score v2) is used in accordance with national guidance to improve identification of physical deterioration. The Trust is working to improve NEWS2 data recording and collection and has further standardised its approach across divisions and services. Improvement work includes training and provision of digital technology; production of a quick reference guide to identify escalation points and processes; and leadership from the deputy Medical Director to drive and sustain improvements.
- 13.25. **Patient Experience & Complaints (reported to CCG PET):** In Q4 20 contacts were received associated with NHT. 7 complaints, 11 enquiries and 2 MP enquiries. 3 complaints were in relation to being subject to the Mental Health Act (MCA) and were referred to the

Trust, 1 complaint was in relation to a lack of commissioned service for Tourettes that CCG commissioners are exploring.

- 13.26. **IPC BAF:** A new IPC Matron commenced February 2022. The NHT IPC BAF was reviewed in Q4. There are 5 areas of gaps in assurance with mitigations in place for each. The trust continues to share oversight of the IPC BAF at the Trust Wide Infection Control Committee (TWICC) which reports into Quality Oversight Group (QOG) which the CCG attends.
- 13.27. **IPC Outbreaks:** The Trust has experienced a surge in outbreaks during Q3 and into Q4 with particularly high numbers in mental health and forensics/secure services. The high transmissibility of the Omicron variant, and the challenges with IPC compliance amongst these vulnerable patients, have exacerbated outbreak numbers. Additionally, national testing capacity was reduced during December which affected staff and patient screening. Other factors identified include variable staff compliance with lateral flow testing; reduced staffing contributing to staff moves between areas; ventilation in old estate which is mitigated in part using air sentry units.
- 13.28. **Children and Adolescent Mental Health Service (CAMHS), THE HOPEWOOD CENTRE** (Note: NHS England are the strategic commissioner and Northamptonshire Healthcare Trust are the lead provider of the regional Provider Collaborative): An assurance visit was undertaken by the East Midlands CAMHS Collaborative Commissioning Hub March 2022 to Phoenix and Hercules wards at the Hopewood Centre. Staff and patients had the opportunity to speak to those visiting. Key themes included workforce pressures and clinical acuity. A Quality Improvement Plan has been created.

QUARTER 1 (2022/2023) NHT FOCUS

- NHT QAG to continue to meet with a focus on workforce, subcontracting arrangements, children and young people (CCG QA/QI)
- Quality Insight Visit planned for Q1 (CCG QA/QI)
- Follow up complaint and query regarding commissioning of Tourette’s service (CCG QA/QI and CCG Commissioning Team)
- Support NHT to respond to the published CQC findings and develop appropriate action plan (CCG QA/QI)

13.29. **MEDISCAN (Non-Obstetric Ultrasound)**

13.30. Whilst national scrutiny and support will continue between Mediscan, CQC and Greater Manchester CCG, this provider has been removed from enhanced surveillance following discussion at ICS Quality Assurance and Improvement Group (QAIG) in March 2022.

CQC Inspected November 2021



13.31. No further action has been required with Mediscan or any Nottingham & Nottinghamshire patients who have received care. The contract with Mediscan is now expired (at 31 March 2022) and has not been renewed.

14. PROVIDER FOCUS – ROUTINE MONITORING

14.1. SHERWOOD FOREST HOSPITALS NHS FT (SFH)

CCG Inspected May 2020

14.2. Healthcare Acquired Infections (MRSA Bacteraemia):

The Trust reported 1 MRSA bacteraemia during Q4, bringing the annual total to 2 against a target of 0. The investigation identified that the cannula was the most likely site of entry and the Trust has reviewed practice, commenced a monthly audit of cannula care, provided additional training, and will identify a lead nurse for intravenous access. The CCG QA/QI team are part of the Trust’s Harms Free Care meetings as part of ongoing quality assurance and improvement monitoring.



14.3. **Cardiac Arrest Rate:** SFH target for cardiac arrest is <1.0 per 1000 admissions. The national incidence reported by the Resuscitation Council UK is 1.5 per 1000 hospital admissions. During Q4 the Trust figure had risen slightly to 1.16 per 1000 admissions and further review was conducted. This demonstrated that the variation in the cardiac arrest rate is within expected range and not a cause for concern. Work continues at the Trust to provide electronic versions of resuscitation decisions which will reduce unnecessary calls and improve data quality.

14.4. **Quality Insight Visit (Maternity):** The postponed Local Maternity & Neonatal System (LMNS) Quality Insight Visit was postponed during Q4 due to operational demands and covid. The visit is scheduled for April 2022.

14.5. **Patient Experience & Complaints (reported to CCG Patient Experience Team):** In Q4 PET received 19 contacts about Sherwood Forest Hospitals Trust, 2 complaints, 8 enquiries and 9 MP enquiries. Both complaints are currently being investigated.

QUARTER 1 (2022/2023) SFH FOCUS

- Quality Insight Visit to Maternity scheduled for 20 April 2022 (CCG QA/QI / LMNS)

15. CITYCARE

CQC Inspection March 2017

15.1. CityCare have continued to work during Q4 on managing clinical activity within the context of staffing challenges due to Covid and wider recruitment/retention issues for their small and highly specialised services.



15.2. A number of services have long waiting lists & backlogs, including MOSAIC (physiotherapy and pain management service); diabetes services; primary care cardiac services; and children’s continence service.

15.3. Recovery plans in place with trajectories described across these services; patient safety and quality of care is monitored through a number of activities:

- Patient harms reviews and ‘safety netting’ for long waiting lists
- The introduction of safety huddles and ‘pause and check’ moments
- Proactive workforce risk assessments and the continuation of active recruitment and retention activities
- Concise visibility of areas for ‘alert, advice and assurance’ reported to Quality Committee

15.4. The Quality Insight Visit scheduled for Q4 did not take place due to operational demand and covid restrictions.

15.5. The CCG QA/QI team have refreshed their collaborative approach with CityCare colleagues in recognition of ongoing system challenges and anticipation of the transition to ICB with potential impact on quality reporting processes.

15.6. **Patient Experience & Complaints (reported to CCG PET):** During Quarter 4 PET received 5 contacts in relation to CityCare, 4 complaints which were all part of the continuing healthcare process; includes complaints in relation to eligibility, care received by provider and care hours received and these are all under investigation.

QUARTER 1 (2022/2023) CITYCARE FOCUS

- Work is underway to agree a Quality Insight Visit during Q1 (CCG QA/QI)
- Continue to monitor impact of waiting lists (CCG QA/QI)

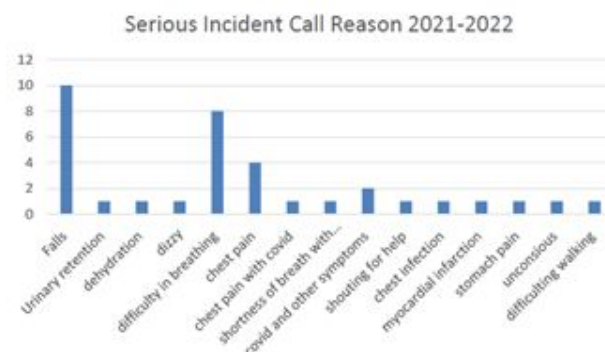
16. EAST MIDLANDS AMBULANCE SERVICE (EMAS)

CQC Inspection July 2019

16.1. EMAS reported 74 serious incidents across the Trust during 2021/22, almost double the number from the previous year. 60% of these were serious incidents due to delayed responses; a review found that the majority of these occurred when the Trust was in a high level of escalation (CSP4a or CSP4). The most



common reason for calling in these delayed responses was falls, followed by difficulty breathing.



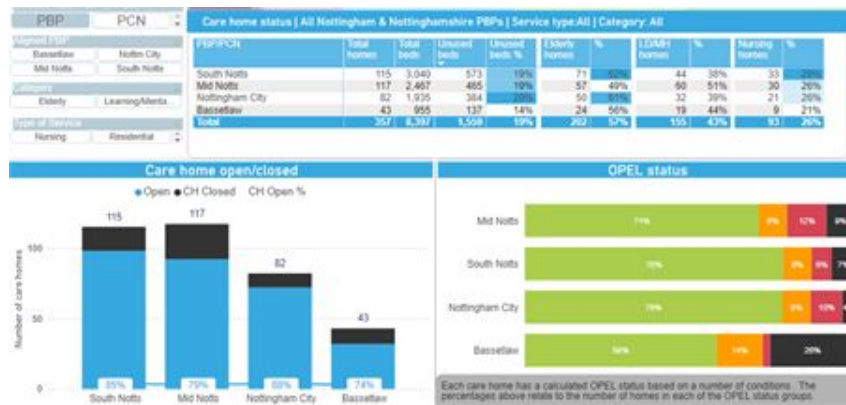
- 16.2. Assurance has been gained that additional support has been put in place for staff at all levels of the organisation due to the risk of moral injury that this poses to the workforce.
- 16.3. EMAS reports actions and assurance via the Clinical Quality Review Group which is facilitated by the lead commissioner Derby & Derbyshire CCG.
- 16.4. A harms review is in progress with all systems covered by EMAS in response to the delay in treatment. This will take the form of an 'end to end' review with findings anticipated for publication in July 2022.

QUARTER 1 (2022/2023) EMAS FOCUS

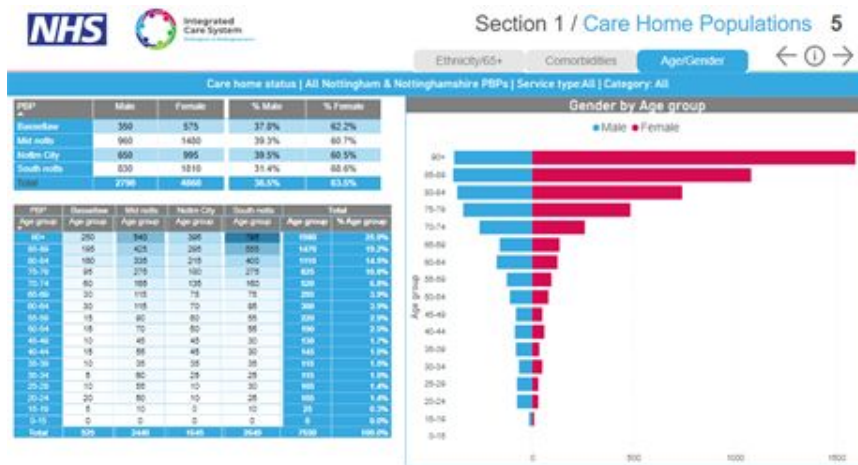
- Engage with EMAS to undertake 'end to end' reviews for Nottingham & Nottinghamshire patients affected by delays in response (CCG QA/QI)
- SI themes to inform ICS PSSSG Work Plan (ICS PSSSG)

17. CARE SECTOR QUALITY HIGHLIGHTS

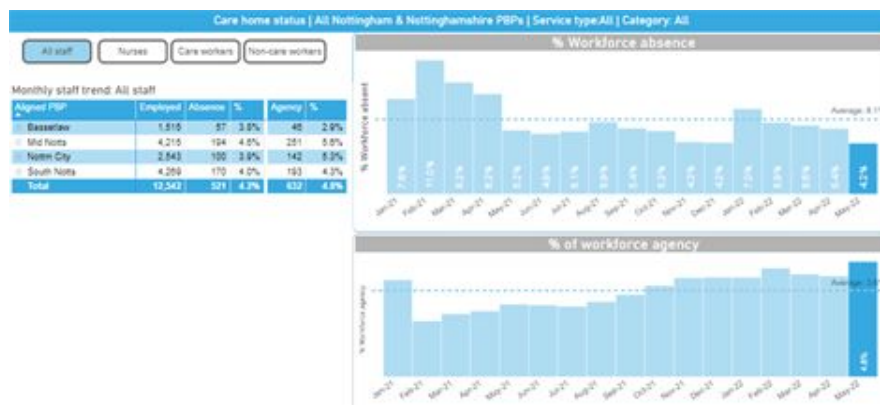
- 17.1. **Enhanced Surveillance & Support:** During Q4 there were 16 Nursing Homes under enhanced surveillance (4 high risk) compared to 18 Nursing Homes under enhanced surveillance (4 high risk) at the end of Q3. 1 Nursing Home contract suspension is in place which is an improvement following lifting of 3 contract suspensions during this period.
- 17.2. The main areas of concern: care planning, documentation, risk assessments, PPE compliance, and estate/environment.
- 17.3. **Care Sector Activity:** As described earlier in the report the Care Sector has been under significant pressure.



17.4. 81% of the population in a Care Home are residents over the age of 65 year and predominantly female. In terms of comorbidities the top 5 across all homes include: Hypertension, Dementia, Osteoarthritis, End of Life, and Palliative Care. Anxiety and/or Depression account in 1/4 of cases.



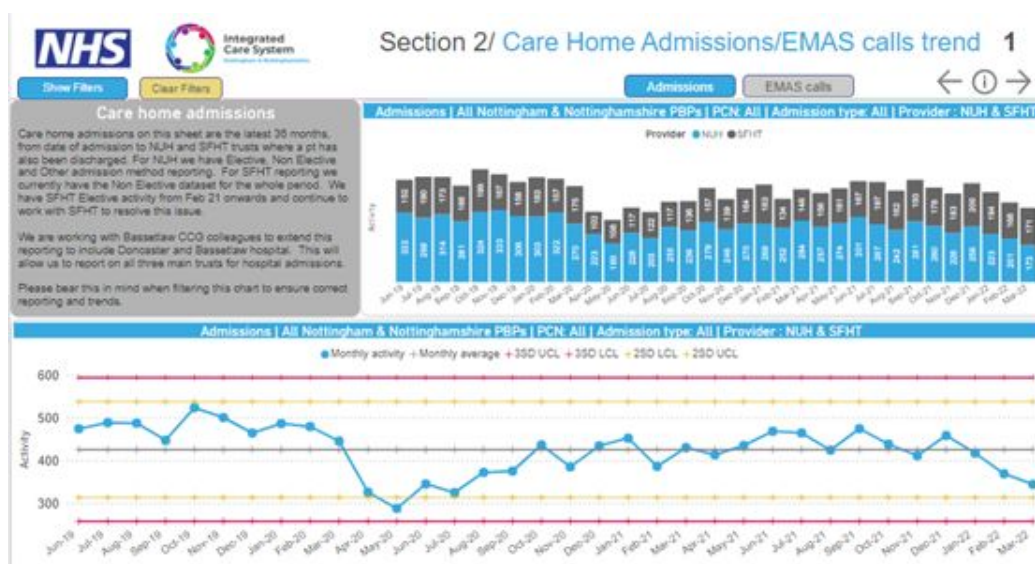
17.5. **Care Sector Workforce:** Across the sector workforce absences were high during Q4 mitigated by agency use.



17.6. 2 nursing home relinquished their registration in Q4. The 2 main reasons from homes retaining nursing beds are nurse recruitment/retention, and financial viability of offering

nursing. The increase in Funded Nursing Care (FNC) rate and Continuing Healthcare (CHC) rate may support with this going forward.

- 17.7. The system is supporting through utilisation of NHS Professionals Nurse; engagement with potential new nursing agencies to the area; offering financial support with additional costs; and scoping international recruitment.
- 17.8. Admissions to secondary care acute from Care Homes reduced during Q4. The graph below shows this is not statistically significant as the numbers still fall within the upper and lower control limits. However, we will continue to review the data month on month and continue to support home with recognising the deteriorating patient and training on Restore2.



- 17.9. **Homecare:** One of the biggest risks nationally and locally is the fragility within the Homecare Market whereby providers are not able to sustain or be business / financially viable. A recent Association of Directors of Adult Social services (ADASS) survey ([Waiting for Care Support, May 2022](#)) highlights that the number of hours of homecare that it has not been possible to deliver due to capacity has risen very significantly, and that the number of people waiting for an assessment, for care and support or direct payments to begin or for a review of their care plan is continuing to rise very significantly. Contributing factors include workforce challenges, rising costs of living, and better rates being offered in other parts of the sector.
- 17.10. CCG Care Homes & Home Care Team are working with potential providers to ensure they can enter the healthcare market and provide safe care to our patients. Providers are struggling to recruit and retain staff due to mainly financial reasons i.e., due to the cost of living, including fuel costs. The Local Authorities are looking at ways in which they can increase the finances provided to domiciliary care agencies. The CCG have concluded a procurement which offers agencies a higher rate based on complexity of the patient and rurality.
- 17.11. **Care Sector Monthly Returns:** The CCG and Local Authorities (LAs) are working collaboratively to design a Care Homes Monthly Return which builds upon the activity returns

with further consideration for quality and outcomes. The data and information will be used to identify areas of concerns, good practice, and training requirements. The system will use these returns to inform future priorities and work streams. The first return is anticipated for May 2022). **Measurement:** Working with System Analytical Intelligence Unit (SAIU) Care Home data dashboard to incorporate 'Enhanced Care in Care Homes' Key Performance Indicators. This will enable the system to have a view on progress and areas for scrutiny/support. Currently high-level DRAFT data can be viewed, below are two snapshot examples of the End-of-Life Register plus the number of conveyances and the reason for the call to EMAS from the care sector:



- 17.12. **ICS Care Sector Workforce Oversight Group** will relaunch during May 2022 to ensure social care workforce priorities are driven at a system level. Nursing recruitment and retention will form part of this group. This will work alongside the Care Sector Market Engagement group agreeing the strategic direction considering provider financial viability i.e., rising cost of living and inability to attract and retain adequate workforce.
- 17.13. **Enhanced Health in Care Homes (EHCH):** Engagement continues to be the most significant risk for the roll out of EHCH deliverables, both care provider engagement and wider health provider system engagement with consideration of current system pressures. Q4 Priorities include intention for face-to-face collaborative event as soon as feasible. A few initiatives continue:
- Implementation REACT 2 Home rounds Care Homes online training package to be complete by May 2022
 - Intention for RESTORE 2 training commission to respond to NHSE 22/23 target for 95% of care of care homes to be trained in a managing deterioration tool and 80% to having fully adopted a tool by Q4. Current baseline known to be in the region of a 1/3 of care homes in footprint received training but no intelligence around current usage of this or similar tool
 - Care Home Companion to go live to all care homes during Q1. Communications to launch imminently to socialise with the system. Positive feedback from the pilot: "It is an amazing resource for staff, and this can potentially be a supplement to our service specific training. I am planning to allocate a 'Care Home Companion/Recap Day' for all my staff so they can utilise these resources"
 - Communication to launch 'What is at My Fingertips' and 'Is My Resident Unwell' to support providers understand the current healthcare landscape for residents and support access the right service at the right time and appropriate escalation
 - Hydration bid submitted to NHS with opportunity for 500K funding for hydration care home funding opportunity over 24 months.

QUARTER 1 (2022/2023) CARE SECTOR FOCUS

- Continue to work with the SAIU and develop one version of the truth into a more sophisticated tool focusing on outcomes and improvements (CCG CHHC Team / ICS Care Sector OVOTT Group)
- Review Acute Admissions to further understand trend and ensure care homes with the highest conveyances have the relevant training and support (CCG CHHC Team / CCG UEC Tea,)
- Update on the implementation of REACT 2 Home rounds Care Homes online training package (CCG CHHC Team / ICS Care Sector Operational Group)

PART THREE: CCG STATUTORY RESPONSIBILITY

18. CONTINUING HEALTHCARE (CHC) AND CHILDREN CONTINUING CARE HIGHLIGHTS

- 18.1. For Q4 the number of new CHC referrals completed within 28 days was 81% (target 80%). This is a small decline in performance from 85% in Q3 due to Covid related impacts on staffing and recruitment. Due to this there has been limited progress made on completion of overdue CHC and Funded Nursing Care (FNC) reviews in the Mid Notts CHC Team.
- 18.2. The CityCare CHC Team now has a dashboard to monitor the number of overdue reviews and steady progress is being seen on reducing the numbers. Mid Notts are looking to replicate or develop a similar dashboard.

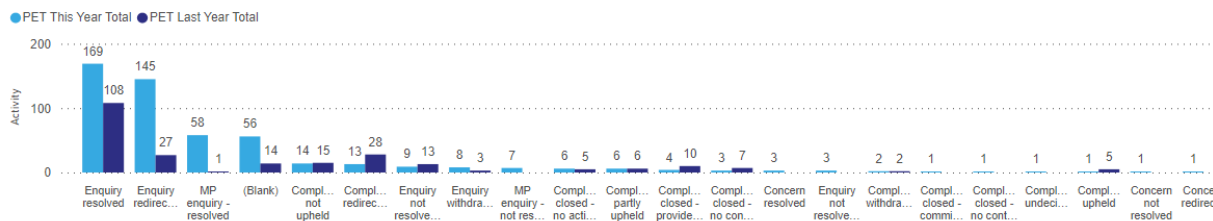
QUARTER 1 (2022/2023) CHC/CYP CONTINUING CARE FOCUS

- Continue to prioritise reviews in accordance with changing needs which are identified through case management, e.g., deteriorating conditions and higher cost packages of care (CCG CHC)
- Continue to provide training and raising awareness amongst medical colleagues regarding the criteria for fast-track referrals, to improve the service provided to people at the end of their lives. This has been on hold during Q4 due to the system pressures (CCG CHC)
- Complete demand and capacity mapping in the Mid Notts CHC team to support business case for service development (CCG CHC)
- Working with Bassetlaw CCG colleagues to establish single policies and processes from 1 July 2022
- Development of a single CHC data system will be considered (CCG CHC)

19. PATIENT EXPERIENCE & COMPLAINTS (PET)

- 19.1. During Quarter 4, the CCG Patient Experience Team (PET) received 356 contacts including 60 complaints, 263 enquiries, 32 MP enquiries and 1 compliment.
- 19.2. The main trend in terms of contacts was in relation to the ongoing COVID pandemic, with 43 contacts received. These included 4 complaints, 32 enquiries and 7 MP enquiries. The most common subject of an enquiry was an issue relating to the COVID vaccination programme, 18 contacts received. The numbers of COVID contacts are now reducing.
- 19.3. The table below demonstrates activity received and actioned by PET Team, which illustrates increased demand among most areas when compared with 20/21.

Total: PET Outcome



19.4. Specific activity in relation to Provider related complaints can be found throughout this report. Full information regarding the 2021/22 complaints and enquiries activity managed by the Patient Experience Team can be found in the Patient Experience Annual Report that will be published during Quarter 1 (2022/23)

QUARTER 1 (2022/2023) PET FOCUS

- Prepare the 2021/2022 PET Annual Report (CCG PET)

20. **SAFEGUARDING**

- 20.1. **Statutory Reviews:** During Q4 the Safeguarding Team received and contributed to 4 Rapid Reviews for Children. There were no immediate actions, but individual health actions are in progress and will be reported to the respective Safeguarding Children’s Partnership Child Safeguarding Practice review sub-groups. There were no new adult reviews in this quarter and 5 Domestic Homicide Reviews (DHRs) continue to be progressed.
- 20.2. **Liberty Protection Safeguards (LPS):** Engagement with system partners is ongoing. CCG facilitated LPS Oversight Strategic Group & LPS Steering Group are in place. The LPS Code of Practice has now been published for consultation. Workshops are scheduled for early Q1 to consider the code and inform the consultation feedback. This will also formulate recommendations for the ICB regarding next steps.
- 20.3. **Court of Protection (CoP):** 3 new s21a applications were received during Q4 to the Court of Protection. This includes 2 joint applications (with the Nottingham City Council).
- 20.4. **Asylum Seekers & Afghan Resettlement:** Further meetings have been established in Q4 using the same model to establish a support for the Ukrainian population. As this cohort are not within specific accommodation (e.g., hotels) this is providing a challenge due to a wider cohort of services becoming involved. The Midlands Asylum seekers health forum are currently a key link to the updated national documents. There are no key actions for the CCG as this is led by the local authority and community health. The CCG raise any issues they perceive with SERCO.
- 20.5. **National Transfer Scheme:** The National Transfer Scheme was re-introduced in July 2021. The CCG will be made aware of numbers being accepted and to that if a child/young person is placed out of area the external Designated Nurse for looked after children in informed as an extra measure. Further discussions are being had currently in relation to the situation in

Ukraine. No unaccompanied Ukrainian children/young people have yet been identified in Nottingham/Nottinghamshire

QUARTER 1 (2022/2023) SFG FOCUS

- To continue to support partners including primary care, refugee forum and relevant, transformation programmes by identifying any gaps and risks and ensuring they are escalated appropriately through the system (CCG Safeguarding)
- To ensure there is ongoing monitoring of young people being accepted onto the NTS scheme (CCG Safeguarding)
- To continue to identify UASC as a minority group for consideration when reviewing any commissioning of services/ or in health needs assessments (CCG EDI / CCG Safeguarding)
- To await any key recommendations from the UK Asylum Seeker Health Steering Group in relation to UASC (CCG Safeguarding)
- CoP - A patient specific learning event scheduled for Q1 (CCG Safeguarding)
- LPS facilitated workshops planned which will inform the consultation on the Code plus future ICB arrangements (CCG Safeguarding)

20.6. **MULTIAGENCY SAFEGUARDING HUB (MASH) – COUNTY HEALTH TEAM⁵**

20.7. During Q4 the MASH Health Team reviewed approaches to align with wider social care changes, this included changes to standard operating procedures (SOP) in relation to timescales, risk assessment, advice, signposting, and involvement in strategy meetings.

20.8. The number of MASH children and young people referrals increased for social care, however the numbers requiring health input reduced during Q4. Adult cases also reduced.

20.9. The changes to the SOPs and activity numbers are continually being reviewed to ensure the team continue to be responsive. Whilst the referral numbers for health reduced the input into strategy meetings increased.

Children & Young People Referrals	January 22	February 22	March 22
Section 47 (Child Protection)	44	20	38
Section 17 (Child in Need)	13	7	12
Early Help Unit / Family Service	5	0	3
Assessment team /District teams	11	5	5
No Further Action	26	13	13

20.10. 47% of referrals for CYP during Q4 resulted in Children Protection enquiries and 25% in no further action.

20.11. Work has commenced with NHSI and the ICS SAUI to develop a data management system.

⁵ Nb. Excludes Nottingham City, performance for City is monitored through the City Partnership. Information within this report relates to the health element of the County MASH managed and commissioned by the CCG

QUARTER 1 (2022/2023) MASH FOCUS

- Develop a data management system and continue to monitor the impact of the revised SOPs (CCG Safeguarding)

21. LOOKED AFTER CHILDREN (LAC)

- 21.1. **Initial Health Assessment (IHA) Performance:** Health provider reporting since Q1 2020/21 has showed that our local authorities and health providers are consistently unable to meet the challenging 20-day timeframe of an Initial Health Assessment being completed and report available for the first statutory looked after review meeting. A Joint IHA/RHA timeline was implemented on 1 September 2021 that outlines key roles and responsibilities of all partner agencies with the aim to improve performance. This data from Q3 will be available from our medical providers for analysis from June 2022.
- 21.2. **Review Health Assessments (RHA) Performance:** A specialist nursing team undertakes the review health assessments for CYP (6 monthly for children under the age of 5 and annually for those 5 – 18 years). The same challenges as the medical teams are experienced by the nursing team. The team were also involved in the NHSE Data project and the recent implementation of the SIF IHA/RHA timeline.
- 21.3. The performance for RHAs is below target, in the City 60% of annual and 80% of 6 monthly assessments were completed on time in Q4 2021/22. In the County 61% of annual and 59% of 6 monthly assessments completed. However, this data includes those children and young people living out of area. The impact of the timeline should start to become apparent in the data presented in Q1 2022.
- 21.4. A review of the Children in Care (CiC) Nursing team is currently underway and due to be completed in June 2022.
- 21.5. The CCG, Designated Nurse for Looked After Children and health provider organisations continue to review performance and agree actions for improvement.

QUARTER 1 (2022/2023) LAC FOCUS

- Further work is required to understand data and information to formulate oversight and support plans. Work continues with statutory partners (LAs) to ensure sufficient support is in place to address (CCG LAC)

22. SPECIAL EDUCATIONAL NEEDS & DISABILITY (SEND) FOR CHILDREN & YOUNG PEOPLE (0-25YRS)

- 22.1. Recommendations previously made following the outcome of Nottingham City Local Area SEND Inspection, remain to be triangulated in line with the impending national SEND

legislative changes. Publication of the national SEND Review 'Green Paper' was issued on the 29th March 2022, <https://www.gov.uk/government/consultations/send-review-right-support-right-place-right-time> it sets out a vision for a single, national SEND and alternative provision (AP) system that will introduce new standards in the quality of support given to children and young people (CYP) across Education, Health and Care. The paper is out for consultation and will close on the 22nd July 2022.

- 22.2. It has also been announced that the publication of the new local area SEND inspection framework, expected April 2022, is now due to be launched April 2023 ahead of a public consultation in 2022. Care Quality Commission (CQC) are planning engagement sessions to share the main proposed changes to Ofsted and CQC's new local area SEND inspection framework with designated SEND professionals or representatives:
- 22.3. A SEND Health Assurance Group has been established, members have been identified and are currently agreeing Terms of Reference (TOR) to enable the group to identify key priorities to strengthen accountability for health contribution to local SEND system arrangements and the wider Children and Young People's Transformation Programme.
- 22.4. A refresh of Nottinghamshire's Joint Strategic Needs Assessment (JSNA) SEND Chapter, has been completed and awaiting final sign off for publication. The JSNA recommendations will inform and update the current self-evaluation framework (SEF) and improvement action plan.
- 22.5. The local area partners have agreed to a SEND Peer Review for Nottinghamshire local area, due to take place on 22/23 June 2022. The Designated Clinical Officer (DCO) for SEND on behalf of Nottingham and Nottinghamshire ICB will co-ordinate health provider partners and commissioners' participation and respond to key lines of enquiries (KLOE's) agreed by partners system wide.
- 22.6. A proposal for the development of a Joint Local Area Quality Assurance (QA) Framework for Education, Health and Care Plans (EHC Plans) has been accepted by SEND Accountability Board members. The implementation of QA Framework will support provider partners to discharge SEND duties and improve quality of EHC plans and outcomes for CYP with SEND. A working group has been established to progress the development of the framework across partnerships to ensure co-production from the outset.
- 22.7. Work remains to take place to progress:
- Development of a local area communication strategy to improve co-production and engagement with CYP with SEND (0-25) and their families and partners
 - Development of a local area joint commissioning strategy to ensure alignment of local area priorities as part of the ICS developments
 - Improve the data and analysis infrastructure and resources to measure the impact of provision on health outcomes for CYP with SEND (0-25)

QUARTER 1 (2022/2023) SEND FOCUS

- To continue to work with the ICS SAIU and NHSE to develop options to ensure SEND activity and outcomes are monitored and reported (CCG SEND)

PART FOUR: QUALITY AND TRANSFORMATION

23. LOCAL MATERNITY AND NEONATAL SYSTEM (LMNS) – KEY HIGHLIGHTS

- 23.1. **Ockenden Oversight:** A report was presented at April 2022 Q&P Committee detailing the local approach to Ockenden. A system plan is in development by the LMNS Programme Management Office (PMO) in response to the Ockenden final report and system alignment work is underway to focus Ockenden front and centre within all programme work.
- 23.2. **Digital:** Work develops at pace following the announcement of digital transformation funding. Badgernet has been procured as the new maternity digital system for both provider Trusts. The digital programme team are working with Badgernet to implement the new digital solution by the end of 2022, with staff workshops and training in development, as well as scoping of build requirements.
- 23.3. **Engagement:** Work is underway to develop a refreshed Nottingham and Nottinghamshire LMNS social media and online presence, building on the ICS page to date and aligned to Ockenden requirements. Requirements will be coproduced with the Maternity Voices Partnership (MVP) to ensure that it becomes a valuable, interactive, and informative page to women and families. Focus will be given to languages other than English, cultural engagement and understanding how we more effectively engage our 'seldom heard from' groups. Wider system partner engagement sessions are being planned to ensure all requirements are captured and work is underway with digital teams.
- 23.4. **Perinatal Quality Surveillance:** To support the development of the Nottingham and Nottinghamshire LMNS Perinatal Surveillance Dashboard a subgroup is in place to review the indicators identified to date. 3 deep dives have been initiated during Q4: review of neonatal death trends; postpartum haemorrhage; and maternity experience. Outputs will report into the LMNS Executive Partnership plus ICS Quality Assurance & Improvement Group.

QUARTER 1 (2022/2023) LMNS FOCUS

- Creation of Ockenden system plan and alignment of new requirements into all programme work (LMNS)
- Development of a coproduced LMNS website to communicate with women and families effectively (LMNS)
- Embedding LMNS Perinatal Surveillance as part of system oversight (LMNS and CCG QA/QI)

24. LEARNING DISABILITIES AND AUTISM

Learning Disability & Autism (LDA) Inpatient Performance – Key Highlights

- 24.1. **Adult Inpatient:** Q4 ended with 52 inpatients which is +9 over trajectory (+5 CCG and +4 IMPACT/NHSE). 21 discharges have successfully occurred during the year but there have been 24 admissions which has impacted performance. The most common source of

admission was from community residential providers due to significant behaviour that challenges as well as unstable mental health condition.

24.2. A review of admissions has shown that existing mechanisms to support individuals and prevent admissions are having an impact on admission numbers. During 2021/22 there have been 25 Local Area Emergency Protocol (LEAP), 14 of which prevented admission to hospital; and 30 Community Care & Treatment Reviews (CTR), 25 of which prevented admission to hospital.

24.3. Trajectories for 2022/23 have been revised with NHSEI colleagues to incorporate system stretch whilst allowing reasonable time for key transformation work to take effect and impact discharge numbers as well as admission avoidance. The system action plan remains in place to address discharge issues, with executive oversight arrangements in place.

		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Total - Adult	Current Inpatients	53	52	50	50	52	52	52	53	53	55	55	52
	Target	48	48	48	44	44	44	40	50	50	47	46	43
	Difference against Target	+5	+4	+2	+6	+8	+8	+12	+3	+3	+8	+9	+9
CCG - Adult	Current Inpatients	21	21	19	18	20	19	18	18	18	19	18	17
	Target	17	17	17	16	16	16	16	16	16	14	14	12
	Difference against Target	+4	+4	+2	+2	+4	+3	+2	+2	+2	+5	+4	+5
NHSE - Adult	Current Inpatients	32	31	31	32	32	34	34	35	35	36	37	36
	Target	31	31	31	28	28	28	34	34	34	33	32	31
	Difference against Target	+1	0	0	+4	+4	+6	0	+1	+1	+3	+5	+4
NHSE - CYP	Current Inpatients	5	5	5	4	4	3	3	3	3	2	3	2
	Target	4	4	4	4	4	4	3	3	3	3	3	3
	Difference against Target	+1	+1	+1	0	0	1	0	0	0	-1	0	-1

24.4. **Children and Young People Inpatient:** Q4 ended with 2 inpatients which is -1 under trajectory and therefore exceeded target.

24.5. **Safe & Well Reviews:** In September 2021 Norfolk Safeguarding Board published a safeguarding adult review (SAR) into the deaths of 3 inpatients at Cawston Park Hospital which resulted in 13 key recommendation being made to all systems in relation to the commissioning, monitoring, and oversight of people in learning disabilities and autism specialist beds, particularly where systems are placing people into beds out of their home area. Systems were asked to review all adults and children who were inpatient in learning disability or autism hospitals on 31 October 2021 by February 2022. In addition, systems were asked to convene an assurance board at ICS/system level to review the process, scrutinise and challenge reviews, and provide assurance regarding the safety and wellbeing of the inpatients. All the Safe and Well Checks review and panel meetings have been completed and analysis is being pulled together to capture key learning from reviews. A learning event is scheduled for Q1 to review findings and agree next steps.

QUARTER 1 (2022/2023) LDA FOCUS

- Trajectories for the new financial year have been set with NHSE. High impact actions to be agreed (LDA Executive Partnership)
- The admission avoidance workstream and CYP workstream to focus on updating and embedding the Dynamic Risk Register/development of the community wraparound service to disrupt admissions (LDA PMO)
- Increasing discharge workstream will be focusing on the completion and implementation of the life plans as well as the ICS market plan (LDA PMO)
- Living and Ageing Well workstream will be focusing on LeDeR learning and embedding within the system as well as ensuring that the Annual Health Check’s not completed last quarter are done so within this year first quarter (LDA PMO)
- Implement the CYP keyworker project and continue with the autism at school’s project. (LDA PMO)
- Safe & Well: Embed learning into system and programme process governance and oversight, as well as ensuring that individual actions/improvements and outcomes are tracked for each patient through the business-as-usual forums and monitoring. It should be noted that all patients who were identified as benefitting from a life plan (LDA PMO and CCG LDA Quality & Case Management Team)

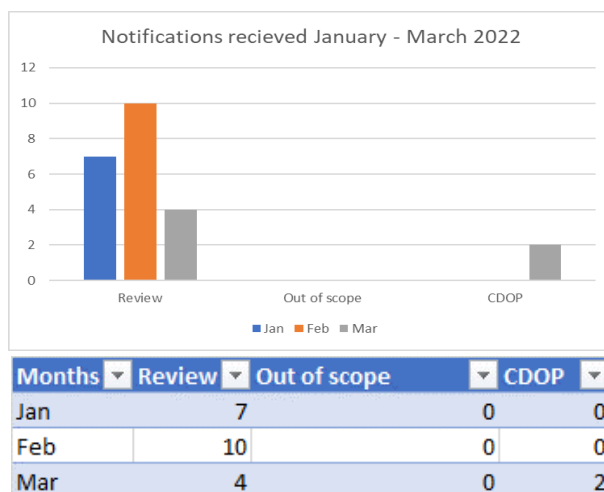
24.6. **Annual Health Checks (AHC):** As of 31 March 2022, 3781 AHC were complete which equates to 63% and missing the target by 4%. As a system the improvement was excellent in the last quarter moving from a baseline of 48% in February to 63%.

ICP	Performance	LD Register	LD AHCs Completed
Mid Notts	61%	2322	1422
Nottingham City	66%	1910	1256
South Notts	63%	1745	1103
CCG	63%	5977	3781
2021/2022 Target	67%		

QUARTER1 (2022/2023) LDA AHC FOCUS

- Communications to primary care continue to reinforce the prioritisation of the AHCs. Focus work to ensure that outstanding health checks from 2021/22 are prioritised in Q1 (LDA PMO and CCG Primary Care)
- Primary Care Liaison Nurses commenced annual verification of the LD registers with practices, which is due to be completed in Q2 (LDA PMO)
- Increase the number of health checks with an accompanying Health Action Plan (HAP) (LDA PMO)
- Currently 25% of health checks delivered do not have a HAP recorded. E-Healthscope has been updated to allow real-time monitoring of this, enabling timely support to be offered to practices (LDA PMO and CCG Primary Care)
- LD AHC exemplar nurse continues to provide outreach support and undertake health checks for those from ethnic minority communities in Nottingham City. Early learning will be adopted and rolled out wider to improve the uptake of health checks in 14-25 years (LDA PMO)

24.7. **Learning Disability Mortality Reviews (LeDeR):** 21 notifications were received during Q4, 2 have been completed and submitted. Of the 21 there were 2 child notifications and therefore subject to CDOP process.



24.8. No learning has been extracted from the reviews submitted in Q4 as they have yet to be concluded. Some key themes are emerging; however, this requires further analysis. Examples of system learning and improvement from Quarter 3 reviews include:

- Documentation of DNACPR: Actions including discussion and further training for the responsible clinician about the accurate completion of DNACPR documents
- Outcome of Safeguarding Referral – closing the loop: Actions include Safeguarding team/MASH to review and ensure that referrers receive safeguarding outcomes
- Medication Compliance: Actions include further work to raise awareness of the referral process into the Community LDA services for specialist support to aid independence and compliance

QUARTER 1 (2022/2023) LEDER FOCUS

- System work is underway to develop a LeDeR review team in line with LeDeR strategy (LDA PMO and CCG LDA Quality & Case Management Team)
- Recruitment to key LeDeR posts and an interim solution for reviews will be the key focus (LDA PMO and CCG LDA Quality & Case Management Team)
- Identify the Actions & Learning from Q4 reports and feed this into the wider LeDeR Steering Group & wider LDA transformation programme (LDA PMO and CCG LDA Quality & Case Management Team)



Meeting Title:	Governing Body (Open Session)	Date:	01 June 2022	
Paper Title:	Integrated Performance Report	Paper Reference:	GB 22 040	
Sponsor:	Stuart Poynor, Chief Finance Officer	Attachments/ Appendices:	-	
Presenter:	Michael Cawley, Operational Director of Finance			
Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>	Receive/Note for: <input checked="" type="checkbox"/>
				<ul style="list-style-type: none"> Assurance Information

Executive Summary

This month's highlights

In this month's report, members' attention is drawn to the following areas:

Planned Care

The end of April position for patients waiting 104 weeks or more for NUH (Nottingham University Hospitals Trust) and SFH (Sherwood Forest Hospitals Foundation Trust) was 256 patients waiting against a plan of 253. This is a reduction of 71 from the position reported for the end of March.

At NUH, there were 249 patients waiting 104 weeks or more against a plan of 242. The equivalent values for SFH were 7 patients against a plan of 11 patients. Each patient is routinely assessed and contacted, and none are clinically urgent.

The latest unvalidated data shows that at week ending 15/05/22 there were 204 patients at NUH and 4 patients at SFH waiting 104 weeks or more.

Given the system wide pressures, there are risks to delivery of the national ambition of zero patients waiting 104 weeks or more by the end of quarter one (except where patients choose to wait beyond this date). At the time of writing, the forecast is a potential of 80 breaches of the standard by the end of June, of which 52 will be due to factors relating to capacity and/or complexity. The remaining 28 patient breaches will be due to patient choice.

The risk is heightened in Ear, Nose and Throat (ENT) and Endocrinology at NUH due to the limited capacity for patients waiting for specialised procedures. In these specialties there is also a high volume of clinically urgent patients on the specialty level waiting lists, which can mean that lower priority patients have a longer wait for their treatment. Mutual aid from providers outside of the system has been utilised for more complex patients. Four Endocrine patients have been transferred to Oxford University Hospital to expedite their treatment.

There is significant focus within the system on achieving the national ambition by the end of Quarter One.

There are several material factors that have impacted the volume of elective surgery that can be delivered in local hospitals. The level of staff sickness remains a key challenge, which has been exacerbated by the levels of COVID infections. This rise in COVID infections also increased the demand for emergency admissions, which in turn generated additional bed pressures. At NUH, Edward 2 ward remains re-purposed to enable the beds to be utilised by emergency patients. This has an impact on the elective operating capacity of some specialties, including Trauma and Orthopaedics. However, Wards E14 and Oxtan at NUH were converted back to elective in May, which has provided an additional 24 beds that will improve the throughput of more complex surgery.

Weekly meetings with NHS England/Improvement (NHSE/I) continue to take place, which enables the latest position and forecast to be communicated to the regional team.

Cancer – Patients waiting over 62 and 104 Days

The volume of two week wait referrals continued to remain high at over 120% of pre-covid levels during quarters three and four 2021/22. The high level of demand and radiology capacity is causing pressure in some services, such as Breast and Urology, which is leading to patients being seen beyond the day 14 target. However, additional clinics and increased levels of diagnostic activity are being undertaken which means that some patients are unfortunately waiting longer than 14 days for their initial consultation but are receiving a timely diagnosis within 28 days.

The latest combined position is week ending 15th May 22, which shows that there were 478 patients waiting 62 days or more against an end of May trajectory of 385 patients. Individual specialty action plans and trajectories have been created to monitor the backlog position and a plan has been submitted to NHSE/I that shows that this volume will reduce to pre-pandemic levels (268 patients) by March 2023.

System Capacity and Flow

A key driver in the deteriorating performance of electives, cancer, and patients waiting over 12 hours in A&E is a reduced ability to discharge patients from the acute episode of care into alternative appropriate settings. The system remains challenged in respect to flow, staffing, care home, and home care capacity.

The issues affecting care home market alongside capacity challenges has led to high medically safe for transfer numbers and a significant number of delayed supported discharges. To mitigate pressures, pre and post bank holiday accelerated discharge events were held in April, which supported acute and community bed bases.

It should be noted however, that it is extremely difficult to profile forward MSFT levels due to the breadth and scale of the full suite of mitigations being enacted. There is a strong likelihood that, despite all the measures being taken across all parts of the system, minimal sustainable material change will be in evidence for several months, despite the improvement seen in relation to the additional measures introduced during the Easter period.

There is national support to the roll out of Virtual Wards for early supported discharge with an ICS submission planned for June.

Interim care home placements across the system have been locally extended for a further six months after the approval of the related business case. This capacity is to remain in place to support pathway one patients who are waiting for a package of care. Plans are in place to implement regular reviews of all interim capacity in the system.

Mental Health

Whilst Covid related sickness has been reducing, high levels of sickness remain across mental health teams continues. This continues to provide difficulties for service recovery, including Early Intervention in Psychosis (EIP), Children and Young Peoples Eating Disorders (CYP ED) and Improving Access to Psychological Therapies (IAPT).

Across CYP ED growth in demand has been sustained therefore a revised staffing proposal has been submitted by the provider for CYP ED to the CCG for consideration. Out of Area placements started to improve during Quarter Three, however demand significantly increased into Quarter Four with February 2022 having 51 occupied bed days. This indicates that the system will not be able to deliver against the zero requirement for the March 2022 reported position, with the increased demand and the continued impact from COVID IPC requirements affecting bed availability.

It is becoming clear that the fallout from covid on the impact of mental health conditions is only just starting to fully present in patients, with the increased and continued pressures for inpatient and CYP services as well as more complex patients presenting for support through IAPT, which is impacting upon the achievement of the IAPT recovery standard.

Relevant CCG priorities/objectives:

Compliance with Statutory Duties	<input checked="" type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input type="checkbox"/>
Financial Management	<input checked="" type="checkbox"/>	Cultural and/or Organisational Development	<input type="checkbox"/>
Performance Management	<input checked="" type="checkbox"/>	Procurement and/or Contract Management	<input checked="" type="checkbox"/>
Strategic Planning	<input type="checkbox"/>		

Conflicts of Interest:

- No conflict identified
- Conflict noted, conflicted party can participate in discussion and decision
- Conflict noted, conflicted party can participate in discussion, but not decision
- Conflict noted, conflicted party can remain, but not participate in discussion or decision
- Conflict noted, conflicted party to be excluded from meeting

Completion of Impact Assessments:

Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not required for this paper.

Risk(s):

N/A

Confidentiality:

- No
- Yes (please indicate why it is confidential by ticking the relevant box below)

Recommendation(s):

1. **NOTE** the report and its content.

NHS Nottingham & Nottinghamshire CCG

Performance Report

May 2022

Table of Contents	
Page 1-2	Introduction
Page 3-4	Indicator Summary

This report sets out the performance against key standards and targets for the NHS Nottingham and Nottinghamshire CCG the equivalent performance for individual provider organisations.

Summary tables of performance are shown on pages 3 and 4 of this report

Planned Care

The elective care RTT incomplete performance in March for the CCG improved marginally, small improvements were also seen for NUH and SFH from the February position.

Overall, the number of CCG-registered patients on the waiting list is 94,852 which is a reduction of 448 patients from the February position. Members are asked to note the figures relate to all pathways (admitted and non-admitted).

The volume of patients waiting 104 weeks or more has reduced week by week during March to 262 for the CCG population. However, the ongoing challenges around staff shortages, elective orthopaedic ward capacity and critical care capacity impact upon the level of activity that can be undertaken, particularly in complex patients that have lower clinical priority. ENT remains the speciality with the most 104+ waiters for the CCG.

For March, Diagnostic services show a reduced position against the February month with respect to the number of patients waiting against the 6-week national standard. Performance has decreased from 34.95% in February to 36.75% in March. Similar increases have been seen at NUH and SFH, with performance at 44.67% (a decrease from 43.19%) for NUH and 29.72% (a decrease from 27.53%) for SFH.

The continued high volume of 2ww referrals is a significant challenge for the cancer services to manage. Referral volumes continue to at 20-30% higher than the equivalent pre-COVID period. The performance level for 2ww services reported is significantly below the national standard (79.09% against the 93% standard), this is primarily linked 2ww Breast performance at NUH where performance is 4.76%. The service was unable to date a large proportion of patients within the 14 day period due to a combination of referral increases and capacity pressures. Performance against 28 day FDS standard at NUH was achieved, which means that despite waiting beyond 14 days for an initial consultation, patients continue to receive a cancer diagnosis within 28 days.

Urgent Care

Sourcing homecare packages and care home placements remains an ongoing challenge. The system continues to mitigate this challenge where possible to aid capacity and flow. As of 29/04/2022, the system had 24 core and interim bed closures. MSFT lists at both acute providers, community bedded and non-bedded services, as well as local authority internal reablement services, continue to be high and far above appropriate levels to support system flow.

Average daily ED attendance rates increased at both acute hospitals during the month of March. Despite this increase, ED admission rates decreased at both acute trusts.

Same day emergency care (SDEC) activity increased by 1.1% at NUH, while a slight decrease in SDEC activity was seen at SFH.

In March, NUH recorded a 41.9% decrease in 12-hour breaches, whilst SFH recorded a 19.5% increase.

Long length of stay averages at the acute trusts in March increased by 10.9% at NUH and reduced by 10% at SFH. Neither trust has not achieved the set long length of stay target for the last 7 months.

Both pre and post ambulance handover performances continue to be below the target at both trusts.

Average daily ambulance activity decreased by 1.3% at NUH and increased by 2.1% at SFH. In the month of April, the system held pre & post bank holiday Multi Agency Discharge Event (MADE) meetings with an additional event covering community beds.

Mental Health

The number of people entering treatment for IAPT has decreased since the last report, this decrease was anticipated in line with usual season trends, however remains lower than the required standard for individual months. The service continues to achieve and exceed waiting time standards. The Recovery Rate standard of 50% was not achieved for February 2022, this is the fourth consecutive month it has not been achieved and reflects trends seen in other areas.

Despite some small improvements in performance, perinatal mental health services continue to be below the standard for 2021/22. Performance in February 2022 has increased to 6.9%, reflecting improvements for a fifth consecutive month, but remains below the standard of 8.6%. National reporting guidance specifies that only face-to-face and video conferencing contacts contribute to access performance. This resulted in a decline in reportable performance from July 2020, in line with other areas regionally and nationally, though performance has stabilised and showing signs of improvement. However, analysis of local data including telephone support demonstrates that more women are accessing support than is reportable nationally.

The proportion of patients with severe mental illness who received primary care health check continues to improve although remains below the national standard at 42.5% in April 2022. Some variation is seen between the ICP-defined areas.

Access to eating disorder services for children and younger people improved for urgent and routine patients with 75.0% of patients being seen within 1 week (Q4) and 71.0% within 4-weeks (Q4). Both indicators are performing below the standard. The East Midlands Clinical Network have advised areas to plan for sustained referral rates. Investment plans for 2022/23 have been developed in response to this increasing demand; this proposal is approved in principle and awaiting final sign off, following which a recruitment plan will be developed.

Activity

Progress against H2 plans is shown on page 4.

NHS Nottingham & Nottinghamshire CCG Indicator Summary

The table below provides an overview of the performance metrics within this report along with the required standard. Further insight around these indicators can be found at the corresponding page.

Theme	Indicator 1	Indicator 2	Period	Standard/Plan	Performance
Planned Care	RTT	Percentage of Incomplete Patients Waiting Less Than 18 Weeks	Mar-22	=> 92%	68.36%
		Incomplete Waiting List Size		<= 91,218	94,852
		Incomplete number of 52 week waiters		<= 3,566	3,790
		Incomplete number of 78 week waiters		N/A	846
		Incomplete number of 104 week waiters		<= 46	262
	Diagnostics	Percentage of Patients Waiting Longer Than 6 Weeks	Mar-22	<= 1%	36.75%
	Cancer	2 Week Wait	Mar-22	=> 93%	79.09%
		2 Week Wait - Breast Symptoms		=> 93%	57.89%
		28 Day Faster Diagnosis Standard		=> 70%	79.01%
		31 Day Decision to Treat to First Treatment		=> 96%	75.56%
62 Day GP Urgent Referral to Treatment		=> 85%		66.03%	
Urgent Care	A&E	4 Hour Standard	Mar-22	=> 95%	64.85%
	Ambulance - Nottinghamshire Division (including Bassetlaw)	Category 1 – Life-threatening illnesses or injuries - Average	Mar-22	<= 00:07:00	00:08:27
		Category 2 – Emergency calls - Average		<= 00:18:00	00:49:21
		Category 1 – Life-threatening illnesses or injuries - 90th centile		<= 00:15:00	00:14:26
		Category 2 – Emergency calls - 90th centile		<= 00:40:00	01:46:09
		Category 3 – Urgent calls - 90th centile		<= 02:00:00	09:25:01
		Category 4 – Less urgent calls - 90th centile		<= 03:00:00	08:23:26
Mental Health	Improving Access to Psychological Therapies	Entering Treatment - Rolling Three Months	Feb-22	=> 7675	6800
		Recovery Rate - Rolling Three Months		=> 50%	49.10%
		Waiting Times - First Treatment within 6 Weeks		=> 75%	80.39%
		Waiting Times - First Treatment within 18 Weeks		=> 95%	99.67%
	Dementia	Diagnosis Rate	Mar-22	=> 66.7%	68.81%
	Perinatal MH	% of Population Birthrate	Feb-22	=> 8.6%	6.9%
	SMI	Physical Health Checks for People With an SMI	Apr-22	=> 67%	42.5%
	OAP	Inappropriate Out of Area Bed Days	Q3 2021-22	< 364	274
	EIP	Started Treatment in Two Weeks - Rolling Three Months	Feb-22	=> 60%	83.0%
	CYP Eating Disorders	Routine Cases <4 Weeks - Rolling Twelve Months	Q4 2021-22	=> 95%	71.00%
Urgent Case <1 Week - Rolling Twelve Months		=> 95%		75.00%	

Provider Indicator Summary

The table below provides a view of the performance metrics and associated standards for the key providers of healthcare for the CCG population.

Theme	Indicator 1	Indicator 2	Period	Standard/Plan		Performance	
				NUH	SFH	NUH	SFH
Planned Care	RTT	Percentage of Incomplete Patients Waiting Less Than 18 Weeks	Mar-22	=> 92%		64.01%	72.00%
		Incomplete Waiting List Size		<= 58,130	38,729	64,426	39,383
		Incomplete number of 52 week waiters		<= 3,475	937	3,598	613
		Incomplete number of 78 week waiters		N/A		929	103
		Incomplete number of 104 week waiters		<= 53	0	321	6
	Diagnostics	Percentage of Patients Waiting Longer Than 6 Weeks	Mar-22	<= 1%		44.67%	29.72%
	Cancer	2 Week Wait	Mar-22	=> 93%		74.29%	87.99%
		2 Week Wait - Breast Symptoms		=> 93%		4.67%	92.11%
		28 Day FD		=> 70%		77.50%	81.90%
		31 Day Decision to Treat to First Treatment		=> 96%		69.36%	83.93%
62 Day GP Urgent Referral to Treatment		=> 85%			61.31%	67.89%	
Urgent Care	A&E	4 Hour Standard	Mar-22	=> 95%		80.41%	
		12hr trolley waits		= 0		611	47

H2 Plans Monitoring

The following charts show the progress against the H2 21/22 Activity plans

NHS Nottingham & Nottinghamshire CCG H2 Plan Summary	Mar-22 Actual	Mar-22 Plan	% Difference to Plan	Comparison against 2019/20	Direction of Travel
Total outpatient attendances - Face to face (All TFC)	88,689	79,426	11.7%	15.5%	
Total outpatient attendances - Telephone/virtual (All TFC)	24,800	27,413	-9.5%	37.1%	
Total outpatient attendances (All TFC)	113,489	106,839	6.2%	19.7%	
Consultant-led first outpatient attendances (Spec acute)	20,241	24,073	-15.9%	10.7%	
Consultant-led follow-up outpatient attendances (Spec acute)	49,642	47,573	4.3%	23.0%	
Specific Acute elective day case spells in the period	10,604	11,591	-8.5%	30.8%	
Specific Acute elective ordinary spells in the period	1,541	1,654	-6.8%	31.7%	
Specific Acute elective spells in the period	12,145	13,245	-9.1%	30.9%	
Specific Acute elective day case spells in the period under 18 years of age	338	210	61.0%	56.5%	
Specific Acute elective ordinary spells in the period under 18 years of age	115	34	238.2%	180.5%	
Specific Acute non-elective spells in the period with a LOS of zero days	3,594	4,192	-14.3%	49.9%	
Specific Acute non-elective spells in the period with a LOS of 1 or more days (COVID)	318	266	19.5%	-23.6%	
Specific Acute non-elective spells in the period with a LOS of 1 or more days (Non-COVID)	5,876	6,929	-15.2%	7.5%	
Specific Acute non-elective spells in the period with a LOS of 1 or more days	6,194	7,195	-13.9%	5.3%	
Specific Acute non-elective spells in the period	9,788	11,393	-14.1%	18.2%	
Attendances at Type 1 and Type 2 A&E departments, exc planned follow-up attendances	24,873	27,224	-8.6%	37.6%	
Attendances at Type 3 and Type 4 A&E departments, exc planned follow-up attendances	7,651	9,710	-21.2%	45.8%	
Attendances at all A&E departments, excluding planned follow-up attendances	32,524	36,934	-11.9%	39.4%	
Diagnostic Tests - Magnetic Resonance Imaging	5,477	5,343	2.5%	18.3%	
Diagnostic Tests - Computed Tomography	10,168	9,609	5.8%	37.2%	
Diagnostic Tests - Non-Obstetric Ultrasound	9,879	9,734	1.5%	21.9%	
Diagnostic Tests - Colonoscopy	938	1,183	-20.7%	12.7%	
Diagnostic Tests - Flexi Sigmoidoscopy	274	485	-43.5%	-28.1%	
Diagnostic Tests - Gastroscopy	1,176	3,098	-62.0%	28.1%	
Diagnostic Tests - Cardiology - Echocardiography	2,546	3,098	-17.8%	21.5%	

Mental Health Indicator Summary - May 2022 Update

NHS Nottingham & Nottinghamshire CCG

	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
IAPT Access (Rolling 3 Month)	7860 Q4	6405	7070	7225	6990	6550	6470	6525	7090	6880	7190	6800		
IAPT Recovery Rate	50.0%	53.4%	52.9%	52.8%	52.4%	51.6%	51.1%	50.1%	49.5%	49.0%	48.9%	49.1%		
IAPT Waiting times 6 weeks	75.0%	96.8%	96.9%	95.1%	95.1%	94.1%	93.1%	94.0%	93.0%	91.2%	86.4%	80.4%		
IAPT waiting times 18 weeks	95.0%	99.3%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	99.7%	100.0%	100.0%	99.7%		
IAPT waits >90 days between 1st & 2nd Treatment	<10%	8.8%	7.7%	13.1%	9.6%	9.1%	7.9%	7.4%	4.3%	1.7%	3.9%	4.9%		
Dementia diagnosis rate - 12mth Rolling	66.7%	68.5%	68.4%	68.7%	69.1%	69.1%	69.1%	69.0%	69.1%	69.0%	68.6%	69.0%	68.8%	
Perinatal Access - 12mth Rolling	1008	700	725	720	725	730	725	735	760	785	795	810		
Perinatal Access Rate - 12mth Rolling	8.60%	5.98%	6.19%	6.15%	6.19%	6.23%	6.19%	6.28%	6.49%	6.70%	6.79%	6.92%		
SMI % achievement - 12mth Rolling	67.0%	22.5%	24.4%	25.7%	26.1%	28.3%	28.7%	31.0%	35.2%	36.1%	38.1%	39.9%	43.0%	42.5%
SMI achievement - 12mth Rolling	5592	1624	1766	1868	1903	2054	2091	2280	2605	2666	2813	2958	3210	3181
Out of Area Placement bed days (Local) - 3mth	0	516	554	466	399	389	441	453	403	274	158	116	128	
Out of Area Placement bed days (MHSDS) - 3mth	0	535	545	455	440	430	475	450	440	360	275	195		
EIP Waiting times - MHSDS - 3mth Rolling	60.0%	84.0%	83.0%	84.0%	83.0%	82.0%	80.0%	79.0%	82.0%	85.0%	84.0%	83.0%		
CYP Access Rate - 12mth Rolling (2 Contacts) 20/21	35.0%	44.3%	48.7%	52.3%	54.9%	56.4%	57.8%	57.5%	56.0%	54.9%	54.5%	54.2%		
CYP Access Rate - 12mth Rolling (1+ Contact) 21/22	11709	13010	13470	13690	13890	13925	13985	13690	13440	14040	14395	15535		
CYP Eating Disorder WT - Urgent (4 QTR)	95.0%			62.5%			59.1%		66.7%		75.0%			
CYP Eating Disorder WR - Routine (4 QTR)	95.0%			85.4%			83.9%		81.8%		71.0%			
Individual Placement Support (IPS)	608	160	192	223	268	293	343	406	452	488	530	584	639	



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	Date:	01 June 2022
Paper Title:	Highlight report from the (virtual) meeting of the CCG's Audit and Governance Committee	Paper Reference:	GB 22 041
Chair of the meeting	Sue Sunderland, Non-Executive Director	Attachments/ Appendices:	-
Summary Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>
			Receive/Note for: <input checked="" type="checkbox"/>
			<ul style="list-style-type: none"> • Assurance • Information

Summary of the Meeting

The Audit and Governance Committee met on the 19 May 2022 The meeting was held virtually.

At the meeting, the Committee:

- **RECEIVED ASSURANCE** from year end reports on key areas of Committee business relating to:
 - Health and Safety, Security and Fire Compliance
 - Risk Management Arrangements
- **APPROVED** the Counter Fraud Work Plan for 2022/23, noting that although much of the plan was nationally mandated, several proactive pieces of work had been highlighted, which included identification of whether the different role and function of an ICB presented new fraud risks.
- **NOTED** that two Internal Audit reports reports had provided 'significant assurance': the draft Head of Internal Opinion report and the Data Security Standards report.
- **REVIEWED** the CCG's draft Annual Report and unaudited Accounts for 2021/22. The Committee thanked the Corporate Governance and Finance Teams for the huge amount of work that had been undertaken to produce the report and set of accounts by the stated deadline. It was noted that the final report and accounts would be submitted to the Committee for approval prior to the national deadline of 22 June 2022.

For this section of the meeting, the Committee met 'in common' with the Audit Committee of Bassetlaw CCG.

During this section, the Committee:

- **REVIEWED** the CCG's final joint Due Diligence Plan, ahead of its submission to NHS England, confirming that a comprehensive due diligence process has been undertaken by the CCGs to support the staff and property transfer into the Nottingham and Nottinghamshire ICB.

- **APPROVED** the Internal Audit Plan for April-June 2022, subject to the inclusion of the work to produce a Head of Internal Audit Opinion for April-June 2022, which had been subject of recently issued guidance on the completion of a CCG ‘annual report’ for the three-month period.

Key Messages for the Governing Body

- Good level of assurance received from all reports.

The ratified minutes of the 19 May meeting will be approved by the Committee at its meeting on 16 June 2022.



Nottingham and Nottinghamshire
Clinical Commissioning Group

Meeting Title:	Governing Body (Open Session)	Date:	01 June 2022
Paper Title:	Corporate Risk Report	Paper Reference:	GB 22 042
Sponsor:	Rosa Waddingham, Chief Nurse	Attachments/ Appendices:	-
Presenter:	Lucy Branson, Associate Director of Governance		
Purpose:	Approve <input type="checkbox"/>	Endorse <input type="checkbox"/>	Review <input type="checkbox"/>
			Receive/Note for: <input checked="" type="checkbox"/>
			<ul style="list-style-type: none"> Assurance Information

Executive Summary

The purpose of this paper is to present the Governing Body with the major (**red**) operational risks from the CCG's Corporate Risk Register. This paper is a standing agenda item, presented to each meeting to ensure that the Governing Body is kept informed of the key risks facing the CCG and assured that robust management actions are in place to manage and mitigate them.

Relevant CCG priorities/objectives:

Compliance with Statutory Duties	<input checked="" type="checkbox"/>	Wider system architecture development (e.g. ICP, PCN development)	<input type="checkbox"/>
Financial Management	<input checked="" type="checkbox"/>	Cultural and/or Organisational Development	<input checked="" type="checkbox"/>
Performance Management	<input type="checkbox"/>	Procurement and/or Contract Management	<input type="checkbox"/>
Strategic Planning	<input type="checkbox"/>		

Conflicts of Interest:

No conflict identified

Completion of Impact Assessments:

Equality / Quality Impact Assessment (EQIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not applicable to this report
Data Protection Impact Assessment (DPIA)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Not applicable to this report

Risk(s):

The paper details the current major (**red**) risks in the Corporate Risk Register.

Confidentiality:
<input checked="" type="checkbox"/> No
Recommendation(s):
1. NOTE the major risks shown at Section 2.1 and comment on whether sufficient controls and actions are in place.
2. NOTE the development of risk management arrangements for the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB).
3. HIGHLIGHT any risks identified during the course of the meeting for inclusion within the Corporate Risk Register.

Corporate Risk Report

1. Introduction

The purpose of this paper is to present the Governing Body with the major (**red**) operational risks from the CCG’s Corporate Risk Register in order to provide assurance that robust management actions are being taken to mitigate them.

2. Major Operational Risks

The CCG currently has **twelve** major (**red**) operational risks in its Corporate Risk Register. This is the same number that was presented to the last meeting; however includes one major risk being archived and one new major risk being identified.

A summary of the latest position regarding these risks is outlined in Section 2.1 below.

The table to the right shows the profile of the current risk scores for **all** operational risks on the Corporate Risk Register.

Risk Matrix					
Impact	5 - Very High			1	1
	4 – High		1	5	1
	3 – Medium		2	4	2
	2 – Low				
	1- Very low				
		1 - Rare	2 - unlikely	3 - Possible	4 - Likely
		Likelihood			

2.1 Major/Red Operational Risks:

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
RR 098 <i>(July 2019)</i>	<p>The risk of over reliance on non-recurrent (one-off) funds / mitigations to temporarily offset recurring (year on year) pressures may result in:</p> <ul style="list-style-type: none"> • Deterioration in the CCG’s recurrent underlying financial position. • Depletion of non-recurrent funds available. • Over-reliance becoming a substitute for not needing to take recurrent corrective actions. • Adverse impact on overall financial position in the medium to long term. <p>Update: <i>The CCG met its financial targets for 2021/22, however, over reliance on non-recurrent mitigations remains a risk for the 2022/23 financial year. A 'system-level' approach is being taken forward to manage the current financial challenge. A full review of investments is scheduled to be undertaken in the near future; this will test the effectiveness of what was put in place last year and also determine the nature of the</i></p>	Overall Score 16: Red (14 x L4)	Finance & Resources Committee

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
	<p><i>commitments made for this year (both at CCG and ICS/system-level).</i></p> <p><i>It was agreed that this risks remains a 16 until the outcome of the review of investments has been undertaken; as this will help inform the nature of the plan in place to address the underlying position.</i></p>		
<p>RR 116 (Oct 2019)</p>	<p>Lack of assurance regarding systematic improvements in the quality of mental health and community services provided by Nottinghamshire Healthcare NHS Foundation Trust (NHCT), may present a risk of poor patient experience, adverse clinical outcomes and/or patient safety issues for members of the CCG's population.</p> <p>Update: <i>The Quality Team continues to work with NHCT as part of their organisational-wide improvement plan, which includes those relating to Priory Hospital, Specialised Services and Lings Bar Hospital. There is improved openness and transparency with the CCG, however, there continues to be concerns regarding the pace of change and it is clear that more work is required to evidence the scale of change required.</i></p> <p><i>A 'deep dive' review into mental health was undertaken at the April meeting of the Quality and Performance Committee.</i></p> <p><i>Following discussions with the Chief Nurse, it was advised that recent CQC visits have been undertaken at the Trust and until the output of these has been formally received, and subsequent assurance received regarding any actions required, the risk score should remain at 16.</i></p>	<p>Overall Score 16: Red (14 x L4)</p>	<p>Quality & Performance Committee</p>
<p>RR 130 (May 2020)</p>	<p>Health inequalities may be exacerbated across the population of Nottingham and Nottinghamshire if robust processes are not in place to ensure the prompt restoration of services.</p> <p>Update: <i>The Planned Care Transformation Board continues to oversee progress with elective recovery, supported by the Elective Hub. Clinical prioritisation is the priority in addressing backlog. Work is also underway to analyse waiting lists through a deprivation and ethnicity 'lens' to help inform understanding of health inequalities.</i></p> <p><i>The ICS Health Inequalities Group continues to meet, reporting to the System Executive Group. The Group brings together all partners along with the Directors of Public Health and the Health and Wellbeing Board Chairs. Assurance reporting will be via the ICS Quality, People and Inequalities Committee when in place (July 2022). An operational ICS Health Inequality, Prevention and Wider Determinants Group also exists. There is dedicated resource within the System Assurance Intelligence Unit (SAIU) which focuses on analysis of HI data to support the mitigation of</i></p>	<p>Overall Score 16: Red (14 x L4)</p>	<p>Prioritisation & Investment Committee</p>

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
	<p><i>this risk. A dedicated HI dashboard is in place, which supports decision making in relation to recovery.</i></p>		
<p>RR 156 (Nov 2020)</p>	<p>Lack of assurance regarding systematic improvements required in the quality of maternity services provided by Nottingham University Hospitals NHS Trust (NUH), may present a risk of unsafe care, poor clinical outcomes and/or patient safety issues for members of the CCG's population.</p> <p>Update: <i>NUH Maternity Services continues to be a priority focus area of the ICS Quality Assurance and Improvement Group (QAIG). System partners and Regulators have established oversight arrangements for NUH, including the establishment of three core subgroups as part of ongoing surveillance and support; one of which is a Maternity Assurance Sub-Group.</i></p> <p><i>Daily NUH Safe Today calls are in place and mutual aid has been provided from neighbouring providers and system partners. Work is underway with the Trust to ensure that escalation of service closures and diverts into the CCG area is fully embedded and that a review of external diverts is undertaken. However, workforce challenges continue to impact required actions that need to be taken.</i></p> <p><i>Maternity inquests are attended where possible by CCG representatives to allow triangulation of Coroner's findings, support in quality improvement work and development of insight visit key lines of enquiry across CCG Quality Assurance functions, LMNS Serious Incident (SI) panel, and Child Death Overview Panel (CDOP) where relevant.</i></p> <p><i>During March 2022, NUH focused on agreeing a response to NHSE/I based on the progress with Ockenden and maternity workforce plans (as part of the national request for all providers and systems). The CCG Nursing and Quality Team continue to attend the internal NUH Maternity Improvement Programme operational group.</i></p> <p><i>Significant progress made with procuring a new LMNS wide Maternity Information System (MIS). This will support access to and the sharing of patient information between professionals (as appropriate) across all maternity settings and between LMNS Trusts.</i></p>	<p>Overall Score 25: Red (15 x L5)</p>	<p>Quality & Performance Committee</p>
<p>RR 160 (Oct 2019)</p>	<p>Sustained levels of significant pressure on primary care workforce, due to the COVID vaccination programme, management of long term conditions and the impact of deferrals/delays in secondary care activity, present a potential risk in relation to staff exhaustion and 'burn out'.</p> <p>Update: <i>The quality of primary care services continues to be monitored by the CCG; predominantly via the Primary Care</i></p>	<p>Overall Score 16: Red (14 x L4)</p>	<p>Primary Care Commissioning Committee</p>

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
	<p><i>Support and Assurance Framework which is now routinely presented to the Primary Care Commissioning Committee meetings. The LMC also continues to provide support to GP Practices as and when required. The primary care OPEL reporting has been revised; reporting level 1 (green) indicates that resource is able to be provided in support of other GP practices. Roving workforce support can also be accessed.</i></p> <p><i>Routine mechanisms are in place to enable Locality Directors to meet PCN leaders regularly at Place level regarding resilience, business continuity and maintaining relationships and trust. The CCG undertakes an enabling approach with the PCNs, which is largely recognised. However, in response to discussions at Committee meetings, it was recognised that there continues to be a high level of sustained pressure within primary care, which is exacerbating the risk around staff exhaustion and 'burn out'. The risk score remains at 16.</i></p>		
<p>RR 162 (May 2021)</p>	<p>A number of potential, and actual, complex and significant quality issues have been identified at Nottingham University Hospitals NHS Trust (NUH).</p> <p>Lack of assurance regarding systematic improvements in the quality of services provided by the Trust may present a risk of unsafe care, poor clinical outcomes and/or patient safety issues for members of the CCG's population.</p> <p>Update: System partners and Regulators have agreed to refresh oversight arrangements for NUH trust-wide with the establishment of three core subgroups as part of ongoing surveillance and support:</p> <ul style="list-style-type: none"> i. Maternity Assurance Sub-Group; ii. Emergency Department Assurance Sub-Group; iii. Well-Led & Governance Assurance Sub-Group. <p>As part of centralising assurance and providing a single shared route of escalation, a NUH Quality Assurance Group (QAG) has been established for the subgroups to report into. This enables monitoring of overarching action plans, provides a focus on key cross cutting themes, and develops a shared agreement of assurance and risks with clear measurable outcomes.</p> <p>NUH continue to report 'extraordinary pressure' across the organisation which is reflected across the country; this is materialising in terms of system pressures and increased waits. The risks remain current with improvement, although limited at pace. This is further evidenced through the improvement work within maternity services.</p> <p>Following discussions with the Chief Nurse, and discussions at the May meeting of the Quality and Performance Committee, it was agreed that the risk score should remain at 20.</p>	<p>Overall Score 20: Red (14 x L5)</p>	<p>Quality & Performance Committee</p>

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
<p>RR 171 (Oct 2021)</p>	<p>There is a potential risk of loss of public confidence in local primary and secondary care health services, as a result of national and local media/reports, known quality issues, as well as growing public concerns regarding increasing waiting list times and access to General Practice.</p> <p>Lack of confidence may impact the extent to which citizens interface with healthcare services. This, in turn, presents a risk of increased pressure on urgent and emergency care services as services will not be accessed until a point of crisis.</p> <p>Update: <i>The Accountable Officer has advised that loss of public confidence remains a significant risk for the CCG, in particular, due to the continued growth in demand and increasing waiting lists/times for appointments, diagnosis and treatment. It is recognised that public confidence continues to be impacted by potential adverse media coverage around frontline services, GP access and specialist areas (such as NUH Maternity).</i></p> <p><i>Work continues through planning and recovery structures to address issues around access and waiting lists/times, alongside work being undertaken by the CCG's Communications Team. There continues to be a focus on GP access, mental health support and how the public should access urgent care services.</i></p>	<p>Overall Score 16: Red (14 x L4)</p>	<p>Quality & Performance Committee/ Primary Care Commissioning Committee</p>
<p>RR 183 (March 2022)</p>	<p>Nottingham and Nottinghamshire ICS System Partners are submitting an unbalanced financial plan for 2022/23. This presents a risk that the system, as a collective, may not achieve its agreed control total by 31 March 2023.</p> <p>This risk may be further exacerbated given the significant underlying deficit position across the system and non-achievement of elective recovery targets.</p> <p>Update: <i>The CCG, and system, have submitted an unbalanced financial plan for 2022/23; further discussions are being held with regional and national teams in relation to this. Both CCGs are planning to break-even with each of the providers having a planned deficit position.</i></p> <p><i>Monitoring of the system-wide financial position continues; this will be via the CCG Finance and Resources Committee and, from the 1 July 2022, via the ICB Finance, Performance and Digital Committee. Meetings of the ICS Directors of Finance and Deputy Directors of Finance continue.</i></p> <p><i>An ICS 'System' Finance Framework has been produced, which sets out the rules which govern the way finances are managed within the ICS (as identified as best practice by the HfMA). More specifically, the framework:</i></p> <ul style="list-style-type: none"> <i>Describes the collaborative behaviours expected of the parties;</i> 	<p>Overall Score 16: Red (14 x L4)</p>	<p>Finance & Resources Committee</p>

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
	<ul style="list-style-type: none"> • Describes processes for reaching consensus and resolving disputes about how best to use financial and other resources available to the ICS; and • Sets out a mechanism for management of the aggregate financial position of the parties to achieve and maintain the system financial improvement trajectory for the ICS. 		
RR 184 (March 2022)	<p>There is a potential risk that NHS Nottingham and Nottinghamshire CCG may not meet its statutory financial duties for 2022/23.</p> <p>Factors which may impact this risk include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • The organisation's underlying position (UDL); and • Non-achievement of the required levels of efficiencies (including, for example, unforeseen delays in transformation programme delivery). <p><i>It should be noted that this risk will be 'transferred' over to the ICB from 1 July 2022.</i></p> <p>Update: <i>The financial plan for 2022/23 has been agreed for the CCG (for the three-month Q1 period); with further work being undertaken to identify and confirm the efficiencies required.</i></p>	Overall Score 16: Red (14 x L4)	Finance & Resources Committee
RR 186 (March 2022)	<p>There is a potential risk of poor patient outcomes and/or experiences as a result of increasing secondary care elective (planned care) waiting times; this includes, but is not limited to, cancer patients. The likelihood of this risk may continue to increase if elective recovery targets are not met.</p> <p>This risk may also be further exacerbated by poor, or delayed, communication with the public/patients in relation to their position on waiting lists.</p> <p>Update: <i>The ICS Clinician and Provider Leadership Network (CPLN) continues to have a role in relation to clinical prioritisation of backlog/waiting lists for planned/elective care. The Planned Care Transformation Board continues to oversee progress with elective recovery, supported by the Elective Hub. Clinical prioritisation is the priority in addressing backlog. Day-to-day operational waiting list management includes validation and clinical prioritisation of waiting lists. Both providers (Nottingham University Hospitals NHS Trust and Sherwood Forest Hospitals NHS Foundation Trust) work closely together with the CCG to maximise all available capacity with excellent engagement with the independent sector providers. This enables a system-wide view to ensure that surgery is in appropriate order of clinical priority and length of overall wait. However, it is recognised that the impact of the Omicron variant,</i></p>	Overall Score 16: Red (14 x L4)	Quality & Performance Committee

Risk Ref	Risk Narrative	Current Risk Score	Responsible Committee
	<i>and workforce challenges, continue to have an impact on waiting lists and providers' ability to undertake elective activity.</i>		
RR 187 (March 2022)	<p>There is a potential risk of poor patient outcomes and/or experience as a result of increasing mental health waiting lists. This risk may be exacerbated by rising levels of demand on mental health services.</p> <p>Update: <i>Restoration and recovery plans have continued to be implemented by providers, guidance published by NHSE/I for mental health services reviewed and action has been taken to ensure compliance. Performance and demand for services is monitored on a monthly basis and actions are agreed with providers when required.</i></p> <p><i>National funding has been made available to address nationally mandated priorities (such as adult Mental Health services), however, this is not sufficient to address local priorities (such as children and young people). The CCG continues to influence spend in areas of most need, as outlined locally, where funding allows.</i></p>	Overall Score 16: Red (14 x L4)	Quality & Performance Committee
RR 190 (New)	<p>There is a significant risk to patient safety, outcomes and experience due to the current levels of non-elective (urgent care) activity. The likelihood of this risk materialising will increase as demand levels continue to rise.</p> <p>Update: <i>Robust quality assurance mechanisms are in place for each of the CCG's main NHS providers (both Acute and Ambulance). This includes specific focus on the potential for harm relating to significant waits within the urgent care pathway and delays associated with Ambulance transportation, handover and discharge. Relevant CCG officers continued to be involved in Providers' quality assurance forums; in particular, those providers or services under enhanced surveillance. The CCG's Chief Nurse (or Deputy) routinely attend A&E Delivery Board meetings.</i></p>	Overall Score 16: Red (14 x L4)	Quality & Performance Committee

- 2.2 Risk **RR 158** was identified in April 2021 and related to the 2021/22 Nottingham and Nottinghamshire ICS financial position; following year-end reporting to the April and May 2022 meetings of the Finance and Resource Committee, this risk was archived.

3. Development of ICB Risk Management Arrangements

- 3.1 Risk management is a key element of good governance and, as such, the ICS Partnership Board recognised the need to develop strategic and operational risk management arrangements for the ICB, with the aim of these being ready for implementation for 1 July 2022.

- 3.2 In May 2021, it was agreed that, as a precursor to the establishment of an Audit Committee for the ICB, the ICS Transition and Risk Committee would oversee the establishment and embedment of ICB risk management arrangements. Since this time, a plan to develop and implement the ICB's risk management arrangements has been put in place; this covers both strategic risk management arrangements and operational risk management arrangements.
- 3.3 Focus over the last quarter has been on the development of operational risk management arrangements for the ICB; with particular focus on how the ICB arrangements will interface with other parts of the ICS and with system partners.
- 3.4 The Good Governance Institute (GGI) has been commissioned to support the development of this work; more specifically to review and scrutinise the ICB's Risk Management Policy and proposed risk documentation, co-deliver a risk workshop to the CCG's Senior Leadership Team and to lead a session with the ICB Board around risk appetite. Risk leads from across the system partners have also been engaged with, to explore opportunities for the standardisation and consistency of risk management language across the ICS.
- 3.5 At the time of writing, a draft ICB Risk Management Policy has been produced, shared with the GGI and presented to the 'shadow' meeting of the ICB's Audit and Risk Committee. Feedback has been received, which is supportive of the proposed risk arrangements, as well as the policy content and structure.
- 3.6 As part of the due diligence process to disestablish the CCGs and establish the new ICB, work has been completed to ensure that all operational risks being managed by the CCGs are appropriately transitioned to the new statutory organisation. These operational risks will continue to be formally managed through CCG arrangements until the disestablishment on 30 June 2022.
- 3.7 A comprehensive exercise has been undertaken to review all operational risks across both CCGs; the output of which is scheduled to be presented to the June meeting of the CCG Audit and Governance Committee (in Common). The purpose of this paper will be to provide assurance that all current 'live' CCG operational risks have been captured, assessed and transferred to the ICB.

4. Recommendations

- 4.1 The Governing Body is requested to:
- a) **NOTE** the major risks shown at Section 2.1 and comment on whether sufficient controls and actions are in place.
 - b) **NOTE** the development of risk management arrangements for the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB).
 - c) **HIGHLIGHT** any risks identified during the course of the meeting for inclusion within the Corporate Risk Register.



**Minutes of the Nottingham and Nottinghamshire
 Patient and Public Engagement Committee
 held virtually on Tuesday 29 March 2022
 2.30 pm to 4 pm**

Attendees;

Sue Clague, Chair
 Chitra Acharya, Patient Leader/Carer
 Teresa Burgoyne, Nottingham West
 Michael Conroy, My Sight Nottinghamshire *leaving early*
 Gilly Hagen, Patient Leader/Sherwood Patient Participation Groups
 Jane Hildreth, Community Voluntary Sector representing Mid Nottinghamshire ICP
 Roland Malkin, Nottinghamshire Cardiac Support Group
 Paul Midgley, Rushcliffe
 Deb Morton, Healthwatch
 Daniel Robertson, Nottingham and Nottinghamshire Refugee Forum *leaving early*
 Jules Seblin, Community Voluntary Sector representing City ICP

In attendance (NHS Nottingham & Nottinghamshire Clinical Commissioning Group's Staff):

James Hopkinson, Clinical GP Lead
 Mark Sheppard, Associate Director of Commissioning, CCG
 Phil Britt, Programme Director , - Tomorrow's NUH
 Nichola Reed, Children and Young People Lead
 Prema Nirgude, Head of Insights and Engagement
 Katie Swinburn, Engagement Manager
 Sasha Bipin, Engagement Officer
 Jane Hufton, Engagement Assistant (minute taker)

Apologies for absence were received from;

Colin Barnard, Patient Leader/Diabetes
 Helen Miller, Healthwatch Nottingham and Nottinghamshire
 Mike Deakin, Nottinghamshire County Council
 Kerry Devine, Improving Lives
 Jasmin Howell, Vice Chair
 Becky Law, Community Voluntary Sector representing Bassetlaw
 Carolyn Perry, Community Voluntary Sector representing, South Nottinghamshire ICP
 Mary Spencer, Community Voluntary Sector representing Bassetlaw ICS
 Amdani Juma, African Institute for Social Development

NN/23/03/22	Welcome and introductions
	Sue Clague, Chair welcomed everyone to the Nottingham and Nottinghamshire Patient and Public Engagement Committee (PPEC) meeting. Apologies were noted from attendees outlined above.
NN/24/03/22	Declarations of interest
	Sue Clague reminded PPEC members of their obligation to declare any interest they might have on any issues arising at the meeting which might conflict with the business of the CCG and any items on this agenda. No declarations were made.

NN/25/03/22	Minutes of the last meeting
	<p>The minutes of the last PPEC meeting held on 22 February 2022 were noted and agreed as an accurate record of the discussions that took place at that meeting.</p> <p>An update was suggested around the elective care action regarding communicating to patients. Sherwood Forest had established communication channels and Nottinghamshire University Hospitals will be sending out letters to patient around elective activity. Further work was being undertaken in relation to Musculoskeletal services.</p>
NN/26/03/22	Matters arising including Action Log
	<p>An updated copy of the Action Log had been circulated to PPEC members prior to the meeting and was noted.</p> <p>Katie Swinburn shared a copy of the action log and confirmed that the completed actions were accurate. Katie Swinburn continued to highlight the outstanding actions for discussion which included:-</p> <p>NN/19/02/22 Elective Recovery Update – PPEC members were asked to provide any possible topics of future meetings.</p> <p>NN/17/02/22 – ICS transition – 1:1 meetings have been set up between PPEC members, Prema Nirgude and Sue Clague for discussions on future engagement support.</p> <p>NN/133/04/21 - Community diagnostic hubs – The Engagement Team have contacted Simon Oliver, option appraisals are currently being considered. Katie Swinburn to meet with Simon Oliver and provide an update at the meeting in April 2022 or Simon Oliver to attend in May 2022 with an update.</p> <p>NN/201/20/21- Community Transformation Programme – The team have been invited to return to PPEC to provide and update in April.</p> <p>Action: Katie Swinburn to meet with Simon Oliver in April for an update specifically around the progress of the pilot sites and funding of community diagnostic hubs.</p>
NN/27/03/22	Covid Update
	<p>Prema Nirgude, Head of Insights and Engagement gave an update regarding Covid 19 Pandemic and gave an overview of the statistics and hospital admissions in Nottingham and Nottinghamshire informing members that during March there was an increase in admissions and beds occupied. However less patients were requiring intensive care support.</p> <p>Prema Nirgude reminded members of the ongoing vaccination campaign including opening up of the Spring boosters on 21st March 2022 to over 75 year old, residents of care homes and those aged 12 years older with a weakened immune system. People who are eligible will be contacted by letter from the NHS offering appointments at 50 sites situated within Nottinghamshire including pharmacies, GPs and Vaccination</p>



	<p>Centres. You can also book by calling 119 or visiting the NHS website https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/</p> <p>Existing cohorts of people eligible for their 1st, 2nd and booster vaccinations can visit the Clinical Commissioning Group (CCG) website https://nottscg.nhs.uk/covid-19/covid-19-vaccinations/groups-being-vaccinated/ for further information.</p> <p>Prema Nirgude also updated members on 5 - 11 years olds who are at clinical risk or live with someone who is immunosuppressed are being offered a covid-19 vaccination. These will be offered from 4th April 2022 and invitations are being sent out. You can visit the Clinical Commissioning Group website https://nottscg.nhs.uk/covid-19/covid-19-vaccinations/groups-being-vaccinated/ for further information.</p> <p>The validation for overseas vaccination service is available offering anyone who had their vaccination overseas a chance to book an appointment at Forest Recreation Ground Centre and Mansfield Vaccination Centre to have their vaccination record updated. Access to this service is available by calling 119 and asking for this service.</p> <p>A few questions were raised by members of the committee around data of patients admitted to hospital including whether they arrived in hospital being covid positive or caught the virus whilst an inpatient and if the patients in intensive care were vaccinated. Prema Nirgude offered to gather this information for members and update at the next meeting.</p> <p>Further questions were raised including uptake of vaccinations in areas of high deprivation and whether GP practices could help with this. However, it was discussed that GP practices were under tremendous strain due to capacity within primary care. A further question raised included messages being communicated to members of the public around eligibility for boosters and the criteria required prior to having the booster. Prema Nirgude would ensure these messages are communicated through all channels.</p> <p>Following a discussion around lateral flow tests (LFTs) not being available on the NHS and a charge incurred, concerns were raised for low income families not being able to afford the LFTs and therefore, not actively testing for Covid-19. Prema Nirgude agreed to take this query away and find more details.</p> <p>Action: Prema Nirgude to gather data on in patients testing in hospital or being admitted with Covid 19. To give information on vaccination levels within intensive care beds.</p> <p>Action: Prema Nirgude to continue ensure the message around the importance of covid 19 vaccinations is promoted via all channels especially within areas of low update and high levels of deprivation.</p>
<p>NN/28/03/22</p>	<p>ICS Transition; Working people and communities</p>
	<p>Prema Nirgude, informed members on the progress of the Integrated Care System (ICS) transition and shared a presentation highlighting the journey so far. Prema Nirgude confirmed that funding had been secured to develop a citizen panel. PPEC members are invited to support the future development of place base partnerships and</p>

	<p>neighbourhood forums to strengthen the patient and public voice. Citizens Panels pilots are being trialled within the City of Nottingham and if successful will be rolled out throughout the whole of Nottinghamshire in the future, timing to be confirmed. Additionally, the Terms of Reference have been drafted for the Citizens Intelligence Advisory Group (CIAG) to the Integrated Care Board (ICB) which will provide assurance on the entirety of the engagement work undertaken.</p> <p>Prema Nirgude confirmed that the next steps included the establishment of the System Engagement Practitioners Forum. This, together with the production of a people and communities policy has been drafted and will require sign off from NHS England before the transition into the ICB in July 2022.</p> <p>In summary the strategy has a number of areas which need refining including:</p> <ul style="list-style-type: none"> • Working with people and communities including citizen intelligence and demonstrable co-production of services • Wide spectrum of mechanisms for gathering citizen intelligence in an integrated way • Specific support for Places and Neighbourhoods • Clear Governance aligned to the overall system Governance <p>Prema Nirgude also added that the finalisation of the strategy would include, alignment with the co-production strategy and will be presented to the ICS for adoption by the ICB in July 2022.</p> <p>After a productive debate a number of questions were raised by PPEC members particularly around integrated working across the whole system ensuring the inclusion of expert voices from the voluntary sector to inform decisions, look at evaluating effectiveness and outcomes of future projects.</p> <p>Action: Amy Calloway and Lucy Branson to be invited to a future meeting to give an overview on the outline model for co-production.</p> <p>Action: Prema to provide the relevant group with an update on how well the Citizens Panel has been received within the City and timeframe of when it will be rolled out across Nottinghamshire.</p> <p>Action: Prema to confirm the people and communities policy has been signed off at NHS England before transition into the ICB in July.</p>
NN/29/03/22	Children and Young People Mental Health Intervention
	<p>Nichola Reed, Children and Young People Mental Health Intervention gave an update on the service which was reviewed by the CCG in 2020 informing that improvements had to be made with inequalities across the pathways. After a successful piece of engagement work the views of young people were gathered which helped to form the service specification for the new service. The new healthcare provider ABL Health, has been appointed and the contract was signed off by Governing Body in October 2021 and the service is due to go live at the beginning of April 2022. The new services include a wide range of delivery partners including community and voluntary sector partners:</p> <ul style="list-style-type: none"> • Kooth online

	<ul style="list-style-type: none"> • Base 51 • Sure Mind • YMCA • Mustard Seed • BF lads <p>These providers will be offering the following support</p> <ul style="list-style-type: none"> • Delivering training and consultations to professionals across the system. • Advice and Guidance will be provided to parents and children for instant help and support • Self guidance care to families • Online provision through Kooth • Peer support group for Children and Young people along with parents and carers • Group and 1:1 sessions • Self harm support working closely with CAMHS • Breathe Cafes <p>This will be delivered across Nottingham and Nottinghamshire and is called Be U Notts website address https://www.beusupport.co.uk/, #BeUNotts, #SupportWhenYouNeedIt</p> <p>This contract is for 3 years and will be reviewed to include the production of a 'You Said, We Did' report in different formats to enable effective communication with children and young people friendly document.</p> <p>PPEC members were extremely supportive of this service highlighting the excellent best practice and demonstrating how good engagement embeds the decisions and service specifications. This is a good blueprint for future projects. Sue Clague suggested Nichola Reed come back to the relevant patient engagement forum in 6 months' time with updates on service, update and patient experience.</p>
NN/30/03/22	Reshaping Health Services in Nottinghamshire/TNUH
	<p>Mark Sheppard, Associate Director of Commissioning at the CCG and Tomorrow's NUH Programme Lead for the CCG provided a presentation updating members around the Reshaping Health Services in Nottinghamshire/Tomorrow's NUH Programme. Mark Sheppard alluded to the delay in returning to PPEC due to associated delays in timelines but reiterated the need to gather any further views of committee members and their communities around this key programme of work.</p> <p>James Hopkinson, GP Clinical Lead provided an overview of the proposed changes to clinical models within the hospitals settings and what services were proposed to be delivered from the Queens Medical Centre and Nottingham City Hospital sites.</p> <p>Emergency services are currently proposed to sit on the Queens Medical Centre with Elective services proposed to be delivered from the City Hospital site. James Hopkinson went through the main areas of care including Family Care, Cancer Care, Adult Elective Care, Outpatient Care and Emergency Care. At present time these are currently proposals with views, thoughts and feedback currently being obtained from</p>



	<p>patients, communities and members of the public. All information received will be considered in any future planning.</p> <p>Mark Sheppard gave an overview of the timeline informing members that during October and December 2022 it is proposed that a full Public Consultation will take place around this programme of work.</p> <p>Mark Sheppard opened up discussions and encouraged members to comment on the proposals and what this would mean for them and their communities.</p> <p>Sue Clague reminded PPEC members that this piece of work is really important to people of Nottingham and Nottinghamshire and encouraged members to share their views and feedback on the proposals.</p> <p>Questions from members included queries around the funding for the programme. Further questions included the services which are delivered from Sherwood Forest Hospitals and timescales of when these could likely be implemented and providing a one stop shop for diagnostics and treatments.</p> <p>James Hopkinson clarified that the possible start date for these to go live would be around 2030. The CCG are looking at the health strategy ensuring the CCG are able to deliver a system building on the structures to develop a model within Nottinghamshire. Mark Sheppard clarified that the funding was being held by NHS England. The CCG are working with NUH looking at affordability and what we are proposing .</p> <p>A further concern around transport to Nottingham hospitals with easier accessibility would need to be considered in the proposals taking into consideration climate change within Nottinghamshire. James Hopkinson responded assuring members that the provision of good car parking, public transport links and detailed plans would be drawn up and considered within the programme. Additionally, the CCG were already working with Councils, patient hospital transport (ERS) and other organisations to develop these plans further. Some PPEC Members raised concerns regarding the contract with ERS as patients were experiencing issues accessing this service. Sue Clague requested that this issue is looked at separately to this programme with a view to resolving the issues earlier.</p> <p>Katie Swinburn confirmed that an engagement report will be prepared following the next phase of engagement which will be provided to PPEC Members at a future meeting together with the next steps of the programme. .</p> <p>Action: Mark Sheppard to look into the immediate issues of accessing patient transport.</p> <p>Action: Katie Swinburn to present the engagement report from the Tomorrow's NUH engagement work back to PPEC.</p>
NN/31/03/22	Items for information
	<p>A paper on Long Covid was circulated to PPEC members prior to the meeting for information.</p>

NN/32/03/22	Governing Body and Committee Feedback
	<p>Sue Clague updated members from the previous Governing Body meeting with information around:</p> <ul style="list-style-type: none"> • Reshaping health service • Maternity Services Review NUH • Commissioning short breaks for Children • Covid updates • Finance plans submitted 2023 • Primary Care Strategy <p>Key messages from PPEC to highlight at the next Governing Body meeting were;-</p> <ul style="list-style-type: none"> • Covid Update including LFTs no longer being available free of charge for our underserved communities • Transition to the ICS involving community engagement work on specific health pathways at place and neighbourhood • Children and Young People Mental Health Pathway • Update on the Reshaping Health Services in Nottinghamshire/Tomorrow's NUH highlighted some issues currently around access to transport within the current pathway.
NN/33/03/22	Any Other Business
	None
NN/34/03/22	Date of Next Virtual Meeting
	The next PPEC meeting will be held virtually on Tuesday 26 April 2022 from 2 pm to 4 pm.



**Minutes of the Nottingham and Nottinghamshire
 Patient and Public Engagement Committee
 held virtually on Tuesday 26 April 2022
 2 pm to 4 pm**

Attendees;

Sue Clague, Chair
 Jasmin Howell, Vice Chair
 Teresa Burgoyne, Nottingham West (left at 3.15)
 Michael Conroy, My Sight Nottinghamshire
 Kerry Devine, Improving Lives
 Gilly Hagen, Patient Leader/Sherwood Patient Participation Groups (joined at 2.20pm)
 Jane Hildreth, Community Voluntary Sector representing Mid Nottinghamshire ICP
 Amdani Juma, African Institute for Social Development
 Roland Malkin, Nottinghamshire Cardiac Support Group
 Paul Midgley, Rushcliffe
 Helen Miller, Healthwatch Nottingham and Nottinghamshire

In attendance (NHS Nottingham & Nottinghamshire Clinical Commissioning Group's Staff):

Prema Nirgude, Head of Insights and Engagement
 Katie Swinburn, Engagement Manager
 Amy Calloway, Assistant Director of Quality, Transformation and Oversight
 Amanda Wright, Patient Experience Manager
 Stephen Shortt, Clinical Lead and GP
 Joe Lunn, Head of Primary Care Services
 Jenny Goodwin, Assistant Director of Communications and Engagement
 Jenny Norman, Communication Manager
 Steven Smith, Programme Manager – Community Care
 Alice Blount, Community Commissioning and Contracting Co-ordinator
 Victoria Slack, Communications Lead, Bassetlaw Clinical Commissioning Group
 Jane Hufton, Engagement Assistant (minute taker)

Apologies for absence were received from;

Chitra Acharya, Patient Leader/Carer
 Colin Barnard, Patient Leader/Diabetes
 Mike Deakin, Nottinghamshire County Council
 Becky Law, Community Voluntary Sector representing Bassetlaw
 Carolyn Perry, Community Voluntary Sector representing, South Nottinghamshire ICP
 Deb Morton, Healthwatch
 Jules Seblin, Community Voluntary Sector representing City ICP
 Mary Spencer, Community Voluntary Sector representing Bassetlaw ICS

NN/35/04/22	Welcome and introductions
	<p>Sue Clague, Chair welcomed everyone to the Nottingham and Nottinghamshire Patient and Public Engagement Committee (PPEC) meeting. Sue Clague extended a warm welcome to Alice Blount who will be joining the Engagement Team in June as Senior Insights and Engagement Officer.</p> <p>Apologies were noted from attendees referenced above.</p>

NN/36/04/22	Declarations of interest
	Sue Clague reminded PPEC members of their obligation to declare any interest they might have on any issues arising at the meeting which might conflict with the business of the CCG and any items on this agenda. No declarations were made.
NN/37/04/22	Minutes of the last meeting
	The minutes of the last PPEC meeting held on 29 March 2022 were noted and agreed as an accurate record of the discussions that took place at that meeting.
NN/38/04/22	Matters arising including Action Log
	<p>An updated copy of the Action Log had been circulated to PPEC members prior to the meeting and was noted.</p> <p>Katie Swinburn shared a copy of the action log and confirmed that the completed actions were accurate. Katie Swinburn continued to highlight the outstanding actions for discussion which included:-</p> <p>NN/27/03/22 – Covid updates on latest figures will be covered in item 5 of this meeting, therefore, can be closed.</p> <p>NN/26/03/22 – The Engagement team are meeting with Simon Oliver to discuss Community Diagnostic Hubs and Simon will be invited to the next PPEC meeting on 24 May to give an update.</p> <p>NN/30/03/22 – Reshaping Health Services In Nottinghamshire (RHSN)/Tomorrow's NUH concerns were raised regarding patient transport. Jane Hildreth confirmed there was no update. Katie Swinburn agreed to take this action and contact Mark Sheppard for an update and will inform PPEC members at the next meeting.</p> <p>NN/30/03/22 – RHSN/Tomorrow's NUH pre-engagement consultation report has been circulated to all PPEC members. Members requested that key points be summarised and circulated prior to the next meeting for discussion. Katie requested that this be scheduled as an agenda item at the next meeting for any discussions or queries.</p> <p>NN/20/02/22 - Elective recovery email from Lisa Durant highlighted ongoing urgent demands and the pace has slowed down. Waiting lists will be reviewed each week. Communications are being looked at with a view to sending out to patients in May 2022 delayed slightly due to pressures.</p> <p>NN/16/02/22 - Covid testing kits and a query around being subsidised for low income families. This is something out of the control of the CCG but it will provide any advice and guidance as we move forward.</p> <p>Action: Katie Swinburn to contact Mark Sheppard to provide an update around concerns with patient transport to secondary care.</p> <p>Action: Include Tomorrow's NUH pre-engagement report discussion on the agenda for the meeting in May 2022.</p>

	<p>Action: Engagement team to pull together a summary document of key messages from the pre-engagement consultation report for Tomorrow's NUH and circulate to members prior to the next meeting.</p>
NN/39/04/22	Covid Update
	<p>Prema Nirgude provided an update around the Covid-19 Vaccination programme.</p> <p>High level statistics show that the offer for 1st, 2nd and booster vaccinations are still ongoing. The NHS are encouraging 5 – 11 year olds to attend for their vaccinations along with spring boosters.</p> <p>Hospital admissions were lower than previous weeks across the County. Hospital beds occupied have also decreased with only 5 in intensive care requiring mechanical ventilation who have not received all of their vaccinations. There was also a decrease in the amount of deaths reported too in the previous week.</p> <p>PPEC members were concerned over the shortage of clinics available for children specifically in rural areas such as Newark and Ollerton. Prema Nirgude offered to look into the possibility of requesting the Medivan to go over with a paediatric nurse to help reach these areas.</p> <p>Action: Prema to look into requesting the Medivan to go across to rural areas to deliver children's vaccinations to residents within these areas.</p>
NN/40/04/22	ICS Transition and Co-Production
	<p>Amy Calloway, Assistant Director of Quality, Transformation and Oversight along with Amanda Wright, Patient Experience Manager provided a presentation on around Co-production.</p> <p>Prema Nirgude reminded members of the coproduction work and citizens work and how this will align.</p> <p>Amanda Wright provided a high level summary of the coproduction strategy which was published in 2021 in preparation for the implementation date of 1 July 2022.</p> <p>There are 4 aims of the strategy:-</p> <ul style="list-style-type: none"> • Improve outcomes in population health and healthcare • Tackle inequalities in outcomes, experience and access • Enhance productivity and value for money • Help the NHS support broader social and economic development. <p>2 principles are the focus of the coproduction of work with people and communities:-</p> <ul style="list-style-type: none"> • Use co-production, insight and engagement to achieve accountable health and care services. • Co-produce and redesign services and tackle system priorities in partnership with people and communities. <p>Amanda confirmed working groups have been established to progress this work including a steering group, active working group and coproduction forum with system wide representation across Nottingham and Nottinghamshire.</p>

	<p>After a lengthy discussion, members raised concerns regarding the importance of formally completing a baseline audit of what is already in place. Amy confirmed that a formal baseline audit had not taken place, but reassured members that extensive research was undertaken with key partners including health and social care professionals, voluntary sector colleagues, Healthwatch and Primary Care Networks (PCNs) who all shared best practice along with gathering people with lived experience views. The outcome of this insight developed key learning points which are being looked at by the coproduction team.</p> <p>A suggestion from PPEC members included extending the membership of the working group by including community organisations and university research to develop key objectives with support and training for these individuals to represent the patient voice. Although PPEC members recognised a lot of hard work has already taken place, further research, training and support would help to achieve the benefits and outcomes; working more effectively with all system partners ensuring the focus is on the patient voice.</p> <p>Amy offered to share with members a summary of what is required and invited members to join the group to embed and share the patient voice.</p> <p>Action: Amy Calloway invited PPEC members to join the coproduction group to ensure the patient voice was embedded within the strategy. Members were asked to email if they are interested in participating. The Engagement Team will follow up with a specific email out to PPEC members.</p>
NN/41/04/22	Primary Care Strategy
	<p>Stephen Shortt, Clinical Lead and GP attended the meeting to provide an update around the Primary Care Strategy .</p> <p>Stephen Shortt provided a brief outline of the 5 year Primary Care Strategy confirming this work is in progress with the Integrated Care System (ICS).</p> <p>PPEC members provided constructive feedback around the strategy and suggestions were made around including communicating the roles of health care professionals within a GP Practice with a view to helping patients seeking medical attention and links between primary and secondary care could be improved.</p> <p>Further suggestions were made in respect of what challenges have been considered. Stephen confirmed that there has been no formal risk assessment taken place, but these were taken into account including risk analysis, workforce, recruitment, resilience in capacity and capability. Stephen confirmed that these were factored into the process and will be discussed by the team and formalised in due course. PPEC members were asked for their views on the current situation in Primary Care and how service delivery could be improved in the new Primary Care Strategy ensuring that the patient voice is at the centre of all planning going forward. PPEC members stated that good use should be made of population health management data to focus on areas of deprivation including digitally excluded, communities lacking trust in the health care system and additional cultural specific issues.</p> <p>A question was raised around issues with access to GP practices within specific geographical areas and patients being taken off Practice's lists. Joe Lunn agreed to look into this specific query with the affected patients.</p>

	<p>Stephen agreed to respond in a structured and coordinated way to take forward better patient outcomes and sustainable workforce creating a forward plan embedding the patient voice and come back to update members on the progress of the strategy.</p> <p>Action: Stephen Shortt agreed to come back and update members on the 5 year Primary Care Strategy ensuring the patient voice is embedded within the forward plan.</p> <p>Action: Joe Lunn to look into the specific query raised around patient exclusion.</p>
NN/42/04/22	Community Transformation Programme
	<p>Steven Smith, Programme Manager, Community Transformation Programme produced a paper which was circulated to all PPEC members prior to the meeting.</p> <p>Steven initially gave a summary of the progress of the programme highlighting the approach, ambitions and activities since October 2021 informing members on the current areas for involvement. Unfortunately, progress has been delayed due to redeployment of staff members during Covid-19 and winter pressures.</p> <p>The approach is to have 3 early adopter sites across the Integrated Care System (ICS) with one in each area and after an application process, the three applicants were agreed:-</p> <ul style="list-style-type: none"> • City – Bulwell and Top Valley • South Nottinghamshire – Nottingham West • Mid Nottinghamshire – 3 Primary Care Networks (PCNs) (Mansfield North and Rosewood PCN, Ashfield North PCN, Newark PCN) <p>Community transformation work includes local design teams, citizens, primary care, community providers, local authority and voluntary sector colleagues. Work has commenced on the 100 day improvement cycle including content for the local design workshops, schemes to help develop joint solutions to common problems using a local approach.</p> <p>A number of projects have been developed bringing the workforce, population health management data and local community assets together to help set the priorities and develop a new way of working in line with the cultural changes of the organisation. The Community Transformation programme has been working collaboratively with other system programmes to develop a more integrated approach. Workshops have also been set up following discussions focusing on coproduction and citizen intelligence gathering views and feedback from citizens on services available.</p> <p>Steven recognised that the stakeholder steering group requires further mapping and expansion to involve the patient voice. A plan will be published to achieve this.</p> <p>PPEC members noted the amount of time lapsed from the previous community transformation presentation and were keen to hear about key outcomes to measure against. Concern was also expressed about the lack of engagement supporting this project. Katie Swinburn confirmed that the engagement team were involved in the adopter sites giving support and would feed back to members next month. A further question arose about whether the community transformation programme included mental health and people with severe multiple disadvantages. Steven confirmed that mental health is a nationally driven project in terms of delivery and the community transformation programme was a local piece of system work. Sue Clague raised a</p>

	<p>concern over coordination of Nationally mandated programmes together with locally generated ideas.</p> <p>Action: Katie Swinburn to inform PPEC members how they can become involved in active engagement.</p> <p>Action: Engagement Team to raise the concerns at Director level the joined up working with community transformation and mental health projects.</p>
NN/43/04/22	Items for information
	<p>A number of papers were circulated to PPEC members prior to the meeting for information, which included:-</p> <ul style="list-style-type: none"> • PPEC Effectiveness Framework Children and Young People <p>There were no comments made around this paper.</p>
NN/44/04/22	Governing Body and Committee Feedback
	<p>Sue Clague updated members from the previous Governing Body meeting with information around:</p> <ul style="list-style-type: none"> • Focus on Covid • Discussion around Finance plan – system working hard to close the gap with a comprehensive operations plan. • Tomorrow’s NUH will be discussed at the next PPEC meeting with an implementation date of 2030 • NUH maternity review and new nationally commissioned review. <p>Key messages from PPEC to highlight at the next Governing Body meeting were;-</p> <ul style="list-style-type: none"> • Vaccination exclusion from select population of 5 – 11 year olds • Coproduction discussion requires much wider citizen involvement as it develops • Primary Care Strategy acknowledged severe work force challenges and more engagement is needed to ensure digitally excluded communities and those who have lost trust with NHS are heard. • Update received on community transformation programme. Some concerns over the lack of progress and lack of patient and citizen involvement.
NN/45/04/22	Any Other Business
	<p>Amdani informed members that he along with 9 other people within the country had been chose to become a baton barer for the Queens Jubilee and would send members the date of when this was happening.</p>
NN/46/04/22	Date of Next Virtual Meeting
	<p>The next PPEC meeting will be held virtually on Tuesday 24 May 2022 from 2.30 pm to 4 pm.</p>



NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Quality and Performance Committee
Ratified minutes of the meeting held on
24/03/2022 9:00-11:00
MS Teams Meeting

Members present:

Eleri de Gilbert	Non-Executive Director (Chair)
Jon Towler	Non-Executive Director
Sue Clague	Non-Executive Director
Rosa Waddingham	Chief Nurse
Lisa Durant	Director of Commissioning - Mid Nottinghamshire
Stuart Poynor	Chief Finance Officer
Dr Manik Arora	GP Representative
Dr Stephen Shortt	Joint Clinical Lead
Sarah Bray	Associate Director of System Assurance
Mindy Bassi	Chief Pharmacist
Danni Burnett	Deputy Chief Nurse
Maxine Bunn	Associate Director of Commissioning

In attendance:

Louise Espley	Corporate Governance Officer (minutes)
Dr Christina Sharkey	Macmillan GP Nottingham CityCare Partnership (for item QP 21 177)
Susie Gill	Senior Cancer and EoL Manager (for item QP 21 177)
Lucy Gally	Strategic Programmes Project Manager (for item QP 21 180)
Naomi Robinson	Senior Joint Commissioning Officer (for item QP 21 180)
Sian Gascoigne	Head of Corporate Assurance

Apologies:

Caroline Nolan	System Delivery Director - Urgent Care
Danni Burnett	Deputy Chief Nurse
Hazel Buchanan	Associate Director of Strategic Programmes

Cumulative Record of Members' Attendance (2021/22)					
Name	Possible	Actual	Name	Possible	Actual
Dr Manik Arora	11	09	Eleri de Gilbert	11	11
Mindy Bassi	11	06	Andy Hall*	06	06
Hazel Buchanan	11	09	Dr Hilary Lovelock*	10	08
Maxine Bunn	11	09	Caroline Nolan	11	09
Danni Burnett	11	10	Stuart Poynor	11	08
Lisa Durant	11	11	Dr Richard Stratton*	06	04
Sue Clague	11	09	Jon Towler	11	09
Rosa Waddingham	11	10	Sarah Bray*	05	04
Dr Stephen Shortt	01*	01			

* Dr Stratton left 24/09/2021

* Andy Hall left 25/10/2021

* Sarah Bray joined 28/10/2021

* Dr Hilary Lovelock left 24/02/2022

* Dr Stephen Shortt joined 24/03/2022

Introductory Items

QP 21 171 Welcome and Apologies

Eleri de Gilbert welcomed members and attendees to the Quality and Performance Committee meeting which was held on MS Teams due to the current Covid-19 situation. Apologies were noted as stated above.

QP 21 172 Confirmation of Quoracy

The meeting was confirmed as quorate.

QP 21 173 Declaration of interest for any item on the shared agenda

No declarations of interest had been identified ahead of the meeting. The declarations of interest register was shared for information.

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

QP 21 174 Management of any real or perceived conflicts of interest

As there are no declarations of interest, no management action is required.

QP 21 175 Minutes from the meeting held on 24 February 2022

The minutes were agreed as an accurate record of proceedings subject to the following amendments:

Page 4, point g, remove reference to £5.5million.

Page 7, point s, second reference to CCG to be amended to CQC.

QP 21 176 Action log and matters arising from the meeting held on 24 February 2022

There are no outstanding actions. It was confirmed that the Quality Strategy will come to the Committee in April 2022 and will be the ICB's first year strategy.

There were no further matters arising.

Quality and Performance

QP 21 177 ReSPECT Audit Findings

Susie Gill and Dr Christina Sharkey joined the meeting for this item.

Susie Gill and Dr Christina Sharkey shared a presentation, highlighting the following points:

- a) The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) process was implemented across Nottingham and Nottinghamshire in November 2019. This audit was undertaken to assess completion of ReSPECT forms, quality, adherence to mental capacity act requirements and to improve the quality of care in the community.
- b) Using the best practice and criteria from national ReSPECT guidance developed by the Resuscitation Council UK, the Community Palliative Care Team reviewed a sample of 30 System One records from the team's caseload and 30 System one records of deceased patients in the last quarter.
- c) The audit results were detailed in the report and showed many areas of good compliance as well as highlighting areas for improvement.
- d) Following the audit, several key actions for improvement have been identified, as follows:
 - Update ReSPECT Top tips on Teamnet.
 - Incorporate findings into future ReSPECT training.
 - Expand the community ReSPECT audit within the County.
 - Complete and review ReSPECT audit within secondary care.
 - Re-audit annually.
 - More detailed discussion of ReSPECT issues at MDTs.

The following points were raised in discussion:

- e) It was confirmed that the learning from the audit has been shared across the CCG. The audit will also be undertaken in the Nottinghamshire County area. A similar audit has recently concluded at Sherwood Forest Hospital, the findings will be shared widely once finalised.
- f) ReSPECT has been adopted across the system although with slow implementation at NUH where corporate level engagement is required. It was agreed that the NUH issue will be addressed by the Clinical Executive Group (CEG) to determine the approach to ensure ReSPECT is implemented.
- g) The audit findings are important in understanding the quality of care for individual patients and in understanding where improvements can be made.
- h) It was encouraging to see some Allied Health Professionals completing forms and agreed that further training opportunities should be offered to this group.
- i) A digital pilot to share the ReSPECT process via Patient Knows Best (PKB) is about to commence.

The Quality and Performance Committee:

- **NOTED** the audit findings.

ACTION:

- CEG to address the poor uptake of ReSPECT at NUH.

Susie Gill and Dr Christina Sharkey left the meeting.

QP 21 178

Nottingham University Hospitals NHS Trust (NUH) Confidential Update

Rosa Waddingham presented the item, highlighting the following points:

- a) The paper provides an update on quality assurance and oversight of services provided by Nottingham University Hospitals NHS Trust (NUH).
- b) NUH remains at System Oversight Framework level 4 (SOF 4) which involves mandated intensive support delivered through the Recovery Support Programme.
- c) Some services remain fragile, particularly the Emergency Department (ED). Focused work on flow out of the hospital is underway to alleviate pressure in the ED. There are some concerns in relation to Gynecological services following an increase in reported serious incidents highlighting concerns around governance and supervision.
- d) The CQC has yet to inform NUH whether the section 29a notice will be lifted following NUH's submission to the CQC five weeks ago. The CCG remain concerned about culture and leadership at NUH.
- e) In respect of maternity services there is evidence of positive progress. Actions continue to address workforce challenges and there have been several successful recruitment initiatives for midwives since January 2022. There is a demonstrable improvement in leadership of maternity services.
- f) Concern remains that change is not happening at the pace and depth required to achieve the required level of impact. This concern has been expressed for several months and remains despite the positive progress described.
- g) NUH were subject to an unannounced CQC inspection of maternity services recently. Initial feedback suggests improvements were seen, particularly in respect of leadership although areas of concern were also identified. It is expected that a further 29a notice may be issued for maternity services or a revision to section 31 conditions. A further update will be provided following publication of the CQC report.

The following points were raised in discussion:

- h) Members were very concerned to hear about the latest CQC maternity service inspection and sought assurance that the system is doing all it can to support and promote improvement at NUH. In response, the CCG continues to offer support to strengthen midwifery leadership and to continually offer constructive challenge. It was considered that the recruitment of a substantive Chief Executive Officer is critical to addressing the culture and leadership challenge. The CCG Accountable Officer has requested to be involved in the recruitment process.
- i) The appointment of a new Chair to the Trust is having a positive impact.

- j) It was recognised that the CCG was playing a significant role in both being tough on the issues with NUH whilst at the same time being supportive. Members stressed the importance of more of the same whilst continuing to drive improvement with the Trust and system
- k) The City Overview and Scrutiny Committee has written to the Secretary of State for Health expressing concerns about maternity services. A response is awaited.

The Quality and Performance Committee:

- **NOTED** the update and upcoming activities.

QP 21 179

Safeguarding Children & Multi Agency Safeguarding Hub Briefing

Rosa Waddingham presented the item and highlighted the following points:

- a) The paper provides the CCG response to Ministerial letters in relation to safeguarding children and briefs Committee members with the findings of a 360 Assurance Internal Audit Review of the County's Multi-Agency Safeguarding Hub (MASH) working arrangements. Context was provided that the review was initially requested as a consultancy piece of work from 360 Assurance, however, during the course of the review, it became a formal audit of the health element of the MASH's control environment, resulting in a formal audit opinion being provided (a limited assurance opinion). The output of this piece of work was presented to the March meeting of the CCG's Audit Committee, which requested that assurance was sought by the Quality and Performance Committee that no harm has resulted from the findings of the Internal Audit review.

Safeguarding assurance:

- b) In December 2021 the Home Office wrote to all Executives for local authorities, police and clinical commissioning groups acknowledging the ongoing work of professionals to keep the most vulnerable children safe in very challenging circumstances which the Covid-19 pandemic had presented. The letter requested an executive level due diligence process to review all safeguarding arrangements. The CCG undertook a formal audit via NHSE/I and as a local safeguarding system put in place a Chief Executive level confirm and challenge review.
- c) The paper detailed current and additional assurance arrangements in Nottingham and Nottinghamshire and included a letter from the independent scrutineer advising of a high level of assurance in relation to local safeguarding arrangements.
- d) Safeguarding is one of the areas where the CCG has moved to operating in the system space. Assurance is in place that as a system clear and robust arrangements are in place to deliver statutory duties in relation to safeguarding.

Multi-agency safeguarding hub audit:

- e) The history and function of the MASH was outlined to provide context to the Internal Audit review. It was explained that safeguarding referrals that meet the threshold for further consideration are passed to a small health team that is funded by all system partners who work to collate primary and secondary care health data to inform the next steps for each case.
- f) As part of preparing for the ICB and moving safeguarding to a system space an ICS Safeguarding Blueprint (model for the future) is being developed.

Engagement with partners during August 2021 identified the need to have a sustainable and flexible MASH offer, therefore, 360 Assurance were asked to support with an independent consultancy review to help identify how the health component of the MASH could be made 'fit for purpose' for the future. This was requested to inform a much wider partnership review of the hub to determine a service and offer which was robust for the future.

- g) During the review, it became a formal audit review of the controls in place within the MASH and, because of this, a formal audit opinion was provided. Several risk areas were identified which, as such, resulted in a limited audit assurance opinion. It was emphasised that the risks identified within the Internal Audit report are articulated, and classified, as risks to the achievement of the MASH's objectives, not the CCG's strategic objectives.
- h) It was highlighted that some of the risks within the 360 Assurance report state a potential risk of safeguarding harm, however, given the role of the MASH, it was explained that this would not be the case. In addition, significant evidence was provided within this paper of the effectiveness of the current oversight arrangements.
- i) It was stated that the three risks rated 'high' have been addressed and an action plan is in place to address remaining, 'medium' rated risks. It was proposed that the high risks are not considered to be high risks to the CCG's strategic objectives and that assurance has been provided that these have been addressed in advance of the implementation date stated by 360 Assurance (i.e., the CCG brought forward the implementation date to April 2022, from the September 2022 date agreed with 360 Assurance). A further update would be provided to the May 2022 meeting of the Committee.

The following points were made in discussion:

Safeguarding assurance:

- j) Members were encouraged with the high-level assurance provided in respect of safeguarding arrangements although concern was raised that each time lessons learned are shared from case inquiries, the same learning often features. In terms of assurance, it was explained that the implementation of partnership wide training and single referral pathways reduces risks that previously occurred at the interface between services. In addition, robust supervision arrangements and the direct pathway for safeguarding practitioners to the Chief Nurse for raising concerns is a key feature in mitigating risk.
- k) During the last two years there has been a significant increase in the number of cases referred to the MASH that require no further action. The MASH provides a single point of access for referrals which are then considered further.

Multi-agency safeguarding hub audit:

- l) Members were assured regarding the update and evidence provided in relation to the implementation of audit actions, and thus, the mitigation of risks identified by 360 Assurance: in particular, the three high risks. It was agreed that the scoring of the risks was reflective of the operational issues identified within the MASH health team, rather than the wider system safeguarding partnership function. As such, these no longer provided a high risk to the CCG and the achievement of its' strategic objectives.
- m) Members agreed that an overarching risk should be captured within the CCG's Corporate Risk Register in relation to the MASH function; this would be discussed and developed between the Chief Nurse and Head of Corporate

Assurance. It was considered appropriate for this to sit at a 'medium' level, in line with the CCG's risk profile.

- n) Members requested a further update in relation to implementation of the remaining actions at the May 2022 meeting of the Committee.

ACTION:

- Sian Gascoigne to work with Rosa Waddingham to draft the organisational risk related to the MASH function.

The Quality and Performance Committee:

- **NOTED** the level of assurance around safeguarding arrangements taken by the Independent Scrutineer and Chief Officers around safeguarding arrangements.
- **NOTED** the actions being taken by all system partners in relation to the safeguarding ministerial letters.
- **APPROVED** the approach outlined for oversight of the wider MASH review through system safeguarding arrangements.
- **NOTED** the actions relating to the review by 360 Assurance.
- **NOTED** the actions being undertaken both by the system partnership and the NHS safeguarding functions in relation to the Solihull Joint Targeted Area Inspection (JTAI).

QP 21 180

Joint Carers Strategy

Lucy Gally and Naomi Robinson were in attendance for this item.

Lucy Gally and Naomi Robinson delivered a presentation highlighting the following points:

- a) The Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) has worked in partnership with Nottinghamshire County Council, Nottingham City Council, Bassetlaw CCG and Carers to produce a joint ICS Carers Strategy for 2022-2027. The strategy is at final draft stage and is presented for endorsement prior to public consultation in April-June 2022.
- b) The strategy describes plans to improve the health and wellbeing of unpaid carers across the health and care system by detailing plans to support and meet the needs of carers by making best use of joint resources. The strategy has been co-produced with local carers to ensure that their voices and experiences drive future services.
- c) The draft strategy has been presented to PCN Clinical Directors and will also go through the local authority sign off process.

The following points were made in discussion:

- d) Members thanked Lucy and Naomi for the presentation and noted the positive focus on engagement in developing the strategy. It was suggested that the strategy would benefit from greater clarity in respect of the five themes to describe the current gap and the inclusion of metrics to assess impact. It was felt that more work is needed before a carer could read the strategy and be assured that it would make a positive impact for them.
- e) The work identified in the strategy to work with hard-to-reach communities was commended.

- f) Discussion focused on co-production versus input/co-creation. It was agreed the strategy will be reviewed by the ICS Co-production Board as part of the assurance process.
- g) In terms of assurance, some of the background material that supports the development of the strategy will be shared with members.

The Quality and Performance Committee:

- **ENDORSED** the strategy subject to review by the ICS Co-Production Board.

ACTION:

- Co-production Board to review the strategy
- Background information to be shared with members.

Lucy Gally and Naomi Robinson left the meeting.

Corporate Assurance

QP 21 181

Risk report

Sian Gascoigne presented the item and highlighted the following points:

- a) There are eleven risks on the risk register, an increase in two risks since the report to the Committee in February 2022. Seven risks are rated red.
- b) Following the focus on elective recovery and cancer services in February 2022 risk RR 129 (*overarching quality risks linked directly, and indirectly, to the COVID-19 pandemic*) has been reviewed and re-articulated. It is recommended that the risk RR129 is archived and replaced by two new risks, RR 186 (*potential impact on quality as a result of elective waiting times*) and RR 187 (*potential impact on quality as a result of increase demand on mental health services*). These two risks focus on the potential impact on quality because of increasing secondary care elective (planned care) waiting times and increasing demand on mental health services respectively.
- c) Following discussion regarding the MASH audit the associated risk will be considered ahead of the next meeting.

The following points were made in discussion:

- d) Members approved the archiving of RR 129 and the addition of RR 186 and RR 187 to the risk register.
- e) It was agreed that further work will take place to review how the risks related to flow and emergency department pressures are articulated on a system wide basis.
- f) It was noted that as transition to the ICB progresses risks associated with Podiatry, Optometry and Dentistry (PODs) will be represented on the risk register.

The Quality and Performance Committee:

- **APPROVED** the archiving of risk **RR 129** (*overarching quality risks linked directly, and indirectly, to the COVID-19 pandemic*).
- **APPROVED** the narrative and score of new risks **RR 186** (*potential impact on quality as a result of elective waiting times*) and **RR 187** (*potential impact on quality as a result of increased demand on mental health services*).

- **COMMENTED** on the risks shown within this paper (including the high/**red** risks) and those at **Appendix A**
- **DID NOT HIGHLIGHT** any new risks.

Items for information

QP 21 182 Nursing and Quality Exception Report

The item was presented for information.

Closing Items

QP 21 183 Any other business

Nottinghamshire Healthcare NHS Foundation Trust (NHT) has been subject to a significant number of CQC visits recently and a comprehensive report from CQC will follow. A deep dive review of NHT will be scheduled for May 2022 assuming the CQC is reported by that time.

No further business was raised.

QP 21 184 Key messages to escalate to the Governing Body

The Committee:

- **RECEIVED** and update on NUH performance.
- **RECEIVED** the safeguarding update in relation to Ministerial letters.
- **RECEIVED** the report following the 360 Assurance review and noted the recommendations. As requested by the Audit and Governance Committee the Quality and Performance Committee will oversee the action plan associated with the recommendations.

QP 21 185 Date of next meeting:

28/04/2022 via MS Teams meeting



NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Quality and Performance Committee
Ratified minutes of the meeting held on
28/04/2022 9:00-11:45
MS Teams Meeting

Members present:

Eleri de Gilbert	Non-Executive Director (Chair)
Sue Clague	Non-Executive Director
Rosa Waddingham	Chief Nurse
Dr Stephen Shortt	Joint Clinical Leader
Hazel Buchanan	Associate Director of Strategic Programmes
Lisa Durant	Director of Commissioning - Mid Nottinghamshire
Stuart Poyner	Chief Finance Officer
Danni Burnett	Deputy Chief Nurse
Dr Manik Arora	GP Representative
Sarah Bray	Associate Director of System Assurance
Mindy Bassi	Chief Pharmacist
Maxine Bunn	Associate Director of Commissioning

In attendance:

Katie Swinburn	Engagement Manager (for item 14, QP 22 014)
Lucy Anderson	Head of Mental Health Commissioning, Contracting & Performance (for item 9, QP 22 009)
Penny Cole	Interim Assistant Director of Quality (for item 9, QP 22 009)
Liz Cowley	Head of Urgent & Proactive Care Commissioning (Deputising for Caroline Nolan)
Gary Eaves	Head of Mental Health, Learning Disability & Children's Commissioning (for item 9, QP 22 009)
Kate Burley	Deputy Head of Mental Health Commissioning (for item 9, QP 22 009)
Adam Jones	Principal Analyst – Quality, LMNS and Personalisation
Dave Briggs	Medical Director Designate (Observing)
Louise Espley	Corporate Governance Officer (minutes)
Sian Gascoigne	Head of Corporate Assurance

Apologies:

Jon Towler	Non-Executive Director
Caroline Nolan	System Delivery Director - Urgent Care

Cumulative Record of Members' Attendance (2021/22)					
Name	Possible	Actual	Name	Possible	Actual
Dr Manik Arora	01	01	Eleri de Gilbert	01	01
Maxine Bunn	01	01	Caroline Nolan	01	00
Danni Burnett	01	01	Stuart Poynor	01	01
Sue Clague	01	01	Jon Towler	01	01
Rosa Waddingham	01	01	Sarah Bray	01	01
Dr Stephen Shortt	01	01			

Introductory Items

QP 22 001 Welcome and Apologies

Eleri de Gilbert welcomed members and attendees to the Quality and Performance Committee meeting which was held on MS Teams due to the current Covid-19 situation. Apologies were noted as stated above and Dave Briggs, Medical Director Designate was welcomed to the meeting.

QP 22 002 Confirmation of Quoracy

The meeting was confirmed as quorate.

QP 22 003 Declaration of interest for any item on the agenda

No declarations of interest had been identified in relation to specific agenda items ahead of the meeting. The declarations of interest register was shared for information.

Dave Briggs declared that he is currently an employee of NHSE/I.

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

QP 22 004 Management of any real or perceived conflicts of interest

No management action is required.

QP 22 005 Minutes from the meeting held on 24 March 2022

The minutes were agreed as an accurate record of proceedings.

QP 22 006 Action log and matters arising from the meeting held on 24 March 2022

There are no outstanding actions.

There were no further matters arising.

QP 22 007 Actions arising from the Governing Body meeting held on 06 April 2022

No specific actions were identified for the Committee.

Items on the agenda were taken out of order to aid the smooth running of the meeting.

Quality and Performance	
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QP 22 008 Integrated Performance Report

Sarah Bray presented the item, highlighting the following points:

- a) There are 20 key measures causing concern either due to variation from the H2 Plan or because of ongoing non-achievement of performance requirements.
- b) The end of March 2022 position for patients waiting 104 weeks or more was 327 patients against an end of year forecast of 312. By Trust this equates to 321 patients at NUH (forecast 308) and six patients at SFH (forecast four).
- c) Three elective wards at NUH remain re-purposed to enable the beds to be used for emergency patients. This has a significant impact on the elective capacity for some specialties, including Trauma and Orthopaedics.
- d) Staff sickness remains a key challenge and the rise in COVID infections has increased demand for emergency admissions, generating additional bed pressures.
- e) NUH and SFH elective trajectories are tracked daily and reviewed with NHSE/I via weekly system level meetings. There is significant focus on productivity and seeking alternative pathways to improve the waiting list position.
- f) In respect of Cancer, the latest combined position is 425 patients waiting 62 days or more against an end of April 2022 trajectory of 383 patients. A plan has been submitted to NHSE/I to demonstrate how this will reduce to pre-pandemic levels (268 patients) by March 2023.
- g) A factor in the deteriorating position is the capacity constraints caused by delays discharging patients following an acute episode of care. The report includes a section outlining the current position and planned mitigations including for Medically Safe for Transfer (MSFT) patients. A system bed tracker and daily system calls are in place. Over the Easter period there were daily system reviews with Senior Executive oversight. Concern remains that minimal material improvement is likely to be seen soon.
- h) High levels of sickness across mental health teams continues to have an adverse effect on service recovery, including Early Intervention in Psychosis (EIP), Children and Young People with an Eating Disorder (CYP ED) and Improving Access to Psychological Therapies (IAPT).
- i) The growth in demand for CYP ED is sustained. The provider has submitted a revised staffing proposal for consideration by the CCG.
- j) Out of Area placements have started to improve during Quarter three but there remains some risk to delivery against the zero requirement.
- k) Ambulance handover performance continues to be below target at both Nottingham University Hospitals NHS Trust (NUH) and Sherwood Forest NHS Foundation Trust (SFH).

The following points were raised in discussion:

- a) Progress towards the 104 week wait target was noted but concern remains regarding the likelihood of achieving the trajectory, particularly given the pressures experienced over the Easter holiday. The position receives a significant amount of scrutiny at specialty, system, and regional level. Mutual aid both inside and outside the system is continually being sought. Any further utilisation of the independent sector would be above tariff.
- b) The issue of staff absence and its impact on productivity was raised with a view expressed that some systems appear to adapt to absences with greater ease than others. The system is using the productivity principles of the Getting it Right First Time (GIRFT) programme. A GIRFT review has taken place at service level and plans are being refined to streamline scheduling and theatre utilisation. Workforce planning is another area of focus led by the Human Resources team.
- c) Dr Arora shared a live example of a negative experience for one of his patients due to pressures in urgent care. In this example, the patient would have benefitted from direct access to a specialty. Members were pleased to hear that work is underway to install direct access to specialties to avoid routing everything via the emergency department for cases where this is appropriate.
- d) The impact of the shortage of diagnostic capacity on the achievement of standards was acknowledged. In addition, the importance of not disadvantaging other patients whilst the focus is on 104-week recovery was highlighted. Members were informed of additional, 'early adopter' capacity for diagnostics to underpin elective recovery and plans for additional community diagnostics. It was accepted that the Quality dashboard will be key to maintaining a system wide focus.

The Quality and Performance Committee:

- **NOTED** the report.

QP 22 009

Mental Health Deep Dive

Maxine Bunn, Gary Eaves, Kate Burley and Penny Cole delivered the presentation, highlighting the following points:

- a) The presentation is aligned to the deliverables set out in Long Term Plan Mental Health and provides an overview of performance against standards as well as further insight into areas of concern, risk, transformation, and improvement.
- b) Mental Health services transformation is funded as set out in the mental health investment plan approved by Governing Body as well as System Development Funding (SDF) which is nationally ring fenced to deliver specific improvements/transformation. Over £186m is forecast to be spent on mental health in 2022/23 - 70% with Nottinghamshire Healthcare NHS Foundation Trust (NHT) and 30% with other providers, including over £9m of additional investment through Mental Health Investment Standard (MHIS) as per the national requirement.
- c) In terms of positive development, the following was highlighted; transformation has continued throughout the Covid-19 pandemic, significant and ongoing improvement in performance has been reported and delivery of the MHIS and SDF plans.

- d) Risks and concerns relate to workforce issues because of a national shortage of trained mental health staff. This impacts on waiting times, transformation, performance, and delivery of the MHIS plan. At the same time demand for mental health services, particularly inpatient services are increasing.
- e) The CCG, local Authorities and Public Health Directorates are working together to explore collaborative working. A senior leadership team has been established and a Mental Health commissioning strategy is under development. The intention is to create a system wide mental health commissioning function with one vision, shared outcomes and a mental health commissioning programme that will fulfil the duties of all parties.
- f) Detailed presentations followed to highlight performance, risks, and challenges for the following services: Perinatal, Children and Young People services and Adult Mental Health services (IAPT, SMI, Crisis care, Inpatient care).
- g) The final slides focused on complaints, serious incidents, and harm. Work is underway to map harms to pathways and to factor in health inequalities. Prevention of ill health is another focus and work is underway to reduce the number of deaths via health promotion and prevention work.
- h) The move to system working has promoted relationship building and more open sharing of information between organisations.

The following points were raised in discussion:

Perinatal and Children and Young Peoples services:

- i) It was suggested that rather than the current method of incremental investment it would be helpful to understand what a fully costed and equipped service looks like and how the business proposition could be developed.
- j) The likelihood of long-term harm to children and young people resulting from prologued waits was raised as a concern. Members were updated on the Children in crisis work that is underway following learning from some difficult cases. The initiative signals a proactive intention to work differently in the system space. Members encouraged the Clinical Exec to further address early intervention work to support children's mental health
- k) As far as risks relating to delivery against perinatal mental health standards is concerned, with recruitment now having been achieved it is envisaged that Q3 will see delivery of the standard

Adult services:

- l) It is encouraging to see more patients offered and taking up recommended pathways of care, but it is important to measure outcomes.
- m) The interface between services was highlighted as a potential risk, for example the transition from child to adult services. Members were informed that focused work on service interfaces is underway.
- n) In terms of substance misuse, it was accepted that there is a gap in supporting those addicted to prescribed medicines. An invitation will be extended to pharmacy colleagues to join the substance misuse working groups to explore this further.
- o) Work is underway to develop mental health Specialist Pharmacists to support Community teams and Primary Care Networks.

Complaints, serious incidents, and harms:

- p) Members noted the increase in serious incidents, accepting that this can be representative of an open culture and/or reflect the occurrence of more incidents. The serious incident annual report is being drafted and will examine themes and trends in detail.

- q) With regard to learning from serious incident investigations it was agreed that there is more to do to improve the quality of reports produced by providers and to address the backlog of incident investigations.
- r) It was noted that there remain several quality concerns about NHT. The CQC are currently carrying out several reviews and their reports are awaited.
- s) Thanks were extended to the team for the detailed and comprehensive presentation to the Committee.

The Quality and Performance Committee:

- **NOTED** the presentation.

Gary Eaves and Kate Burley left the meeting.

QP 22 010

Ockenden Review Final Report 2022 – Summary of Findings

Eleri de Gilbert introduced the item. The Ockenden report makes disturbing reading and nationally many maternity services are subject to scrutiny as is the case with NUH in Nottingham. Many of the themes locally resonate with the findings of the Ockenden report.

The final report builds upon the seven immediate and essential actions (IEAs) and includes 15 recommendations for changes to all maternity services in England. These include funding a safe maternity workforce, ensuring time for training for staff, and having a clear escalation and mitigation policy when staffing levels are not met.

Danni Burnett delivered a presentation highlighting the following points:

- a) The national maternity team, along with colleagues from NHS regional teams and local systems are undertaking a series of visits to hold safety conversations with all executive teams “to support executive teams to gain assurance as opposed to reassurance about safer maternity care, helping them to identify opportunities and approaches for improvement, and subsequently supporting teams to celebrate success”.
- b) Locally, maternity safety, improvement and transformation is coordinated through the Nottingham and Nottinghamshire Local Maternity and Neonatal System (LMNS).
- c) The LMNS Executive Partnership Board currently reports into the ICS Executive Partnership through the Quality Assurance & Improvement Group (QAIG) chaired by the CCG/ICB Chief Nurse.
- d) NUH and SFH performance against the seven Immediate and Essential Actions (IEA) domains was presented, with SFH reporting 100% compliance except for IEA7.
- e) The 15 Ockendon recommendations were detailed along with the Kirkup findings from the East Kent Inquiry. A benchmarking exercise is underway ahead of updating the position statements. Bereavement care is the area in most need of focus.
- f) The local position was presented, in terms of challenges, risks, workforce issues, operational demand and public confidence in maternity services.

The following points were made in discussion:

- g) The potential risk of SFH becoming overwhelmed due to an increase in flow was raised. It was confirmed that this is a real risk for SFH, the position is discussed at Executive oversight meetings and support for staff in place.
- h) Members raised concern that informed consent does not feature as an IEAs in the final report. In response the view was that informed consent features as a golden thread throughout all IEAs rather than being a stand-alone IEA.
- i) Concerns remain regarding the workforce position locally. Recruitment, retention and attracting staff remains a regional focus. A comprehensive workforce plan from NUH is expected.
- j) Public confidence in local maternity services gives real concern in light of the local position and in fact that there are a disappointing number of familiar themes in the Ockenden findings and the NUH position
- k) The scrutiny and focus on maternity services provides the opportunity to further develop the system approach. The CCG received assurance regarding its approach via the review commissioned from Grant Thornton, but this did not address the system response. The Chief Nurse shared her view that the system is maturing in this regard, with partners accepting their role in supporting improvement and holding partners to account. It will be crucial this is not lost during the transition

The Quality and Performance Committee:

- **NOTED** the significance and relevance of the final Ockenden report in relation to maternity services safety and scrutiny across Nottingham and Nottinghamshire.

QP 22 011

Nottingham University Hospitals NHS Trust (NUH) Confidential update

Danni Burnett presented the item highlighting the following points:

- a) An update on the work of the quality assurance groups was included in the report. In respect of the Emergency Department improvement against the 38 actions was reported.
- b) The April 2022 Maternity sub-group was stood down to allow further work to take place following receipt of the Ockenden report. The CCG continue to attend the Maternity Improvement Operational Group. Several actions remain off track particularly in relation to staffing, training and safe practice and none of the actions can be evidenced as embedded.
- c) The report includes positive progress in relation to the following aspects of Maternity; staffing, governance, risk management and digital with BadgerNet being announced as the new Maternity Information System.
- d) Outside of the Quality Assurance Group (QAG) process, work continues to address areas of concern such as elective recovery, capacity, safety and quality concerns and an increase in never events.
- e) The Emergency Department and Gynaecological services are fragile and will be subject to further scrutiny.
- f) Overall, engagement between NUH and CCG colleagues continues to improve. The CCG are invited to take an active role in Internal Quality Reviews, part of the membership to their newly formed Quality Assurance meetings and invited to regular 'walk around's' with the Deputy Chief Nurse. Concerns or issues raised with the CCG are more open and transparent.
- g) The significant backlog in serious incident investigations continues.
- h) NUH will remain on enhanced surveillance with system and regulatory support.

The following points were made in discussion:

- i) Members noted the continued challenges faced by NUH but welcomed the more open approach to working with the CCG.
- j) Consideration was given to how relationships will change in the system environment and by which criteria success will be measured. The ICS will promote a different culture and conversation and will require a further change in approach by NUH. The appointment of a Chief Executive to NUH is key to addressing the insular nature of the Trust.

The Quality and Performance Committee:

- **NOTED** the update and upcoming activities.

QP 22 012

NUH Maternity Thematic Review Update

Rosa Waddingham provided a verbal update, highlighting the following points:

- a) Following publication of the final Ockenden report, a significant number of additional families have come forward in respect of the local maternity review.
- b) A new Chair has been identified to lead the review. The terms of reference remain the same, but NHSE/I has taken the lead sponsor role.

The following points were made in discussion:

- c) The importance of the review being conducted in an open manner with regular sharing of findings/learning with families was stressed.

The Quality and Performance Committee:

- **NOTED** the update.

QP 22 013

Nursing and Quality Exception report

Danni Burnett presented the item and highlighted the following points:

- a) Nottinghamshire Healthcare NHS Foundation Trust (NHT) remains under enhanced surveillance. Seven of the 16 core services have recently been inspected by the CQC. It is anticipated that a further two core services will be inspected before the final well led inspection. A review of the NHT risk will take place following publication of the CQC report(s).
- b) Circle Rushcliffe MSK provides a community MSK and treatment service for patients registered with a Rushcliffe GP practice. The aim is to support individuals with musculoskeletal conditions, whilst reducing unnecessary hospital referrals. There are currently considerable referral backlogs due to the pandemic and significant increased waiting times for diagnostics, particularly MRI. In December 2021 Circle MSK lost access to the ICE reporting system which prevented automatic access to diagnostic reports. Access was restored on 12 April 2022 and is currently undergoing user testing. Circle MSK state that there are 367 patients who have been referred from their service without a reported outcome, dating back to December 2020. A fact-finding exercise has commenced.
- c) Phlebotomy services for four Nottingham City practices is subject to a two-month gap. The Primary Care team have been seeking an interim solution. Patients who can travel will attend either campus at NUH to have their routine blood tests

- undertaken. A solution for housebound patients is still being negotiated. Urgent bloods will be undertaken by the practices concerned.
- d) The system Infection Prevention and Control (IPC) group is focused on local interpretation of the new IPC COVID-19 guidance, in particular alignment of local plans to ensure a consistent approach that meets the new guidance requirements. The current processes in place are in line with other trusts in the region and the NHSEI principles.
 - e) The Care Home, Hickling Lodge has implemented daily safety huddles (weekdays) to support the safe flow of patients. All incidents and onward referrals are discussed daily to ensure the appropriate care is being delivered and where required appropriate advice and guidance given to the provider. CCG colleagues and Nottinghamshire Healthcare senior Nurses are supporting the huddles. Admission had been limited to two per day to ensure all appropriate care plans and risk assessments are completed in a timely manner but due to system pressures agreement was reached that four admissions could take place on each working day between 11 and 22 April 2022.
 - f) The delayed Code of Practice for Liberty Protection Safeguards (LPS) consultation period has commenced (19 March to 7 July), although there is still no date for implementation of the LPS. In response to the publication of the Draft Code of Practice a strategic LPS partnership has been convened to oversee development of the risk, mitigation, and governance routes for the proposed implementation of LPS.
 - g) The report includes data on Learning Disability and Autism (LDA) Inpatient Performance at year end. The system has 52 adult inpatients, thereby missing the 2021/22 inpatient target of 43 by nine. The system has ended the year five over the CCG target and four over the provider collaborative secure target. 21 discharges have occurred over the course of the year and 24 admissions, which has affected performance. The most common source of admission was from community residential providers. Annual Health Check performance has seen a significant improvement in quarter four. At 31.03.22 the Nottinghamshire system achieved 63% against a target of 67%.

No further points were made in discussion.

The Quality and Performance Committee:

- **NOTED** the exceptions and actions being taken to address.

QP 22 014

Engagement update

Katie Swinburn attended for this item.

Katie Swinburn presented the item and highlighted the following points:

- a) The paper provides a summary of the key projects underway or completed during the last six months and provides assurance of compliance with legal duties and national standards for patient and public engagement.
- b) The Citizen Intelligence Strategy, included in the report details the approach to working with people and communities in the ICS from June 2022.
- c) Detail was provided regarding the current phase of engagement with the public as part of Tomorrow's NUH (TNUH).

The following points were made in discussion:

- d) Members expressed their thanks to Katie and the team for their continued engagement work and commended their approach to engagement during the Covid-19 pandemic.
- e) The importance of maintaining and strengthening the citizen voice in ICB was stressed.

The Quality and Performance Committee:

- **NOTED** the report for assurance.

Dr Stephen Short left the meeting at 11:20

Corporate Assurance

QP 22 015

Risk report

Sian Gascoigne presented the item and highlighted the following points:

- a) There are currently twelve risks pertaining to the Committee's responsibilities. Seven of the risks are rated red.
- b) Risk RR 116 will be subject to review following publication of the CQC report into Nottinghamshire Healthcare Trust.
- c) Risk RR 187 relates to the quality risk associated with the increased waiting lists for mental health services. The narrative will be amended to ensure it represents both adults and children's' services.
- d) Two risks related to NUH remain with the maternity risk scored at 25.
- e) Risk RR 190 is new to the register following discussions at the Committee regarding urgent care (non-elective) pressures. The risk score is 16.
- f) Following the March 2022 meeting Risk RR 182 has been added as a response to the Multi-Agency Safeguarding Hub (MASH) review.
- g) Work continues to review the Quality risks alongside those from Bassetlaw CCG ahead of the production of an inclusive risk register.

The following points were made in discussion:

- h) Members approved the new risks.

The Quality and Performance Committee:

- **APPROVED** the narrative and score of new risks **RR 182** (*Multi-Agency Safeguarding Hub (MASH)*) and **RR 190** (*potential impact on quality as a result of urgent (non-elective) pressures*)
- **COMMENTED** on the risks shown within this paper (including the high/**red** risks) and those at **Appendix A**
- **DID NOT HIGHLIGHT** any new risks.

Committee Business

QP 22 016

Committee Annual Report

Eleri de Gilbert presented the item and highlighted the following points:

- a) The report is compiled on an annual basis to capture the work the Committee has undertaken to fulfil its statutory duties.

The following points were made in discussion:

- b) Members confirmed that the report reflects the focus and activity of the Committee during 2021/22.

The Quality and Performance Committee:

- **REVIEWED** the report and **NOTED** that its content will be reflected in the CCG Annual Governance Statement.

Closing Items

QP 22 017

Any other business

No further business was raised.

QP 22 018

Key messages to escalate to the Governing Body

The Committee:

- **NOTED** The importance of ensuring the patient/citizen voice is not lost in the transition to the ICB.
- **RECEIVED** the detailed review of Mental Health services.
- **RECEIVED** a report on the Ockenden findings and the local position and agreed an Ockenden report will be presented to the Governing Body.

QP 22 019

Date of next meeting:

26/05/2022 via MS Teams meeting



**NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Finance and Resources Committee**

Ratified minutes of the meeting held on
23/03/2022 09:00-10:30
MS Teams Meeting

Members present:

Shaun Beebe	Non-Executive Director (Chair)
Maxine Bunn	Associate Director of Commissioning, Contracting and Performance - Mental Health and Community (joined at 9:30)
Michael Cawley	Operational Director of Finance
Lisa Durant	System Delivery Director – Planned Care, Cancer and Diagnostics
Dr James Hopkinson	Joint Clinical Leader
Andrew Morton	Operational Director of Finance
Caroline Nolan	System Delivery Director (Greater Nottingham)
Stuart Poynor	Chief Finance Officer
Jonathan Rycroft	Associate Director of Financial Recovery (Operations)
Dr Stephen Shortt	Joint Clinical Leader
Sue Sunderland	Non-Executive Director
Amanda Sullivan	Accountable Officer
Jon Towler	Non-Executive Director

In attendance:

Siân Gascoigne	Head of Corporate Assurance
Marcus Pratt	Programme Director – Finance and System Efficiency (items FR 21 169 and FR 21 170)
Jack Rodber	Deputy Director – ICS System Analytics and Intelligence Unit (deputising for Maria Principe)
Gemma Waring	Head of Human Resources and Organisational Development (item FR 21 166)
Shannon Wilkie	Corporate Governance Officer (Minutes)

Apologies:

Lucy Branson	Associate Director of Governance
Maria Principe	Director of System Analytics and Intelligence Unit

Cumulative Record of Members' Attendance (2021/22)					
Name	Possible	Actual	Name	Possible	Actual
Shaun Beebe	11	10	Caroline Nolan	11	09
Lucy Branson	11	09	Stuart Poynor	11	09
Maxine Bunn	11	10	Jonathan Rycroft	11	09
Michael Cawley	11	11	Stephen Shortt	11	10
Lisa Durant	11	11	Amanda Sullivan	11	08
Andy Hall	06	06	Sue Sunderland	11	10
James Hopkinson	11	07	Jon Towler	11	09
Andrew Morton	11	08	Maria Principe	04	01

Introductory Items

FR 21 160 Welcome and Apologies

Shaun Beebe welcomed members to the Finance and Resources Committee meeting, which was held on MS Teams due to the current COVID-19 situation.

The apologies were noted above.

FR 21 161 Confirmation of Quoracy

The meeting was confirmed as quorate.

FR 21 162 Declaration of interest for any item on the shared agenda

No interests were declared in relation to any item on the agenda. The Chair reminded members of their responsibility to highlight any interests, should they transpire as a result of discussions during the meeting.

FR 21 163 Management of any real or perceived conflicts of interest

As no conflicts of interest had been identified, this item was not necessary for the meeting.

FR 21 164 Minutes from the meeting held on 23 February 2022

The minutes were agreed as a correct record.

FR 21 165 Action log and matters arising from the meeting held on 23 February 2022

Michael Cawley provided an update for action FR 21 152. The action calls for a communications plan to be developed, explaining the impact of the overcommitted CCG financial envelope to staff. It was explained that a newsletter is in development and a message will be included in the staff brief. Members were advised that this work to raise awareness of finances amongst staff, would continue over coming months. This action was marked as complete.

It was noted that the briefing described at action FR 21 152, assigned to Marcus Pratt, would be addressed at agenda item FR 21 170, and could therefore be marked as complete.

It was noted that the update described at action FR 21 152, assigned to Stuart Poynor, would be addressed at item FR 21 169, and could, therefore, be marked as complete.

Action FR 21 154 was not yet due.

The remaining action on the tracker was marked as complete.

Workforce Management and Organisational Development

FR 21 166

Workforce Report

Gemma Waring was in attendance to present the item and highlighted the following points:

- a) Since the previous report, there has been a slight increase in whole time equivalent CCG staff (WTE). Overall, the CCG remains under the funded WTE by 11%, which is a saving over the course of the year.
- b) The CCG continues to use agency staff, mainly in the Nursing and Quality directorate, at a cost of £264,919 over the course of 2021/22.
- c) The CCG's staff turnover exceeded the 1% target in six of the last twelve months. This is mainly due to the volume of staff exiting the organisation paired with delays in the recruitment process for replacement staff.
- d) The CCG leavers' questionnaire was re-established in October 2021. Thus far, the key themes for leaving have been promotion/career prospects, though numbers being completed are still low.
- e) The current rolling twelve-month absence rate is 2.7% against a target of 2.5%, with sickness rates continuing to reduce.
- f) There has been an increase in staff off with long term absence.
- g) The main reasons for absence continue to be monitored across the organisation. Currently, stress/anxiety/depression is the leading cause and is responsible for 44.8% of CCG workdays lost. To support staff, Mental Health First Aid training has been rolled out across the organisation. The ICS, via the already established Wellbeing Hub, has also launched the Thrive APP, which staff can use free of charge to access wellbeing resources.
- h) As at 28 February 2022, only 38% of CCG employees had completed an appraisal within the previous twelve months, compared to 73% in August 2021. This is a trend seen across all partner organisations within the ICS. Reasons for the drop include pressure in the system and the ongoing COVID-19 response.
- i) To support managers and staff at this time it is proposed that the CCG adopts a 'soft appraisal', which is a less onerous task, but enables managers to support staff during this difficult and transitional period.
- j) Progress continues to be made against the 2019-2021 Organisational Development (OD) plan. A review of the existing plan and its appropriateness for the transition to the ICB will be undertaken during 2022/23.

- k) Progress continues to be made around leadership development for CCG staff. Currently there are 28 managers undertaking the middle management programme, which launched in October 2021.
- l) There are currently 21 apprentices across the CCG, three of which are entry level. Information is pending - regarding a new level seven apprenticeship opportunity for CCG staff.

The following points were raised in discussion:

- m) Members supported the proposed approach to introduce soft appraisals as a temporary measure and stressed the importance of ensuring compliance with this process.
- n) Members queried whether the measures in place are appropriate to support staff suffering with anxiety/stress/depression. It was explained that feedback is sought at the Staff Engagement Group (SEG) and Disability and Wellbeing Network (DAWN) meetings. Feedback regarding the resources is positive although anecdotal feedback suggests that some staff struggle to find the time to utilise these during their working day. This led to members discussing the need to reiterate the wellbeing approach introduced at the beginning of the pandemic, where staff utilise breaks, take the opportunity to exercise daily and try to ensure meetings are no longer than 50 minutes. A 're-set day' where minimal meetings are held is also being considered.
- o) Despite the sickness statistics, wellbeing scores in the staff survey are positive. Members recognised the effects of the COVID-19 pandemic and various other current affairs and noted the importance of ensuring sufficient support is available to help staff with stress that may not necessarily be work related. Members agreed to hold a more detailed discussion around staff wellbeing at the next Senior Leadership Team meeting.
- p) Members recognised the positive work being undertaken to provide leadership opportunities for CCG staff and the work that has been done to utilise the apprenticeship levy.

The Committee:

- **NOTED** the report and **APPROVED** the report for onward submission to the Governing Body.

Action:

- **Gemma Waring to request that staff wellbeing to be added to the next Senior Leadership Team meeting agenda.**

FR 21 167

2021/2022 Staff Survey

Gemma Waring was in attendance to present the item and highlighted the following points:

- a) The report detailed the results of the CCG's 2021 staff survey. For the first time, the questions have been aligned with the NHS People Promise to track the progress against its ambition to change the workplace by 2024. For this reason,

32 new questions have been added to the survey and others have been removed.

- b) The revised methodology means it is not possible to complete a trend analysis for many areas as this is the first year this data has been collected. The results have determined a baseline which will enable more detailed analysis in future years.
- c) The completion rate was 84%, an improvement on last year.
- d) The full results are to be published on 31 March 2022. A more detailed report will be presented at the April Committee meeting.

The following points were made in discussion:

- e) Members requested that care be taken to avoid drawing conclusions from the data collected for the new questions within the survey, as these interpretations are not evidence based.

The Committee:

- **NOTED** the report for information.

Financial Position and Contract Management

FR 21 168

CCG Finance Report

Michael Cawley presented the item and highlighted the following points:

- a) The CCG remains under a temporary financial regime and is reporting a breakeven position at month eleven, in line with the H2 plan approved by NHS England/Improvement in November 2021.
- b) The greatest area of pressure, as in previous months, is Continuing Healthcare Costs (CHC), with a forecast out-turn overspend of £3.26M. Overspends continue to be offset by key underspends – notably across primary care related areas.
- c) The CCG continues to carry an Elective Recovery Fund (ERF) overspend. No further ERF income is expected for the remainder of the year.
- d) The CCG capital plan is expected to under deliver by circa £900k.
- e) As in previous months, actions are being taken to mitigate the overspends outlined in the report, principally via the primary care reserves, assumed allocations and balance sheet measures. Final notification relating to anticipated allocations is expected over the coming days.

The Committee:

- **NOTED** the report and **APPROVED** the report for onward submission to the Governing Body.

FR 21 169

System Financial Update

Marcus Pratt presented the report. The following points were raised:

- a) At month eleven the ICS is reporting a £12.4m deficit (adverse to plan), an improvement of £2.3m from month ten.
- b) The forecast deficit is £20.2m, an improvement of £3m compared to month ten. The improvement is due to additional specialised commissioning income received at Nottingham University Hospitals (NUH).
- a) The key driver of the deficit is a shortfall in planned ERF income due to reduced elective activity. This is mainly due to the Omicron wave leading to greater pressure on the urgent care pathway, as well as high levels of staff absence.
- a) Planned ERF in H2 across all organisations in Nottinghamshire was £17.2m. ERF income received for October 2021 to January 2022 is £1m. This is a £9.9m adverse variance to plan. No further ERF is forecast for February and March but there is considerable uncertainty as organisations look to step up elective recovery plans. As such, NHSE/I are discussing fixing ERF income levels for year-end.
- b) There remains some concern at a national level over the amount of capital spent to date and the ability to spend up to forecast during March. The ICS needs to spend a further £24.6m to meet forecast levels.

The Committee:

- **NOTED** the financial position at month eleven.

FR 21 170

2022/23 Planning Update

Marcus Pratt was in attendance to present the report. The following points were raised:

- a) It was explained that due to the time pressures associated with the submission of the financial plans, work was ongoing right up to the deadline, hence no briefing note was circulated to the Committee as described in action FR 21 152.
- b) The ask of the CCG is to plan for a breakeven position, which is a significant challenge. At present, a plan to deliver this position has not been identified. The 2022/23 draft plans were submitted on 17 March, describing a financial deficit of £96.7m.
- c) The main challenge continues to be organisations' ability to address the underlying deficit arising from 2021/22, and the inflationary costs over and above funding provided. Work between ICS organisations will continue to address the deficit prior to the final submission deadline of 28 April 2022.
- d) A number of investment areas surrounding growth were outlined in the report. The plans describe that broadly the ICS has been able to use growth funds and savings to offset the costs of growth schemes delivered in year.
- e) The report described the requirement to offset non recurrent savings from the previous year, throughout 2022/23. To date savings opportunities have not been identified and work around this will continue throughout the year. This is a high-risk area.
- f) Finally, the ICS must address exceptional elements which contribute to the deficit position. These include the removal and/ or reduction in non-recurrent support compared to what was available in 2021/22 (for example reductions in

COVID-19 funding available), alongside higher than expected inflationary pressures.

- g) Trusts are currently undertaking detailed analysis around the expected financial impact of rising energy costs and the subsequent impact this will have on the costs of drugs and other supplies.
- h) Productivity gains of 12% of elective activity is required from H2 performance levels in order to reach 104% of 2019/20 activity. This will be a significant challenge to achieve.
- i) The ICS is now entering a period of escalation and the Chief Finance Officer and Accountable Officer will be meeting with system partners on how the system will demonstrate plans to meet a balanced position. The notification of national escalation was received only days prior to the Committee meeting. Whilst there are elements of the system financial position that are understood and accepted at a national level, the ICS is open to criticism as spend continues to grow.
- j) It was noted that the national escalation process afforded the opportunity to discuss specific pressures facing the N&N system and to demonstrate to the national team that financial recovery remained a top priority for all system partners.

The following points were made in discussion:

- k) Members requested that further details be shared around the level of efficiencies within the plans before the April Governing Body Meeting. It was explained that this information was readily available in relation to the CCG share of efficiencies, however this information would not be available for system partners within the coming weeks.
- l) Members recognised the challenge to close the gap in the draft plans in order to achieve a balanced position and stated that this must be a key area of discussion at the next Governing Body meeting.
- m) Members challenged the credibility of the numbers in the plan and expressed a desire to ensure plans are subject to sufficient challenge in order to establish the areas which are within the control of the CCG and what elements are unavoidable.
- n) Members discussed whether mitigation of the financial position will be linked to a shift in the levels of clinical activity seen within the system. Members acknowledged that whilst the financial position revolves around elective recovery and the income associated with this, there are many elements that build up the overall financial position.
- o) Members challenged the level of awareness amongst frontline staff of the financial challenges the system faces. It was noted that each organisations' senior leadership team is responsible for relaying this information to its staff, and the need to improve the system underlying deficit is a message that has been cascaded amongst staff for some time.
- p) Members challenged whether there was understanding at a national level of the impact that 2019/20 allocations have had on the current financial position of the

CCG. It was confirmed that this has been discussed in detail and is understood as a valid issue.

- q) It was noted that elements of the current draft plan, specifically planned growth assumptions, may not be viable due to the financial position, therefore discussions need to be held regarding what can realistically be committed within the plan. It was also noted that this will require a culture shift.
- r) Members discussed the link between increased productivity and capacity leading to activity and thus income, and ways of making this clear to provider colleagues.
- s) Members noted the need to create a credible assurance plan to present to the Governing Body. This would need to detail the CCG element which will be inherited by the ICB, as well as a wider plan for the system, which the ICB will have oversight of. It was agreed that this would be considered by the Executive Team prior to submission to the Governing Body.

The Committee:

- **RECEIVED** for information and assurance the update on 2022/23 planning and the current position on savings.

FR 21 171 2022/23 CCG Financial Plans and Budgets

Michael Cawley and Andrew Morton presented the report. The following points were raised:

- a) The report provided an update on the NNCCG 2022/23 draft financial plans, which will form part of the ICS System draft plan submission to NHS England and Improvement.
- b) The report covers a twelve-month financial period. It assumes a three-month budgeted period as a CCG till its cessation. The remaining period (and budget) will be for the Nottingham and Nottinghamshire ICB that is assumed to be established from 1st July 2022, subject to the relevant legislation being laid before Parliament for approval. In that nine-month period, total ICB budget would be an amalgamation of allocations for the current Nottingham and Nottinghamshire boundary plus those of the Bassetlaw boundary.
- c) Opening Revenue Budgets. The Committee is asked to approve the opening draft revenue budgets for Nottingham and Nottinghamshire CCG only.
- d) A balanced financial plan has been presented for the full twelve months. However, this requires a 3.3% (£31.8m) efficiency requirement. At the time of writing, plans to deliver that efficiency remain in development and so have yet to be identified.
- e) The plan incorporates investment to deliver the MHIS standard. However, there are other investment areas not included which in turn create additional risk to delivering the balanced position.
- f) Capital. The paper includes the draft business as usual (BAU) capital plan for N&N CCG and Bassetlaw CCG to compare it with the joint capital resource limit provided to it by NSHE/I. The Committee is asked to approve the N&N CCG component only.

The following points were made in discussion:

- g) Members considered that following the earlier discussion surrounding the financial pressures within the system, that there was insufficient assurance provided, specifically regarding the ability to reduce the underlying deficit, to enable them to approve a draft plan that details growth and investment. It was noted that the level of uncertainty around efficiency savings targets and other areas of risk were not ideal at this stage.
- h) It was noted that from a governance perspective, opening budgets are required to enable money to be transacted by N&N CCG. Members were reassured that work is ongoing to identify further non recurrent solutions to mitigate the risks outlined within the plan.
- i) Members noted the requirement to have an opening budget for operational purposes and agreed to approve these, with caveats due to the level of risk involved. Members requested that upcoming investment proposals clearly identify associated savings. Members also requested that a more detailed evaluation of risk associated with financial plans be presented to the next Governing Body meeting.

The Committee:

- **APPROVED** the 2022/23 Opening Budgets.
- **NOTED** that an update on any changes to the draft opening budgets will be provided to a future Committee meeting.
- **APPROVED** the 2022/23 Business as Usual Capital Plan for the NNCCG Component.
- **NOTED** the Bassetlaw CCG component of the 2022/23 Business as Usual Capital Plan for information.

Action:

- **Stuart Poyner to ensure an analysis of risk associated with the 2022/23 financial plans to be presented to the April Governing Body meeting.**

FR 21 172

Cross Provider Report:

Jack Rodber presented the report. The following points were raised:

- a) The report summarised the volume of activity delivered against the CCG's agreed H1 and H2 plans for both elective and non-elective pathways.
- b) The previous month's report had contained information relevant to Bassetlaw CCG, this had been done prematurely as Bassetlaw continues to operate separately to NNCCG until the establishment of the ICB. For this reason, this data has been removed for this month's report.
- c) A deep dive of demand and activity trends is scheduled to be presented to the Committee at the April meeting.

The Committee:

- **NOTED** the report and the actions taken to manage the key acute contracts.

Risk Management

FR 21 173

Risk Report

Siân Gascoigne presented the item and highlighted the following points:

- a) There are ten risks pertaining to the Committee's responsibilities.
- b) A score of 16 was proposed for risk 183 (System Financial Position).
- c) A score of 12 had been proposed for risk 184 (CCG Financial Position), however, based on the discussions had throughout the meeting, it was proposed that this be revised to 16. Members noted that this would, therefore, be reported to the Governing Body.
- d) A medium risk had been added to the register surrounding delays in the new starters/leavers process. This has been identified in an internal audit.
- e) No further points were raised in discussion.

The Committee:

- **APPROVED** the narrative and score for risks RR 183 (2022/23 System Financial Position) and RR 184 (2022/23 CCG Financial Position).
- **NOTED** risk RR 185 (Delays in new starter/leaver process).
- **COMMENTED** on the risk report **HIGHLIGHTING** risks discussed throughout the course of the meeting.

Closing Items

FR 21 157

Any other business

No other business was raised.

FR 21 158

Key messages to escalate to the Governing Body

The Committee did not agree any key messages to escalate to the Governing Body.

FR 21 159

Date of next meeting: 27/04/2022.

**NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Finance and Resources Committee**

Ratified minutes of the meeting held on

27/04/2022 09:00-10.45

MS Teams Meeting

Members present:

Shaun Beebe (Chair)	Non-Executive Director
Maxine Bunn	Associate Director of Commissioning, Contracting and Performance - Mental Health and Community
Lucy Branson	Associate Director of Governance
Michael Cawley	Operational Director of Finance
Lisa Durant	Commissioning Director (Mid Nottinghamshire)
Andy Hall	Associate Director of Performance and Information
Dr James Hopkinson	Joint Clinical Leader
Andrew Morton	Operational Director of Finance
Caroline Nolan	System Delivery Director (Greater Nottingham)
Stuart Poynor	Chief Finance Officer
Jonathon Rycroft	Associate Director of Financial Recovery (Operations)
Dr Stephen Shortt	Joint Clinical Leader
Amanda Sullivan	Accountable Officer
Sue Sunderland	Non-Executive Director
Jon Towler	Non-Executive Director

In attendance:

Siân Gascoigne	Head of Corporate Assurance
Gemma Waring	Head of Human Resources and Organisational Development
Sue Wass	Corporate Governance Officer (minutes)

Apologies:

None

Cumulative Record of Members' Attendance (2021/22)					
Name	Possible	Actual	Name	Possible	Actual
Shaun Beebe	01	01	Caroline Nolan	01	01
Lucy Branson	01	01	Stuart Poynor	01	01
Maxine Bunn	01	01	Jonathan Rycroft	01	01
Michael Cawley	01	01	Stephen Shortt	01	01
Lisa Durant	01	01	Amanda Sullivan	01	01
Andy Hall	01	01	Sue Sunderland	01	01
James Hopkinson	01	01	Jon Towler	01	01
Andrew Morton	01	01			

Introductory Items

FR 21 001 Welcome and Apologies

Shaun Beebe welcomed members to the Finance and Resources Committee meeting which was held on MS Teams due to the current Covid-19 situation.

There were no apologies.

FR 21 002 Confirmation of Quoracy

The meeting was confirmed as quorate.

FR 21 003 Declaration of interest for any item on the shared agenda

No interests were declared in relation to any item on the agenda. The Chair reminded members of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting.

FR 21 004 Management of any real or perceived conflicts of interest

As no conflicts of interest had been identified, this item was not necessary for the meeting.

FR 21 005 Minutes from the meeting held on 24 March 2021

The minutes were agreed as an accurate record.

FR 21 006 Action log and matters arising from the meeting held on 24 March 2021

Actions FR 20 140 and FR 20 141 would be reported to the May meeting.

Regarding action FR 21 141, Gemma Waring noted that members of the Staff Engagement Group were reluctant to present findings of the Staff Survey to the Committee; and it was agreed that the Non-Executive Directors would attend either a future Staff Engagement Group meeting or a discrete meeting to receive their views directly.

All actions other were noted as complete.

ACTION:

- **Gemma Waring to invite Non-Executive Directors to a future meeting of the Staff Engagement Group.**

FR 21 007 Action log and matters arising from the Governing Body

Following a request at the April Governing Body, the Committee had been due to discuss the activity and financial assumptions of the Tomorrow's NUH Programme. However, the Clinical Senate had raised a number of queries relating to activity assumptions and the proposed two site model of provision for cancer services, both of which had a material bearing on the financial model. It was noted that a report would be now be brought to the May meeting. Members requested that the paper and presentation should be circulated in advance.

ACTION:

- **Sue Wass to ask Nina Ennis for the paper and presentation to be circulated in advance of the meeting.**

Workforce Management and Organisational Development

FR 21 008 Summary of Organisational Development 2020/21

Gemma Waring presented the item and highlighted the following points:

- a) The CCG's core values had been finalised in March 2020 and their launch had been put on hold following the onset of the pandemic. They were currently being reviewed to ensure they remained current prior to the launch. A wider ICS cultural assessment was being undertaken by The University of West England, Bristol to develop a whole system approach.
- b) Leadership workshops for the senior leadership team were in development and a middle management development programme would be rolled out in June 2021.
- c) The staff appraisal deadline had been extended to the end of June 2021 to take account of delays due to the focus on the pandemic.
- d) Team and cross-team development continued to be promoted.
- e) The Organisational Development team had continued to work with the Staff Engagement Group to develop their work plan and support them to progress actions within their remit.
- f) All Unconscious Bias Development Sessions had taken place and a report would be taken to the Equality and Diversity Steering Group.
- g) Existing CCG employees were now making more use of the apprenticeship levy to develop their knowledge, skills, behaviours and future career.
- h) The ICS Senior Leadership Development Programme was currently being evaluated.

The following points were made in discussion:

- i) Members discussed the need for organisational development to take into account the move to the statutory ICS and ensure links were made to the ICS transition work stream. This was acknowledged and it was noted that work was under way to support cultural change, with the move towards working with the ICS as one team.
- j) It was noted that ICS values were due to be presented to the ICS Board for approval and would be brought to the Governing Body for endorsement. Members noted the need to be cognisant that collaborative working was not as embedded in other organisations as it was within the CCG and ICS.
- k) The Chair thanked the team for the hard work and progress that had been made.

The Committee:

- **REVIEWED** the Organisational Development Report

FR 21 009 Agile Working Arrangements Update

Jonathan Rycroft gave a verbal update, highlighting the following points:

- a) The CCG's developing agile working model was interconnected with the CCG's estates planning and discussions with both the CCG Executive and Senior Leadership Teams had been underway to agree agile working principles ahead of the date for the potential easing of Covid restrictions on 21 June.
- b) It was assumed that there would continue to be the need for social distancing arrangements to be in place for some time, which would impact on the number of desks available in CCG offices.
- c) Staff whose base had been at Standard Court would be allocated new bases, which would be subject to consultation during May. The plan was to optimise the utilisation of all CCG estate. Agile working principles would be based around the need for teams and individuals to collaborate and the key would be flexibility in the use of the estate.

The following points were made in discussion:

- d) Members queried the progress of signing the lease for new premises. It was noted that this was work in progress and the Governing Body would be asked to approve any arrangements in due course. Break clauses would be negotiated to ensure future flexibility; however, its location and the accommodation available would meet the needs of the statutory ICS going forward.

The Committee:

- **NOTED** the verbal update

Financial Position and Contract Management

FR 21 010

Finance Report Month 12 and Covid-19 Related Expenditure Update

Michael Cawley presented the item and highlighted the following points:

- a) The report covered the final out-turn position as at Month 12; the Covid-19 expenditure and analysis; and the 2020/21 efficiency programme. All of which were now subject to external audit scrutiny pending the submission of the annual accounts to NHS England/Improvement in June.
- b) All key financial targets and indicators had been met and the CCG had delivered £11 million of efficiencies, against a target of £9.1 million.
- c) Although this was a positive achievement, the underlying deficit remained an issue, as the majority of efficiencies made had been non-recurrent.
- d) In March, the CCG had seen an increase in monthly Covid-19 spend, driven in the main by an expected increase in Continuing Healthcare costs, which had been funded from the CCG budget and a return to normal level in the Hospital Discharge Scheme costs. A decrease in month 11 hospital discharge programme costs was mainly due to changes in guidance for the treatment of Continuing Healthcare assessment costs.

The Committee:

- To **NOTED** and **APPROVED** the Finance Report for onward submission to the Governing Body
- To **NOTED** and **APPROVED** the Covid-19 Expenditure Update for onward submission to the Governing Body
- To **NOTED** and **APPROVED** the 2020/21 efficiency update for onward submission to the Governing Body

FR 21 011

2021/22 Draft Financial Plans & Budget Setting

Andrew Morton presented the item and highlighted the following points:

- a) The report provided an update on the CCG's 2021/22 draft financial plans, which would form part of the Nottinghamshire ICS system draft plan submission to NHS England/Improvement on 5 May 2021. Approval was sought for the opening budgets of the H1 period of 2021/22.
- b) The plan covered the first six months of the financial year (H1) and was an extension of the financial framework that had been in place for the second half of the 2020/21 financial year. The H2 allocation and guidance for 2021/22 had not yet been released.
- c) The CCG had a plan that would out-turn a £6.9m deficit in H1, compared with an expectation of a £21.8m deficit by NHS England/Improvement. In deriving this submitted plan, consideration had been given to the funding pressures required by the planning guidance and the level of QIPP and system levers that were realistically achievable under the financial framework in place to support Covid mitigation. The plan was subject to review and approval by NHS England/Improvement.
- d) In order to out-turn at £6.9 million deficit, a QIPP target of £2.9 million (0.3% of allocation) was required. This had been identified through a vacancy factor of 10%, which was in line with 2020/21, and on-going underutilisation of specific community contracts as a result of Covid. The risk of variation in H1 was reduced due to NHS contracts being based on 2020/21 values adjusted for plan guidance changes.
- e) Independent Sector contracting responsibility reverts to CCG control from the national team. The values in this plan reflected the agreed contracts for CCG activity.

The following points were made in discussion:

- f) Members queried the status of the plan in the context of the system control total. It was noted that the proposed £6.9 million deficit was part of an estimated £18 million deficit for the system as a whole. Discussion had continued to take place across the system to ensure there were no areas of duplication or gaps; and each organisation was sighted on all plans; however, as separate organisations, each organisation was required to submit a separate financial plan.
- g) Members queried why the CCG proposed a deficit lower than that expected by NHS England/Improvement. It was noted that the NHS England/Improvement deficit forecast was their estimation of the deficit if no mitigations were put in place and their expectation was actually for a break even position. The

proposed £6.9 million deficit was a pragmatic calculation.

- h) Members queried to what extent was there shared ownership of the system control total. It was noted that although historic cultural differences needed to be overcome, there was strong evidence that organisations were beginning to come together, aided by the system response to the pandemic and subsequent system transformation plans. Work was also underway to establish a system-wide Programme Management Operation. Members noted the need to ensure that the management of resource that had been moved in response to the pandemic was reflected in plans going forward.

The Committee:

- **APPROVED** the 2021/22 opening budgets as noted in this paper.
- **NOTED** that updates on any changes to opening budgets would be provided to the committee as required.

FR 21 012 Nottingham and Nottinghamshire STP COVID-19 Vaccination Programme (CVP) Month 11 Finance Report

Michael Cawley presented the item and highlighted the following points:

- a) The report presented the month 11 Covid Vaccination Programme Finance Report. It was brought to this Committee given the CCG/ICS role regarding the value for money aspects of the programme.
- b) The Covid Vaccination Programme had been commissioned by NHS England / Improvement. In Nottingham and Nottinghamshire, the providers of the programme were Nottinghamshire Healthcare NHS Foundation Trust, Sherwood Forest Hospitals NHS Foundation Trust and Nottingham University Hospitals NHS Foundation Trust. Vaccination activity undertaken by the Programme was organised into three categories: Hospital Hubs, Mass Vaccination Sites and Local Vaccination Services (LVS). GP Practices supported the Programme by providing extra LVS capacity under a sub-contract arrangement.
- c) There had been a change in approach to the reimbursement of provider costs relating to LVS, which would not now be reimbursed and instead were expected to be contained within tariff monies received.
- d) The total incremental costs to date were £6.9 million and as at month 11 the programme was declaring a £11,000 loss arising from LVS activity.

The following points were made in discussion:

- e) Members discussed concerns with the value for money aspects of the programme; the need for greater ICS oversight; and queried the focus on the next phase of the programme. It was noted that the governance and oversight of the programme was complex and it was agreed that an assurance report should be brought to the next meeting that gave an overview of how the programme was established, along with roles and responsibilities, as well as value for money considerations.

The Committee:

- **NOTED** the Covid-19 Vaccination Programme Month 11 Finance Report

ACTION:

- **Michael Cawley to bring an assurance report to the May meeting regarding the mechanics the Covid-19 Vaccination Programme, implications from a financial perspective, and future plans.**

Risk Management

FR 21 013

Risk Report

Siân Gascoigne presented the item and highlighted the following points:

- a) There were currently twelve risks pertaining to the Committee’s responsibilities on the Committee’s risk register, an increase in one since the last report.
- b) Risks RR 158 and RR 165 had been drafted following the last meeting and were submitted for approval. Both related to this financial year.
- c) Risks RR 096, RR 121, RR 133, RR 134 and RR 136, which related to the previous financial year, were proposed for archiving.

The following points were made in discussion:

- d) Following the discussions under agenda item FR 21 011, the Committee considered that RR 158 remained a current risk.
- e) No new risks were highlighted.

The Committee:

- **APPROVED** the narrative and score of new risk RR 158 and RR165;
- **APPROVED** the archiving of risks RR 096, RR 121, RR 133, RR 134 and RR 136.

Closing Items

FR 21 014

Any other business

No further business was raised.

FR 21 015

Key messages to escalate to the Governing Body

The Committee:

- Approved the opening budgets for the CCG
- Assurance of CCG OD plans

FR 21 016

Date of next meeting:

26/05/2021

MS Teams meeting



NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Primary Care Commissioning Committee (Public Session)
Ratified minutes of the meeting held on
16/03/2022 09:00-10:00
MS Teams Meeting

Members present:

Eleri de Gilbert	Non-Executive Director (Chair)
Shaun Beebe	Non-Executive Director
Helen Griffiths	Associate Director of Primary Care Networks
Sue Sunderland	Non-Executive Director
Danielle Burnett	Deputy Chief Nurse
Michael Cawley	Operational Director of Finance
Dr Ian Trimble	Independent GP Advisor
Lucy Dadge	Chief Commissioning Officer

In attendance:

Lynette Daws	Head of Primary Care
Esther Gaskill	Head of Quality
Sian Gascoigne	Head of Corporate Assurance
Louise Espley	Corporate Governance Officer (minute taker)
Stuart Hague	Nottinghamshire Local Medical Committee

Apologies:

Joe Lunn	Associate Director of Primary Care
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Cumulative Record of Members' Attendance (2021/22)					
Name	Possible	Actual	Name	Possible	Actual
Shaun Beebe	12	12	Joe Lunn	12	11
Michael Cawley	12	10	Dr Richard Stratton*	06	04
Lucy Dadge	12	11	Sue Sunderland	12	12
Eleri de Gilbert	12	11	Dr Ian Trimble	12	12
Helen Griffiths	12	10	Danielle Burnett	12	11

* Dr Stratton left 24/09/2021

Introductory Items

PCC/21/232 Welcome and Apologies

Eleri de Gilbert welcomed everyone to the public session of the Primary Care Commissioning Committee meeting, which was being held virtually due to the COVID-19 pandemic. Apologies were received from Joe Lunn.

PCC/21/233 Confirmation of Quoracy

The meeting was confirmed as quorate.

PCC/21/234 Declaration of interest for any item on the shared agenda

The register of interests was provided. No conflicts of interest were identified in relation to this meeting.

Sue Sunderland's role with Derbyshire ICB is now active.

PCC/21/235 Management of any real or perceived conflicts of interest

No management action was required.

PCC/21/236 Questions from the public

No questions had been received from the public.

PCC/21/237 Minutes from the meeting held on 16 February 2022

The minutes were agreed as an accurate record of proceedings.

PCC/21/238 Action log and matters arising from the meeting held on 16 February 2022

All actions are closed or addressed on the agenda.

There were no matters arising.

Commissioning, Procurement and Contract Management

PCC/21/239 Oakwood Surgery - impacts of reduction in opening hours at Bull Farm branch surgery

In September 2021 the Committee approved the request from Oakwood Surgery to reduce the opening hours of Bull Farm branch surgery and asked for a review of the impact of the decision to be reported to the Committee three/four months post implementation.

Lynette Daws presented the item, highlighting the following key points:

- a) The rationale for reducing the hours at the Bull Farm branch surgery was to reallocate receptionists time in order to improve cover at both sites during times when the highest volume of calls is experienced. This was considered appropriate action in response to the number of patient complaints related to telephone access.
- b) The report provided data on de-registrations and telephone call analysis to assess the impact of the reduction in opening hours at Bull Farm. There has been a reduction in calls since October 2021 which could be attributed to factors wider than the reduction in opening hours e.g. the impact of the Omicron virus on general practice. There has been an increase in the percentage of calls

answered and a reduction in abandoned calls. Data suggests there has also been an increase in unanswered calls.

- c) No formal or informal complaints have been received regarding the change in opening hours and no reports of adverse social media.

The following points were made in discussion:

- d) Members noted the positive impact for the practice and staff as a result of the reduction in opening hours at the Bull Farm branch surgery but suggested that a more proactive approach to assessing the impact for patients should have been considered
- e) Rather than relying on complaints data and social media activity as a measure of impact it was suggested the practice conduct a patient engagement exercise specifically focused on assessing the patient experience of the change. The patient engagement should address the impact at both Oakwood and Bull Farm.
- f) Whilst there had been an improvement in average wait time for calls to be answered there had also been a significant reduction in the number of calls; yet 30% of calls remain unanswered. This raised a question about whether the practice has the right staffing model in place but also suggested there could be other reasons affecting reduction in calls.
- g) The practice will be asked to undertake a proactive exercise to further assess the impact of the reduction in opening hours and to consider their response to the volume of unanswered calls.
- h) The outcome will be reported to the Committee in May 2022.

The Committee:

- **NOTED** the impact assessment and requested further assessment, direct with patients takes place and be reported to the Committee in May 2022.

ACTION:

- Lynette Daws to provide the practice with feedback from the Committee and request further patient engagement takes place to assess the impact of the reduction in hours at the Bull Farm surgery. In addition, the practice will be asked to review their staffing model in the light of the high number of unanswered calls.

PCC/21/240 Winter Access Fund update

Lynette Daws presented the item and highlighted the following key points:

- a) The Winter Access Fund has been reported to the Committee since November 2021 and runs to 31 March 2022. The report provides detail of activity to 31 January 2022 and information about additional funding received from NHSE/I.
- b) In December 2021 NHSEI Midlands Region asked CCGs to submit potential schemes against a further £500k to provide additional support to deliver the Improving Access Winter Plan and/or Long-Term Plan priorities. The proposed schemes were supported to the level of £565k with four additional schemes being requested by NHSEI Midlands totalling £177k. The total allocation received in relation to this funding was £742k.

- c) An additional funding allocation of £120k has been received to support delivery of increased benefits aligned to Long Term Plan priorities and to enable closer collaboration across providers.
- d) The associated MOUs were attached to the report for information.

The following points were raised in discussion:

- e) Thanks were expressed to the Primary Care Team in recognition of the ongoing effort in respect of the Winter Access Fund.
- f) It was confirmed that all schemes are on track to deliver by 31 March 2022.
- g) Discussion ensued regarding analysis of the impact of investment and the potential impact on access when the fund ends in March 2022.
- h) Members were keen to ensure that the positive initiatives resulting from the fund are captured and incorporated into the primary care strategy and investment strategy for primary care.
- i) In terms of analysis, a retrospective review will be undertaken to quantify the impact of the initiatives employed across the CCG. An update on the approach to this review will be provided in April 2022.

The Committee:

- **NOTED** the update on the winter access fund and additional funding.

PCC/21/241

NHS England General Practice Contract Arrangements 2022/23

Lynette Daws presented the item and highlighted the following key points:

- a) NHS England published a letter on 01 March 2022 outlining updates to General Practice contract arrangements in 2022/23. The key changes place additional requirements on PCNs, with the absence of additional funding.
- b) The letter has been received negatively in general practice who felt that the changes were being imposed. NHSEI considers that the changes were negotiated with the BMA as part of the five-year plan to develop PCNs.
- c) It was felt that locally practices are well placed to deliver; working with federations and that the contents of the letter were not a surprise.
- d) Extended access is the greatest area of concern. Support from GP Federations will be key to implementation of the new arrangements locally.
- e) Detailed guidance is still expected around implementation.

The following points were raised in discussion:

- f) It was confirmed that PCNs will submit plans by 31 July 2022, with a final iteration agreed by 31 August 2022.

The Committee:

- **NOTED** the NHSE/I letter and arrangements for general practice.

Strategy, Planning and Service Transformation

PCC/21/242

Primary Care Network Delivery – Year-end Report

Helen Griffiths presented the item and highlighted the following key points:

- a) The paper provides an overview of the development of Primary Care Networks (PCNs) within Nottingham and Nottinghamshire over the last 12 months,

- highlighting key deliverables, achievements and on-going considerations as year three of the five-year programme commences.
- b) Appendix one details the six service specifications delivered as part of the PCN DES contract demonstrating the enhanced service offer from PCNs.
 - c) Appendix two provides detail of increasing numbers of additional roles/skills appointed across PCNs.
 - d) Appendix three provides the NHSE/I trajectory for recruitment of additional roles. The CCG is currently above trajectory with 310 posts in place.
 - e) The Impact Investment Fund (IIF) is delivered at PCN level, the indicators were protected in the latter part of 2021 due to the impact of the Covid-19 vaccination programme and an increase in workload associated with the winter access fund.
 - f) Primary Care Transformation money has been used to support a number of developments focused on leadership, organisational development and engagement with system partners. The benefits of this investment were captured in the maturity matrix reported to the Committee in December 2021. Focused work on leadership development and succession planning will continue into 2022/23.
 - g) Nottingham and Nottinghamshire PCNs continue to receive positive feedback from the regional team who are keen to share elements of local work more widely.
 - h) The financial allocation for recruit of additional staff will increase in 2022/23. PCNs will continue to have flexibility to recruit into any of 15 different roles.
 - i) Extended access will be a significant focus for PCNs in 2022/23.
 - j) Two new service specifications, anticipatory care and personalised care will be implemented from 01 April 2022.
 - k) The report highlights familiar issues facing PCNs such as, the digital agenda, workforce pressures, limitations resulting from primary care estates and the wider transformation agenda.
 - l) Moving into the final two years of the five-year programme there will be a focus on maintaining delivery of the contract and assessing the impact of PCNs at place and system level.
 - m) The system dashboard which is subject to ongoing development will be important in understanding PCN activity and performance. The dashboard is expected by September 2022.
 - n) A future focus will be to connect the work of PCNs, particularly with respect to the wider multidisciplinary workforce with the Community Transformation programme.
 - o) Community engagement will be a key focus as will the PCN role in the development of the primary care strategy.

The following points were raised in discussion:

- p) Members noted the significant progress with PCN development and that this has been achieved whilst primary care has faced very challenging time. It was agreed that as PCNs take on greater accountability additional managerial support will be required.
- q) In terms of workforce plans it was accepted that future plans are ambitious and will require creative solutions, for example, rotational posts and secondments to be successful. It is anticipated that the ICB People and Culture Group will focus on achievement of plans in the ICB.
- r) The link between PCNs and the Community Transformation Programme was considered a key focus for 2022/23.

- s) The Chair thanked PCNs and Helen Griffiths for what was evidently a success story to date.
- t) The system dashboard under development will be crucial to target support as well as providing evidence of return on investment.

The Committee:

- **NOTED** the progress and continued development of PCNs over the last 12 months.
- **NOTED** the priorities and considerations for 2022/23.

Covid-19 Recovery and Planning

PCC/21/243 Covid-19 Practice Level Update: Operational Pressures Escalation Levels (OPEL) reporting

Lynette Daws presented the item and highlighted the following key points:

- a) General Practice continues to progress through the COVID-19 outbreak with practices across all three Localities (South Nottinghamshire, Mid Nottinghamshire and Nottingham) reporting their Operational Pressures Escalation Levels (OPEL) on a daily basis. This enables the CCG to understand where there are pressures in relation to service delivery across General Practice.
- b) The report covers the four-week period to 25 February 2022.
- c) OPEL levels are stabilising with a circa 50% reduction in level three reporting in Mid and South Nottinghamshire. Level three reporting in the City remains the same as reported in February 2022.
- d) The report includes details of staff absence which is also stabilising.

No further points were raised in discussion.

The Committee:

- **NOTED** the OPEL report to 25 February 2022.
- **NOTED** the staff absence report for the period 07 February to 04 March 2022.

Financial Management

PCC/21 244 Finance report – month eleven

Michael Cawley presented the item and highlighted the following points:

- a) The report covered the year-to-date / forecast out-turn position for 2021/22 and also high-level draft indicative budgets for 2022/23.
- b) The financial position for month eleven 2021/22 continues to be prepared in the context of the revised financial regime implemented by NHS England/Improvement (NHS/I) in response to the COVID-19 pandemic. Under the H2 regime, the CCG is required to report on the financial year to date position (cumulative from M1 to current month), as opposed to treating H1 and H2 separately.

- c) The year to date (M1-11) position shows a £1.35million overspend (0.8% of year to date budget). The main drivers of the position being PCCC reserves forming part of the position (£2.64 million); offset by the overspend relating to spend associated with Additional Roles (ARRS) that will be reimbursed (£2.35 million) and an adverse variance on the Primary Care Reimbursement (£1.28m) line of expenditure. The CCG is taking a prudent approach to this expenditure following the latest rates review information.
- d) Reserves are designed to manage any in-year unforeseen pressures that may arise on those budgets delegated by the CCG to the Primary Care Commissioning Committee (PCCC). For accounting purposes, the total PCCC reserves position remains reported as part of the overall PCCC position.
- e) The current forecast position is £2.55million overspend (1.51% of total budget). This accounts for a forecast overspend spend associated with ARRS (£4.44million) and WAF (£1.53million) both of which will be funded by NHSE/I. The CCG has been advised by NHSEI to present the financial information in this way as part of the national reporting process to secure the relevant funding.
- f) The 2022/23 budgets for Primary Care Commissioning included in the report are based on the anticipated allocation provided by NHSE/I. They represent high level opening budgets. More detailed reports will be shared at a future meeting. The non-delegated budget is presented for information only.
- g) The presentation of budgets is on a three months/nine months basis to reflect the anticipated disestablishment of the CCG on 30 June 2022 and the establishment of the ICB on 01 July 2022 (subject to legislation). The ICB will be required to approve its budgets once the ICB has been established.

The following points were raised in discussion:

- h) It was confirmed that the high-level financial allocation received to date covers plans detailed in the delegated budget.
- i) The new draft delegation agreement infers that there will not be same demarcation (ring fencing) of the primary care delegated budget in the ICB.

The Committee:

- **NOTED** the contents of the Primary Care Commissioning Finance Report.
- **APPROVED** the Primary Care Commissioning Finance Report for the period ending February 2022.
- **APPROVED** the 2022/23 Budgets as set out in Section 2 of the Primary Care Commissioning Finance Report.
- **NOTED** the 2022/23 budgets set out in section two for the non-delegated Primary Care element.

Risk Management

Risk Report

PCC/21/245

Sian Gascoigne presented the item and highlighted the following points:

- a) There are currently seven risks relating to the Committee's responsibilities, a reduction in one risk since the February 2022 report. Two risks are rated red/high.
- b) Risk RR 160 (*primary care workforce resilience, exhaustion and burn-out*) has a score of 16 and remains red. Following discussion at this meeting it is considered that this remains appropriate.
- c) Risk RR 138 is recommended for archiving. The risk relates to the impact of COVID-19 test, track and trace on the workforce. In response to the '*Living with*

COVID-19' guidance the legal requirements around test, track and trace have been removed. As such the likelihood of this risk has reduced to an overall risk score of three. It is recognised that workforce capacity continues to be an issue, as such it is captured by two risks, RR 032 (*insufficient primary care workforce capacity*) and RR 126 (*quality of primary care services*).

No further points were made in discussion.

The Committee:

- d) **NOTED** the Risk Report and did not highlight any new risks for inclusion on the risk register.
- e) **APPROVED** the archiving of risk **RR 138** (*COVID-19 test, track and trace*).

Information Items

PCC/21/246 **Monthly Contract Update.**
The Committee received this item for information.

Closing Items

PCC/21/247 **Any other business**
No further business was raised.

PCC/21/248 **Key messages to escalate to the Governing Body**
The Committee:

- **RECEIVED** the year-end report on Primary Care Network Development noting the progress made and priorities for 2022/23.
- **NOTED** the NHS England General Practice Contract Arrangements 2022/23 letter and the key requirements for general practice.

PCC/21/249 **Date of next meeting:**
20/04/2022
MS Teams meeting



NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Primary Care Commissioning Committee (Public Session)
Ratified minutes of the meeting held on
20/04/2022 09:00-10:15
MS Teams Meeting

Members present:

Eleri de Gilbert	Non-Executive Director (Chair)
Shaun Beebe	Non-Executive Director
Joe Lunn	Associate Director of Primary Care
Sue Sunderland	Non-Executive Director
Michael Cawley	Operational Director of Finance
Dr Ian Trimble	Independent GP Advisor
Lucy Dadge	Chief Commissioning Officer

In attendance:

Lynette Daws	Head of Primary Care
Esther Gaskill	Head of Quality
Sian Gascoigne	Head of Corporate Assurance
Louise Espley	Corporate Governance Officer (minute taker)
Michael Wright	Nottinghamshire Local Medical Committee

Apologies:

Danielle Burnett	Deputy Chief Nurse
Jo Simmonds	Head of Corporate Governance

Cumulative Record of Members' Attendance (2022/23)

Name	Possible	Actual	Name	Possible	Actual
Shaun Beebe	01	01	Joe Lunn	01	01
Michael Cawley	01	01	Danielle Burnett	01	00
Lucy Dadge	01	01	Sue Sunderland	01	01
Eleri de Gilbert	01	01	Dr Ian Trimble	01	01

Introductory Items

PCC/22/001 Welcome and Apologies

Eleri de Gilbert welcomed everyone to the public session of the Primary Care Commissioning Committee meeting, which was being held virtually due to the COVID-19 pandemic. Apologies were noted as above.

PCC/22/002 Confirmation of Quoracy

The meeting was confirmed as quorate.

PCC/22/003 Declaration of interest for any item on the shared agenda

The register of interests was provided. No conflicts of interest were identified in relation to this meeting.

PCC/22/004 Management of any real or perceived conflicts of interest

As no conflicts of interest were identified, no management action was required.

PCC/22/005 Questions from the public

No questions had been received from the public.

PCC/22/006 Minutes from the meeting held on 16 March 2022

The minutes were agreed as an accurate record of proceedings.

PCC/22/007 Action log and matters arising from the meeting held on 16 March 2022

One action remains open and will report to the May meeting.
There were no matters arising.

PCC/22/008 Actions arising from the Governing Body meeting held on 06 April 2022

Governing Body discussion focused on the ongoing pressures experienced in primary care, particularly in relation to workforce. The Governing Body highlighted the areas of workforce, IT and Estates for particular focus in the Primary Care Strategy.

Commissioning, Procurement and Contract Management

PCC/22/009 Monthly Contract update

Lynette Daws presented the item, highlighting the following key points:

- a) Two entries have been removed from the contract log as they are now resolved.
- b) The merger of Springfield Medical Centre with The Practice St Albans and Nirmala has taken place with no adverse publicity or issues reported.

No further points were made in discussion.

The Committee:

- **NOTED** the contract update.

PCC/22/010 Winter Access Fund update

Joe Lunn presented the item and highlighted the following key points:

- a) The Winter Access Fund (WAF) has been reported to the Committee since November 2021 and runs to 31 March 2022. The report provides detail of the most recent submission to NHSEI including information about risks, mitigations and progress against the financial trajectory.
- b) There is one further report to submit to NHSEI before the WAF closes.
- c) The next step is to evaluate the benefits and effectiveness of the schemes delivered under the WAF to ensure that positive initiatives are captured and fed into the ICB Primary Care Strategy. The evaluation will be reported to the Committee in May 2022.

No further points were raised in discussion.

The Committee:

- **NOTED** the update on the winter access fund and plans to evaluate schemes.

Strategy, Planning and Service Transformation

PCC/22/011 Primary Care Strategy Update

Joe Lunn provided a verbal update highlighting the following key points:

- a) The CCG is currently delivering against year four of the existing primary care strategy. Alongside this, development of the ICB Primary Care Strategy is underway. The process, approach and timeline for production was provided.
- b) The approach focuses on the key domains for primary care delivery and will include Pharmacy, Optometry and Dentistry services as they will be incorporated into the ICB from April 2023. The strategy will set the vision and way of working to achieve the primary care mandate for Nottingham & Nottinghamshire, including Bassetlaw.
- c) Named leads have been identified to lead each domain workstream covering mandated services, enhanced services and areas for innovation such as research and innovation and NHS Green.
- d) Engagement and open and honest communication is considered a key feature in development of the strategy. Several engagement events have taken place with others planned, including, regular meetings with Clinical Directors and the Clinical Design Authority (CDA), workshops held on 16/17 March 2022 to consider design and enabling functions, a workshop on 21 April 2022 to focus on workforce and estates, a public question and answer webinar on 18 May 2022 and on 19 May 2022 events for primary care practices will take place.
- e) The Associate Director of Primary Care and one of the Joint Clinical Leaders will attend the PPEC on 26 April 2022 to share plans and receive their input to the design of the strategy.
- f) Underpinning enablers including the workforce model, IT infrastructure and estates are essential elements to the resilience of the strategy to facilitate transformation of the primary care delivery model.
- g) A draft Primary Care Strategy will be shared with the Committee in May 2022. The strategy will be in final form by 01 July 2022.

The following points were raised in discussion:

- h) The importance of an open dialogue with the public was considered critical given the pressures in primary care and the impact of the Covid-19 pandemic. Members urged public engagement to honestly address the limitations of the strategy as well as its ambition.

- i) The Local Medical Committee (LMC) are keen to be involved in strategy development on both the established enablers, particularly access and the innovation agenda e.g., NHS Green.
- j) Members recognised that evolution to the ICB offers both a challenge and opportunity to primary care to develop resilience and promote transformation.

The Committee:

- **NOTED** the process, approach and timeline to develop the ICB Primary Care Strategy.

Covid-19 Recovery and Planning

PCC/22/012 Covid-19 Practice Level Update: Operational Pressures Escalation Levels (OPEL) reporting

Joe Lunn presented the item and highlighted the following key points:

- a) General Practice continues to progress through the COVID-19 outbreak with practices across all three Localities reporting their Operational Pressures Escalation Levels (OPEL) daily. This enables the CCG to understand where there are pressures in relation to service delivery across General Practice.
- b) During this period there has been a small increase in number of practices reporting OPEL three and slightly fewer practices consistently reporting OPEL two. Five practices regularly reported OPEL one during the period.
- c) The report includes details of staff absence which shows an increase in absence due to sickness since the last report.

No further points were raised in discussion.

The Committee:

- **NOTED** the OPEL report for the four-week period to 25 March 2022.
- **NOTED** the staff absence report for the period 08 March to 07 April 2022.

Financial Management

PCC/22/013 Finance report – month twelve

Michael Cawley presented the item and highlighted the following points:

- a) The report is presented in a different format due to the timing of the meeting in relation to finalising the year-end position.
- b) The year to date (M1-12) position shows a £4.06 million underspend (2.32% of year-to-date budget). The main drivers being PCCC reserves (£5.79 million), offset by the overspend relating to spend associated with Enhanced Services (£0.18 million) and an adverse variance on the Premises Cost Reimbursement (£1.42m) line of expenditure following review of the latest rates review information.
- c) PCCC reserves are designed to manage any in-year unforeseen pressures that may arise on budgets delegated by the CCG to PCCC. PCCC reserves up to H1 (£2.64 million, 1.56%) were not required and were released back into the overall CCG position. For accounting purposes, the total PCCC reserves position remains reported as part of the overall PCCC position.

- d) Since the month eleven position was reported, allocations for both the Winter Access Fund (£1.529m) and Additional Roles Reimbursement Scheme (ARRS) (£4.435m) have been received as anticipated.

No further points were raised in discussion.

The Committee:

- **NOTED** the contents of the Primary Care Commissioning Finance Report.
- **APPROVED** the Primary Care Commissioning Finance Report for the period ending March 2022.

Risk Management

PCC/22/014

Risk Report

Sian Gascoigne presented the item and highlighted the following points:

- a) There are six risks within the remit of the committee. A reduction in one risk since the March 2022 meeting.
- b) Two risks are rated high. Risk RR 160 relates to the pressure on the primary care workforce and has a score of 16. The second, risk RR 171 with a score of 16 addresses the loss of public confidence in primary care due to increased demand and waiting times.

The following points were made in discussion:

- c) Given discussion at this meeting, particularly in respect of OPEL reporting, the WAF and development of the Primary Care Strategy members agreed to maintain the risk scores for RR 160 and RR 171 at this time.

The Committee:

- **NOTED** the Risk Report and did not highlight any new risks for inclusion on the risk register.

Committee Business

PCC/22/015

Committee Annual Report

Eleri de Gilbert presented the item and highlighted the following points:

- a) The report is compiled on an annual basis to capture the work the Committee has undertaken to fulfil its statutory duties.

The following points were made in discussion:

- b) Members confirmed that the report reflects the focus and activity of the Committee during 2021/22.

The Committee:

- **REVIEWED** the report and **NOTED** that its content will be reflected in the CCG Annual Governance Statement.

Information Items

- PCC/22/016** **NHS England Memorandum of Understanding (MOU) 2022**
The Committee received the item for information.

Closing Items

- PCC/22/017** **Any other business**
No further business was raised.

- PCC/22/018** **Key messages to escalate to the Governing Body**
The Committee:
- **RECEIVED** an update on the development of the Primary Care Strategy detailing plans for engagement, communication and production.

- PCC/22/019** **Date of next meeting:**
18/05/2022
MS Teams meeting

Audit and Governance Committee
RATIFIED minutes of the meeting held on
 03/03/2022, 09:00-10:15
 Via MS Teams

Members present:

Sue Sunderland	Non-Executive Director (Chair)
Eleri de Gilbert	Non-Executive Director
Jon Towler	Non-Executive Director

In attendance:

Craig Bevan-Davies	Counter Fraud Specialist, 360 Assurance
Lucy Branson	Associate Director of Governance
Michael Cawley	Operational Director of Finance
Rhonda Christian	Assistant Director of Nursing and Safeguarding (for item AG 21 115)
Christopher Dean	KPMG
Sian Gascoigne	Head of Corporate Assurance
Andrew Morton	Operational Director of Finance
Glynis Onley	Assistant Director, 360 Assurance
Stuart Poynor	Chief Finance Officer
Anne Marie Talbot	360 Assurance (for item AG 21 115)
Richard Walton	Director, KPMG
Rosa Waddingham	Chief Nurse (for item AG 21 115)
Sue Wass	Corporate Governance Officer (minutes)
Kevin Watkins	Client Manager, 360 Assurance
Shaniah Wilkes	KPMG

Apologies:

None

Cumulative Record of Members' Attendance (2021/22)					
Name	Possible	Actual	Name	Possible	Actual
Eleri de Gilbert	6	5	Jon Towler	6	6
Sue Sunderland	6	6			

Introductory Items

- AG 21 106** **Welcome and apologies**
 Sue Sunderland welcomed everyone to the meeting of the Audit and Governance Committee, which was held on MS Teams due to the current Covid-19 situation.
- There were no apologies.
- AG 21 107** **Confirmation of quoracy**
 The meeting was declared quorate.
- AG 21 108** **Declaration of interest for any item on the agenda**
 No interests were noted on any item on the agenda.

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

AG 21 109 Management of any real or perceived conflicts of interest

This item was not required, as no interests were declared.

AG 21 110 Minutes from the meeting held on 13 January 2022

Subject to an amendment to the job title of Glynis Onley, the minutes of the meeting held on 13 January 2022 were agreed as an accurate record of the discussions held.

AG 21 111 Action log and matters arising from meeting held on 13 January 2022

All actions were agreed as completed and there were no other matters arising.

Financial Stewardship

AG 21 112 Tender Waiver Register

Lucy Branson presented this item and highlighted the following key points:

- a) The Committee was responsible for reviewing all instances where the requirement for formal competitive tendering had been waived.
- b) The Tender Waiver Register provided assurance that all decisions to direct award had been made in line with the CCG's Procurement Policy and Standing Financial Instructions.
- c) Since the last report to the Committee there had been seven new entries to the register.

The following points were raised in discussion:

- d) Members queried the waiver for locked rehabilitation inpatient services, and it was noted as an error, and the waiver had been approval by the Governing Body in November 2021.

The Committee:

- **REVIEWED** the Tender Waiver Register 2021/22

AG 21 113 Off Payroll Report

Michael Cawley presented this item and highlighted the following key points:

- a) This was a regular assurance report on the CCG's off payroll arrangements.
- b) As of January 2022, there were four off-payroll engagements within the CCG. Three posts related to support to process the backlog of CHC claims and one related to the backfilling of a post within the Patient Experience Team. It was confirmed that this contract would come to an end by the end of the financial year.

The Committee:

- **NOTED** the Off Payroll Report

Internal Audit

AG 21 114 Internal Audit Progress Report

Kevin Watkins presented this item and highlighted the following key points:

- a) Since the last meeting, the reviews of the MASH service, the integrity of the General Ledger and key financial systems and the CCG's arrangements for transitioning to the Integrated Care Board (ICB) had been issued.
- b) The review of MASH services had received an assurance level of 'limited' and was

- subject to a separate item on this agenda.
- c) The report on transition arrangements had found that generally good arrangements continued to be in place.
 - d) The financial systems audit received a rating of 'significant assurance'; however, one key finding related to the late submission of starter and leaver documentation to payroll. Notably, 10% of all leavers in 2021/22 had been overpaid following late notification to Payroll of their leaving date, resulting in actions required to be taken to recover the overpayments.

The following points were raised in discussion:

- e) It was noted that conversations had already taken place with HR colleagues over the late receipt of paperwork and that all overpayments had been recovered. HR systems had been checked and it had been found that the issue related to a small number of CCG managers, who would be spoken to individually. A wider message had also been circulated reminding all managers of good practice relating to paperwork for starters and leavers.

The Committee:

- **RECEIVED** the progress report and **NOTED** the key messages and progress being made with the delivery of planned assurances for 2021/22

AG 21 115 Review of CCG Multi-Agency Safeguarding Hub (MASH) Internal Audit Report

Anne Marie Talbot presented this item and highlighted the following key points:

- a) The background to the audit was provided. Health representation for the Nottinghamshire MASH service was currently provided by the CCG, with funding in place from the health partners who they represent. Senior CCG officers had recognised potential issues within the service and had requested an Internal Audit review of the MASH 'health service' with the objective of supporting its development towards a more effective function.
- b) The exercise had identified a need to improve control arrangements in several areas, resulting in limited assurance being provided.
- c) A number of high risk and medium risk actions had been agreed. Specifically, the risks related to the service specification, which had not been reviewed since 2015 and was no longer fit for purpose; there were no mechanisms for monitoring performance; key policies and documents were not version-controlled; staffing and cover was deemed insufficient to meet workload and there was a perception by staff of a lack of supervision or support; records were stored in different places; and data collection was not robust.

The following points were raised in discussion:

- d) Members thanked the CCG for proactively raising their concerns with the service and noted that the report would be helpful in focusing work to resolve the issues.
- e) Members requested assurance that no harm had come to service users as a result of the issues. It was noted that this was not the 'front door' service of the MASH and the Chief Nurse had assured herself immediately that no harm had been come to service users.
- f) The Chief Nurse asked the Committee to note that many of the issues stemmed from historical arrangements, complicated by the CCG's inability to hold patient data. A wider review of MASH services was also underway. Nevertheless, actions had been taken immediately to address the risks raised in the report and cultural issues within the team were being addressed.
- g) Members noted concern regarding the extended completion dates for the high-risk actions and although they were assured that work had commenced to address the risks, requested assurance that focus would remain on addressing the concerns raised in the report. It was agreed that the action plan would be a standing item for

the Quality and Performance Committee, which would also have sight of wider issues for the MASH and how these were being taken forward.

The Committee:

- **RECEIVED** the report summarising the findings of the review of the CCG MASH report and **NOTED** recommendations made and action agreed to address the weaknesses in control identified.

Rosa Waddingham, Rhonda Christian and Anne Marie Talbot left the meeting

Counter Fraud

AG 21 126

Counter Fraud Progress Report

Craig Bevan Davies presented this item and highlighted the following key points:

- The report summarised the work undertaken in relation to counter fraud work from the CCG's 2021/22 Counter Fraud Plan.
- Work to each requirement within the Counter Fraud Functional Standard Return (CFFSR) had continued. Currently there were no actions noted as red and the report detailed actions in place to meet all requirements by the end of the financial year.
- Considerable time had been devoted to a reactive piece of work regarding fraud allegations relating to vaccine passports. Although the member of staff responsible did not work for the CCG, there were implications for the CCG as the Vaccination Programme was a joint venture. This was noted as not a unique issue and other similar frauds had been uncovered, which had led to the involvement of the National Crime Agency.

The following points were raised in discussion:

- Members noted that a discussion would take place outside of the meeting regarding which organisation the audit the work was attributed to.
- Richard Walton noted this issue was of relevance to the external audit value for money assessment.
- Members noted that the submission date for the CFFSR was 31 May.

The Committee:

- **NOTED** the report for information and assurance

Information Governance

AG 21 117

Information Governance Assurance Report

Lucy Branson presented this item and highlighted the following key points:

- This was a regular assurance report on the CCG's compliance with legislative and regulatory requirements in relation to information governance.
- The CCG was currently 90% compliant with the requirements of the 2021/22 Data Security and Protection Toolkit (DPST) and a plan was in place to ensure full compliance by the deadline. As CCG disestablishment was now deferred from 30 March 2022, it had been agreed that the submission would be made in line with the national deadline of 30 June 2022.
- COPI notices had been extended to 30 June 2022. This was no longer a significant issue for the CCG, as most requests had related to supporting the response to the pandemic.
- Following a verbal report to the January meeting of the Committee, the high severity alert CC-3989 Log4j / Log4Shell vulnerability remained current, and the risk was now recorded on the CCG's Corporate Risk Register. NHIS had focused significant

resource into checking and monitoring the network and systems and the CCG's Information Governance Team had been coordinating the task of checking with suppliers of known information assets used in the CCG that were not supported by NHIS to seek assurance that vulnerabilities had been identified and necessary steps had been taken.

- e) National cyber security alerts had been issued following the commencement of hostilities in the Ukraine and messages were being circulated regarding the need for staff to be extra vigilant to phishing activity.
- f) The Information Governance Steering Group had met once since the last report and would meet again shortly to consider a draft Cyber Security Strategy.

The following points were raised in discussion:

- g) Members queried whether the Cyber Security Strategy would cover Bassetlaw. It was noted that the Strategy covered services provided by NHIS and current IT provision arrangements would continue into 2022/23; however, the Strategy would be shared with Bassetlaw to ensure as much consistency as possible.

The Committee:

- **NOTED** the arrangements in place to ensure compliance with the requirements of the Data Security and Protection Toolkit and other legal and national obligations.

Corporate Assurance

AG 21 118 Training Compliance Update Report

Sian Gascoigne presented this item and highlighted the following key points:

- a) The report provided an update on the CCG's current statutory and mandatory training compliance figures for review.
- b) As of February 2022, overall training compliance was high. Since the last report work had been undertaken to ensure new starters undertook training within the first weeks of starting and the team was working with line managers to target individual instances of non-compliance.
- c) Work was also underway to develop a Statutory and Mandatory Training Policy for the ICB.

The following points were raised in discussion:

- d) Members queried whether that, given the timescales involved, a proportionate approach was being taken towards statutory and mandatory training compliance by GPs. It was noted that contracts were currently being extended following the postponement of the move to the ICB and any outstanding training modules would be required to be completed ahead of the issuing of contracts.

The Committee:

- **NOTED** the CCG's latest statutory and mandatory training compliance figures; and
- **NOTED** work undertaken to improve training compliance and preparation for establishment of the ICB.

Risk Management

AG 21 119 Risk Report

Sian Gascoigne presented this item and highlighted the following key points:

- a) The report presented the Committee with risks relating to the Committee's responsibilities.
- b) There were currently four risks relating to the Committee's responsibilities. The new risk relating to the Log4j cyber security threat had been given an overall score of eight, given the assurances that were in place and work that had, and continued

- to be undertaken to mitigate any potential impact.
- c) Regarding risk RR141, the Health and Safety Steering Group would be reviewing risks relating to working safely from offices following revised governing guidance.

The Committee:

- **APPROVED** the narrative and score of the new risk RR 177 (Log4j vulnerability)

Committee Business

AG 21 120 Committee Annual Report 2021/22

Sian Gascoigne presented this item and highlighted the following key points:

- a) The Committee's Annual Report was presented for approval. The report would inform the Accountable Officer's Annual Governance Statement, a key element of the CCG's Annual Report.

The following points were raised in discussion:

- b) Richard Walton requested narrative to be included in the report regarding the CCG's response to the External Auditor's risk assessment, which was agreed.

The Committee:

- Subject to the inclusion as above, **APPROVED** the Committee's Annual Report for inclusion in the CCG's Annual Report 2021/22

Closing Items

AG 21 121 Any other business

There was no other business.

AG 21 122 Key messages to escalate to the Governing Body

- Assurance on the actions and way forward from the Internal Audit report on MASH health services.
- Assurance on action on payroll issues identified in the Internal Audit report on financial systems.

AG 21 123 Date of the next meeting:

20/04/2022

Via MS Teams



**RATIFIED minutes of the meetings in common of:
NHS Bassetlaw CCG Audit Committee
NHS Nottingham and Nottinghamshire CCG Audit and Governance Committee
held on
03/03/2022, 10.30-11.15
Via MS Teams**

Members present Bassetlaw CCG:

Sue Sunderland Non-Executive Director (Chair)
Sam Senior Non-Executive Director

Members present Nottingham and Nottinghamshire CCG:

Sue Sunderland Non-Executive Director (Chair)
Eleri de Gilbert Non-Executive Director
Jon Towler Non-Executive Director

In attendance Bassetlaw CCG:

Michele Godley Deputy Chief Finance Officer
Cheryl Rollinson Head of Corporate Governance

In attendance Nottingham and Nottinghamshire CCG:

Michael Cawley Operational Director of Finance
Andrew Morton Operational Director of Finance
Stuart Poynor Chief Finance Officer
Jo Simmonds Head of Corporate Governance
Sue Wass Corporate Governance Officer (minutes)

In attendance:

Christopher Dean KPMG
Glynis Onley Assistant Director, 360 Assurance
Claire Page Client Manager, 360 Assurance
Amanda Smith 360 Assurance
Richard Walton Director, KPMG
Kevin Watkins Client Manager, 360 Assurance
Shaniah Wilkes KPMG

Apologies Bassetlaw CCG:

None

Apologies Nottingham and Nottinghamshire CCG:

None

Introductory Items

**AG 21 124 / Welcome and apologies
AC22022**

Sue Sunderland welcomed everyone to the meeting in common of the Audit and Governance Committees of Bassetlaw CCG and Nottingham and Nottinghamshire CCG, which was held on MS Teams due to the current Covid-19 situation.

Apologies were noted as above.

**AG 21 125 /
AC22023** **Confirmation of quoracy**

The meetings were declared quorate for both CCGs.

**AG 21 126 /
AC22024** **Declaration of interest for any item on the agenda**

Internal and External audit colleagues are conflicted for item AG 21 127/AC22033 as the item relates to their services.

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

**AG 21 127 /
AC22025** **Management of any real or perceived conflicts of interest**

Internal and External audit colleagues are conflicted for item AG 21 127/AC22033, which is a verbal update, and will be excluded from the meeting for this item.

**AG 21 128 /
AC22026** **Minutes from the Committee in Common meeting held on 13 January 2022**

Subject to an amendment to the job title of Glynis Onley, the minutes of the meeting held on 13 January 2022 were agreed as an accurate record of the discussions held.

**AG 21 129 /
AC22027** **Action log and matters arising from the meeting held on 13 January 2022**

There were no actions identified at the last meeting and there were no other matters arising.

ICS Transition Arrangements

**AG 21 130 /
AC22028** **Due Diligence Update**

Jo Simmonds presented this item and highlighted the following key points:

- a) Bassetlaw and Nottingham and Nottinghamshire CCGs continued to progress the Due Diligence Plan to ensure the safe transfer of staff and property from the CCGs.
- b) The purpose of the paper was to highlight the key changes to the timeline of the plan, as a result of the delay to the establishment of the Integrated Care Board (ICB); and to provide assurance of preparations for the next national 'checkpoint' on 31 March.
- c) Good progress continued to be made. No significant issues had been highlighted to date and future focus would include the undertaking of individual meetings with operational leads in a 'confirm and challenge' process.
- d) Risks continued to be monitored by the Task and Finish Group and no new risks had been identified since the last report. A further update would be given at the next meeting ahead of the Plan's final sign off at the May Committee meeting.

The following points were raised in discussion:

- e) Members queried whether there was any concern regarding the risk that some policies may need consultation ahead of adoption by the ICB. It was noted that there was at least one policy that was not aligned between the two CCGs, which would require consultation. It was agreed that a report would be brought to the March meeting of the ICS Transition and Risk Committee on this potential issue.

The Committees:

- **NOTED** the amendments made to the CCGs' Joint Due Diligence Plan, in line with the revised ICB Establishment Timeline; and
- **NOTED** that good progress is being made to deliver the Due Diligence Plan against the required timeframe.

ACTION:

Lucy Branson to bring a report to the March ICS Transition and Risk Committee on the review of the alignment of policies particularly those where public consultation may be required.

Year End Reporting

AG 21 131 / 2021-22 Annual Report and Accounts High Level Timetable
AC22029

The Committees:

- **NOTED** the timetable.

AG/21/132 / Accounting Policies
AC22030

- **Bassetlaw CCG**
- **Nottingham and Nottinghamshire CCG**

Michele Godley and Michael Cawley presented this item and highlighted the following key points:

- a) The 2021/22 Accounting Policies had yet to be issued by NHS England. Any amendments or changes from the 2020/21 Accounting Policies would be reviewed and notified to the Committee for approval.

Bassetlaw CCG Audit Committee:

- **APPROVED** the bases of estimation for key areas to be included in Bassetlaw CCG's accounting policies for 2021/22;
- **NOTED** that a full review of accounting policies for inclusion in the 2021/22 annual accounts will be undertaken and proposals for approval will be sent to Audit Committee Members as soon as they are available.

Nottingham and Nottinghamshire CCG Audit and Governance Committee:

- **NOTED** that a full review of Accounting Policies will be undertaken and proposals for amendments sent to Committee members for approval as soon as they are available.

**AG/21/133 /
AC22031** **Adoption of IFRS 16 on Leases**

- **Bassetlaw CCG**
- **Nottingham and Nottinghamshire CCG**

Michele Godley and Michael Cawley presented this item and highlighted the following key points:

- a) IFRS 16 introduced an accounting model that required a different treatment of some leases in the financial statements, and work was on-going to inform any disclosures required in the 2021/22 year end accounts.
- b) The reports provided an overview of the actions to be undertaken regarding existing leases. The CCGs would engage with audit colleagues to ensure compliance with the standard.

The following points were raised in discussion:

- c) Members noted that local authorities were asking for a deferral of the standard. It was noted that this was not the case in the NHS.
- d) Richard Walton noted that the information contained in the reports was consistent with KPMG's opinion and asked the Committee to note that IFRS 16 would have an impact on trusts' treatment of revenue spend, which was expected to be an issue.

The Committees:

- **NOTED** the progress made to the implementation of IFRS16.
- **NOTED** the further work required, particularly with regards to agreeing the inter-departmental leases.

**AG/21/134 /
AC22032** **2021/22 Head of Internal Audit Opinion**

Kevin Watkins presented this item and highlighted the following key points:

- a) The Internal Audit Team was in the final stages of work to provide their opinion and to date there were no major concerns. An opinion of 'significant assurance' was expected for both CCGs.

The Committees:

- **NOTED** the verbal update

**AG/21/135 /
AC22033** **External Audit Value for Money Risk Assessment**

Richard Walton presented this item and highlighted the following key points:

- a) The value for money risk assessments for both CCGs were presented for noting.
- b) The risk assessments set out a summary of the work performed to date and considerations on whether there were significant risks that value for money was not being achieved by the CCGs.
- c) Two significant risks had been identified for both CCGs relating to financial sustainability relating to uncertainty over future funding arrangements; and governance, relating to the dissolution of the CCGs: risks that would be commensurate to all other CCGs transitioning to ICBs.

- d) Specifically, for Nottingham and Nottinghamshire CCG, the financial sustainability risk also included the issue of the underlying deficit: and for both CCGs, the governance risk also included the anticipated boundary change for Bassetlaw CCG.
- e) Work would now commence to assess to what extent the CCGs had mitigated these risks and an overall conclusion would be brought back to the committees in due course.

The Committees:

- **NOTED** the Value for Money Risk Assessment Reports

At this point Christopher Dean, Glynis Onley, Claire Page, Amanda Smith, Richard Walton, Kevin Watkins and Shaniah Wilkes left the meeting

Internal and External Audit Functions

AG/21/136 / AC22034 **Audit Services**

Michael Cawley gave a verbal update and highlighted the following key points:

- a) The existing external audit contract for Nottingham and Nottinghamshire CCG ran out on 30th March 2022 and an Auditor Panel would be convened to secure services from 1st April. The contract would be with the CCG and would novate to the ICB once established.
- b) With adherence with the OJEU procurement framework it would be proposed to undertake a direct award with KPMG. The rationale being that current market intelligence indicated a shortage of external audit provision.
- c) The fee being proposed was no higher than the current fee and KPMG had offered to benchmark the fee with other clients to ensure it remained a competitive rate.
- d) Nottingham and Nottinghamshire's contract for internal audit and counter fraud services would be novated to the ICB. Bassetlaw's internal audit contract was also with 360 Assurance but on associate terms, not a service level agreement.
- e) The intention was to undertake a similar direct award process for internal audit services for the ICB when the current contract expired during 2022/23. In principle discussions had been held and any fee would take into account economies of scale.

The following points were raised in discussion:

- f) Members noted the benefits of retaining continuity of audit changes during a period of change for the CCGs.
- g) Members were content with the level of service from both auditors and noted the value of their critical and independent challenge.
- h) Members requested that the end dates for internal and external audit contracts should not be the same and, in the longer term, to benchmark audit services with system partners.

The Committees:

- **NOTED** the verbal update.

Post meeting note – NHS England/Improvement subsequently issued guidance on transferring contracts from CCGs to ICBs, which advised that CCGs were not able to appoint the ICB's external audit service.

Closing Items

AG 21 137 / Any other business
AC22035

There was no other business.

AG 21 138 / Key messages to escalate to the Governing Bodies
AC22036

- Assurance that the Due Diligence Plan was on track.

AG 21 139 / Date of the next meeting:
AC22037

20/04/2022

Via MS Teams